

Predictors of Turnover Among Nurses in a Level II Hospital

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DOI: <https://dx.doi.org/10.51244/IJRSI.2026.1303000068>

Received: 13 March 2026; Accepted: 18 March 2026; Published: 31 March 2026

ABSTRACT

Nature and Scope of the Paper: Turnover intentions among nurses refer to their thoughts, attitudes, and plans for leaving their current nursing positions or the profession. High turnover intentions can have significant implications for healthcare organizations, as nursing turnover can be costly and disruptive.

Objective or Purpose: This study aimed to find out the factors influencing job satisfaction, organizational factors, and turnover intentions among nurses in a hospital setting.

Research Method: This study employed a mixed-methods explanatory sequential design. The study was conducted at a Level II hospital in Kidapawan City, which has a 100-bed capacity and employs 149 nurses. Participants included nurses who had been in service for at least six months.

Results: The study found that both supportive aspects, such as work-life balance and collegiality, and dissatisfying factors, including low salary, limited recognition, career stagnation, and heavy workloads, influenced nurses' job satisfaction. While organizational strengths included nurse-physician collaboration, concerns were raised about weak leadership and exclusion from decision-making. Although quantitative data showed no significant links between job satisfaction, organizational factors, and turnover intentions, qualitative responses revealed that dissatisfaction with pay, leadership, and growth opportunities strongly affected nurses' desire to leave. Addressing these areas is essential to improving retention.

Conclusion: The findings revealed that nurses are generally satisfied with their job and organizational environment, but they have a high intention to leave. Job satisfaction was positively influenced by supportive relationships with colleagues and training opportunities. However, dissatisfaction with salary, career growth, and recognition contributed to higher turnover intentions. The study highlighted the complex relationship between job satisfaction and turnover intention, emphasizing the need for targeted interventions to improve nurse retention.

Keywords: Job Satisfaction, organizational factors, Qualitative, nurses' intention to leave, explanatory sequential mixed design

INTRODUCTION

Turnover intentions among nurses refer to their thoughts, attitudes, and plans for leaving their current nursing positions or the profession. High turnover intentions can have significant implications for healthcare organizations, as nursing turnover can be costly and disruptive. In the global healthcare setting, several studies have mentioned concerns about nurses' turnover. McDermid et al. [1] have highlighted the escalating nurse turnover, and Poon et al. [2] have also described the high rate of turnover, causing difficulties in staffing. Kelly, Gee, and Butler [3], who studied nurse turnover as affected by emotional exhaustion, found that a 12% increase in emotional exhaustion leads to a 1% increase in nurses leaving each unit.

Similarly, the Philippine hospitals also face the same situation. The recent study by Labrague et al. [4] revealed that 46.1% and 78.9% of their nurse respondents reported planning to leave the organization within one and five years, respectively. Even those Filipino nurses working in international organizations are resigning [5].

In the local setting, nurse turnover is also reflected in the hospitals, particularly in the hospital where this proposed study was conducted. Yearly, nurse resignations are evident, with 6-10 nurses resigning for various reasons. Turnover is also intended, as evidenced by the number of employees who wish to seek employment abroad, venture into business, or change careers.

Nurse turnover is a critical concern in hospital management. Numerous studies have focused on identifying the predictors contributing to higher nursing staff turnover rates. Factors such as psychological stress, job burnout, and job satisfaction have been identified as significant predictors of turnover intentions [4,6]. Understanding these factors can be valuable for healthcare administrators in creating supportive work environments and retaining skilled nursing staff, which is vital for maintaining high-quality patient care.

A wide range of predictors influencing nurse turnover have been identified, including psychological stress, job burnout, job satisfaction, leadership style, and organizational climate [6,7]. Anderson and Kim [8] further categorized turnover predictors into four main themes: job satisfaction, organizational conditions, individual factors, and economic influences. Such classifications facilitate an understanding of the multifaceted nature of nurse turnover and inform the design of responsive retention strategies.

Based on the reviewed existing studies, several factors have been pointed out related to nurse turnover. However, there was an urgency to investigate specific characteristics in the local setting, like the current locale of the study. There was a research gap in particular aspects related to job satisfaction, organizational, individual, and economic factors that should be studied, especially since the hospital setting differs from those in previous studies.

This study aimed to determine if the categories of nurse turnover mentioned above also influence nurse turnover intentions among nurses at a level II hospital, where this study was conducted. Addressing the concern of nurse turnover, given its impact on nurse-patient relationships and healthcare services, is vital; hence, conducting this study was also urgent and necessary.

LITERATURE REVIEW

Nurses' Turnover

Turnover intention refers to an employee's self-assessed likelihood of leaving their current job or organization, often influenced by dissatisfaction with compensation, limited career advancement opportunities, excessive workloads, poor working conditions, or personal circumstances [9]. Research confirms that turnover intention is the strongest predictor of actual turnover: as one's intent to leave intensifies, the probability of resignation increases accordingly [10]. Turnover is typically categorized as voluntary, when staff choose to resign, or involuntary, when the employer initiates separation. In both cases, intention frequently precedes action [11]. This cycle is especially consequential in the nursing profession. The loss of qualified nurses due to resignations, transfers, or dismissals exacerbates workforce shortages and threatens patient care quality [12].

Globally, nurse turnover is a growing concern. Winter, Schreyögg, and Thiel [13] highlighted the increasing number of nursing departures across multiple countries, contributing to mounting staffing challenges. The International Council of Nurses [14] reported that persistently high turnover rates primarily drive global shortages of skilled nurses. In support, the World Health Organization forecasts a shortfall of 7.6 million nurses by 2030—a statistic that, if unaddressed, could significantly impair healthcare delivery worldwide [15]. Thus, reducing nurse turnover is more than a staffing issue; it is a strategic imperative for strengthening global healthcare systems. Retaining skilled nurses is essential not only for continuity of care but also for preserving institutional knowledge and clinical expertise [16].

Factors Influencing Turnover Intention

Given the rising trend in nurse turnover, it becomes necessary to investigate the underlying drivers. Hospital administrators must better understand the connection between individual, organizational, economic, and environmental factors—and how these impact job satisfaction and, ultimately, nurse retention.

Individual Factors

Evidence from Indonesian hospitals indicates turnover rates ranging from 12% to 34%, with the highest risk among younger, single nurses who have fewer than three years of service (17). Notably, early-career nurses often struggle with professional uncertainty and inadequate institutional support, resulting in higher resignation rates. These findings underscore the need for targeted induction programmes; retaining novice nurses, therefore, requires addressing their unique support and mentorship needs.

Similarly, a national Chinese survey confirms that demographic variables are significant predictors of nurse turnover (18). Age, education, employment status, and tenure all emerged as critical influences. Nurses with temporary contracts and shorter tenures expressed greater concern about career security, prompting stronger turnover intentions—highlighting the value of stable employment pathways.

When age is considered in isolation, the evidence remains mixed. Some studies indicate that older nurses exhibit lower turnover intentions due to established routines and job familiarity (19). Others argue that age alone is insufficient to predict departure without considering the broader organizational context, suggesting that workplace factors may override demographic trends.

Educational effects are similarly conflicting. Highly educated nurses may leave when they perceive limited opportunities for growth or advancement (20), suggesting that higher educational attainment can heighten expectations for professional development. Conversely, nurses with lower education levels have also been shown to resign when they face stagnation and inadequate training (21). Both ends of the educational spectrum, therefore, need tailored support through clear learning pathways and ongoing skills development.

Marital status further shapes turnover risk. Married nurses are less likely to resign because financial responsibilities and family commitments encourage job stability (22). Personal obligations such as childcare and mortgages also influence retention decisions, making flexible scheduling and family-friendly policies key anchors for this group (23).

Work-unit assignment exerts a strong effect. Nurses in high-stress departments—emergency or neonatal care—report greater intention to leave, citing emotional and physical exhaustion (24). Still, resilience training and robust coping mechanisms can buffer this stress; nurses with strong personal resources exhibit lower turnover probabilities, even in demanding roles (25). Tenure matters as well. Longer-serving nurses generally demonstrate higher job satisfaction and stronger organizational loyalty (26). Yet even highly skilled veterans may depart if promotion prospects stall, underscoring the need for clear advancement pathways and sustained recognition (27).

Personal factors interact with job satisfaction. Younger, single frontline nurses often report lower satisfaction—especially regarding workload and autonomy—compared with older peers (28). Among psychiatric nurses, emotional fatigue and lack of respect are linked to higher turnover, showing that psychological strain directly erodes morale (29). Newly licensed nurses are particularly vulnerable: the highest turnover intention typically occurs within the first year, driven by unmet expectations and limited support (30). Structured orientation and preceptorships are therefore critical. Male nurses, meanwhile, may face identity conflict and scant peer support, heightening their intent to leave; inclusive environments and mentorship programmes are needed to retain this cohort (31).

Ultimately, individual motivators such as personal ambition, work-life balance, and emotional well-being—are as influential as institutional policies (32). Nurses who perceive “decent work” characterized by fairness and respect express markedly lower turnover intention, confirming that a dignified and empowering environment fosters loyalty and reduces attrition (33).

Economic Factors on Nurses' Turnover Intentions

Pay refers to the compensation nurses receive for their labour, typically calculated on hours worked and often inclusive of additional benefits. In healthcare settings, compensation packages normally combine direct wages with non-wage components, including insurance and allowances, all of which influence employee motivation

(34). Ahmed and colleagues add that pay structures deliberately allocate the bulk of funds to core duties while reserving a portion for fringe benefits, reflecting a holistic view of remuneration (35).

Salary, recognition, and clear advancement pathways remain pivotal determinants of job satisfaction. Rahman and Nas identified dissatisfaction with pay as a primary trigger of turnover, especially in nursing, where competitive compensation is tightly linked to retention (36). Likewise, inadequate promotion systems and weak recognition mechanisms erode morale, pushing nurses toward employers offering better financial and developmental rewards (37).

Evidence from Gulf hospitals indicates that richer salary-and-benefit bundles, including stronger job security, are significantly associated with lower turnover rates (38). Competitive pay also functions as a direct motivational lever: when nurses perceive an imbalance between effort and reward, their intention to quit rises sharply (39). Addressing that imbalance through comprehensive, market-aligned benefit schemes, therefore, becomes an indispensable retention tool; the same study reports that higher or lower pay alone can tilt the commitment–dissatisfaction scale (39).

Because compensation perceptions are personal, listening to nurses' views while drafting salary policy is crucial. A remuneration framework that nurses deem transparent and fair helps to sustain engagement and suppress turnover intention. Finally, amid a persistent global shortage, organizations must maintain total rewards that are competitive, fair, and commensurate with the demands of each role to retain scarce talent (40).

Job Satisfaction as a Factor in Nurses' Turnover Intentions

Gebregziabher et al. reported that 64.9 % of nurses in their sample intended to leave, linking this high figure to dissatisfaction with autonomy and limited training opportunities (41). Their findings suggest that restricted decision-making power diminishes professional fulfillment; thus, shared-governance models and expanded career development options could be pivotal in lowering attrition.

Building on this, Liu et al. showed that nurses who rated their jobs more positively were markedly less inclined to quit (42). Supportive unit climates and manageable workloads boosted satisfaction, and as satisfaction rose, turnover intention fell, underscoring the need to foster psychologically safe environments.

Hu et al. further clarified the role of satisfaction by demonstrating that hope and a strong career identity indirectly reduce turnover through higher job satisfaction (43). Helping nurses visualize clear professional futures, therefore, weakens departure impulses and strengthens workforce stability.

From a leadership perspective, Ofei et al. found that toxic managerial behaviors—such as unfair criticism and poor communication erode job satisfaction and elevate quitting intentions; job satisfaction fully mediated this relationship (44). Leadership-development programmes that promote supportive behaviors can thus have a multiplier effect on retention.

Environmental conditions matter as well. Xue et al. emphasized that perceptions of “decent work,” characterized by fairness, safety, and dignity, boost satisfaction and deter turnover (45). Equitable policies that uphold professional respect are essential for long-term engagement.

Conversely, Ding and Wu highlighted how emotional exhaustion undermines satisfaction and magnifies turnover intention, particularly during crises such as COVID-19 (46). Reducing workload strain and providing psychological support are therefore vital to retaining staff.

Economic considerations intersect with satisfaction. Akinyemi et al. demonstrated that fair pay, coupled with strong affective commitment, increases satisfaction and reduces quitting intentions (47). Aligning wages with effort remains a cornerstone of any retention bundle.

Work–life balance is equally crucial. Boamah et al. found that high work–life interference and burnout were associated with decreased career satisfaction and increased departure intentions among faculty nurses (48). Flexible scheduling and supportive leave policies are necessary to protect coping resources.

Conceptually, Smokrović et al. positioned job satisfaction at the centre of turnover models, with burnout, recognition, and workplace relationships acting as surrounding influencers (49). Strengthening recognition systems and collegial ties can reinforce the stabilizing power of satisfaction.

Finally, Zhao et al. used structural equation modeling to show that resilience and social support—via enhanced job satisfaction—significantly reduce turnover intentions (50). Peer-mentoring and resilience training, therefore, represent indispensable retention tools.

Organizational Factors in Workplace Turnover

Recent research underscores that nurse turnover intention is multifaceted, shaped by both personal vulnerability and workplace conditions. Liu, Duan, and Guo demonstrated that younger nurses with limited experience are particularly prone to considering leaving because emotional fatigue and a perceived lack of support erode their job satisfaction (42). Consequently, early burnout translates into a stronger intent to resign, signaling the need for robust mentorship and peer-support systems.

Likewise, Ma et al. found that emergency nurses facing emotional exhaustion and insufficient recognition exhibit heightened turnover intentions (51). In their view, poor management support amplifies job stress, making the emergency unit a crucible for dissatisfaction; acknowledging frontline efforts and improving staffing could therefore curb departures in high-acuity areas.

Focusing on demographic subgroups, Kim and Moon highlighted that male nurses in Korea contend with professional-identity struggles and gender stereotypes that intensify feelings of isolation (52). Gender-sensitive mentorship and inclusive policies are thus essential for fostering a sense of belonging and retaining a diverse workforce.

Turning to early-career nurses, Kim and Kim tracked newly hired staff and found that inadequate preceptorship, unrealistic expectations, and limited transition support during the first year significantly increase quit rates (53). Structured onboarding and realistic job previews are crucial in preventing premature exits and securing long-term retention.

From a broader organizational perspective, Bae demonstrated, via a systematic review, that chronic understaffing, heavy workloads, and weak leadership consistently drive turnover, especially among newly licensed nurses (54). Cultivating shared governance and transparent leadership is therefore foundational for workforce stability.

Taken together, these studies confirm that nurse turnover intention is not merely a matter of individual dissatisfaction; instead, it is rooted in systemic issues such as leadership quality, onboarding effectiveness, and workplace culture. Addressing these interlocking factors requires holistic strategies that balance workloads, invest in supportive leadership, and build inclusive climates, thereby safeguarding both nurse retention and patient care.

THEORETICAL FRAMEWORK

To understand the factors influencing nurse turnover, this study was anchored on Herzberg's Motivation-Hygiene Theory. Herzberg's theory suggests that job satisfaction is driven by intrinsic motivators such as personal growth, recognition, responsibility, and achievement, whereas job dissatisfaction is attributed to external or hygiene factors (55). These hygiene factors, when lacking, may lead to employee dissatisfaction and eventually turnover, although their presence alone does not guarantee satisfaction.

Hygiene factors encompass organizational policies, the quality of supervision, working conditions, compensation, interpersonal relationships, and job security (56). In contrast, motivators, as outlined by Herzberg and colleagues in their 1959 work, include success, career advancement, recognition, responsibility, and opportunities for both personal and professional development. These motivators are inherently tied to the work itself and contribute to long-term job fulfillment.

Extrinsic hygiene factors—often referred to as dissatisfiers—are associated with short-term changes in job attitudes. On the other hand, satisfiers or motivation factors relate to the content of the work and have enduring effects on employee engagement and retention (56). According to Herzberg et al. (57), while hygiene factors cannot directly motivate employees, their proper management can reduce dissatisfaction. Conversely, lasting satisfaction and reduced turnover are achieved when motivators are adequately addressed.

In this study, motivation theory served as the foundation for investigating the factors influencing nurse turnover. According to the theory, personal and economic factors are those personal needs that affect individuals as they work to attain their goals. The mentioned hygiene factors can be categorized as indicators of organizational factors, which are potential factors influencing employees' intention to resign. Hence, in this study, various factors, including individual factors, economic factors, job satisfaction, and organizational factors, were investigated in the context of nurse turnover in the hospital under investigation.

CONCEPTUAL FRAMEWORK

Figure 1 shows the conceptual framework of the study. It depicts the relationship between the independent variable and the dependent variable. The dependent variable of the study is the factors affecting nurses' turnover, and job satisfaction, organizational factors, individual factors, and economic factors are also considered. The dependent variable is the nurse's intention to leave the organization.

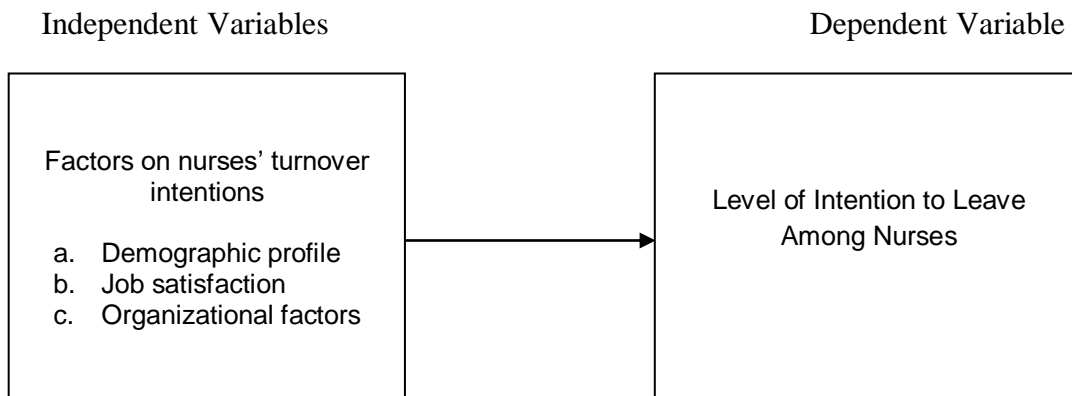


Figure 1. The Conceptual Model of the Study

Statement of the Problem

This study aimed to determine the factors influencing nurse turnover intentions in a level II hospital. Specifically, it aimed to find answers for the following questions:

What is the profile of the respondents in terms of:

- a. age;
- b. civil status;
- c. work experience;
- d. educational attainment;
- e. unit assigned; and
- f. salary and benefit?

What is the level of job satisfaction in terms of:

- a. extrinsic rewards;
- b. scheduling;
- c. family/work balance;
- d. coworkers;
- e. interaction;

- f. professional opportunities; and
- g. praise/recognition and control/responsibility?

What is the quality of organizational factors in terms of:

- a. Nurse manager, ability, leadership, and support;
- b. Nurse participation in the workplace;
- c. Staffing and resource adequacy; and
- d. Nursing foundations for quality care and Collegial nurse-physician relations?

What is the level of turnover intention among nurses?

1. Is there a significant difference in the turnover intention of nurses when grouped according to their profile?
2. What domain in job satisfaction significantly influences turnover intention?
3. Is there a significant relationship between organizational factors, job satisfaction, and turnover intentions?
4. What are the standpoints of the participants on the notable areas in the quantitative results?
5. How do the qualitative results' findings support the quantitative results on factors of nurse turnover?

Null Hypotheses

Ho: There is no significant difference in the turnover intention of nurses when grouped according to their profile.

Ho: There is no domain in job satisfaction that significantly influences turnover intention.

Ho: There is no significant relationship between organizational factors, job satisfaction, and turnover intentions.

METHOD

This part of the study discussed the research design, setting, participants, instruments and measures, and the research procedure.

Study Design

This study employed a mixed-methods design, specifically the explanatory sequential design. Ivankova, Creswell, and Stick (2006) described sequential explanatory methods in mixed-methods research as involving two distinct phases of data collection and analysis: first, a quantitative phase, followed by a qualitative phase. The primary purpose of a sequential explanatory design is to utilize qualitative data to provide context for or explain quantitative findings. In this study, the quantitative phase involved a survey on the factors influencing nurses' turnover, and the application of statistical interpretations was used to identify which factors are considered significant in nurses' turnover. For the qualitative phase, findings from the quantitative phase were explored in more in-depth explanations to gain insights into participants' perspectives.

Study Site

This study was conducted in a Level II hospital located in Kidapawan City. The site was chosen because it reflects the common situation of many hospitals in provincial areas, where nurse turnover and job satisfaction are important concerns. The hospital employs around 149 nurses assigned to various departments, making it a good setting to explore the experiences and intentions of nurses regarding their work. The hospital was selected because it is accessible and relevant to the study. It has experienced patterns of nurse resignations similar to those of other hospitals in the region, indicating that staff retention is a significant issue. The nurses working here come from diverse backgrounds, including some from nearby towns, which also reflects the diversity of nursing experiences in the area. Overall, this hospital represents the typical challenges faced by nurses in secondary-level hospitals in the province. It provides a suitable environment to understand why nurses stay or leave, especially in terms of their job satisfaction, leadership support, salary concerns, and career development opportunities.

Participants

The participants of this study were the nurses of a level II hospital. Qualified nurses will be recruited to participate in the study. Purposive sampling was used to select qualified participants who met the inclusion criteria. They were invited to voluntarily answer the survey questionnaires regarding the factors affecting nurse turnover. These nurses are not considered a vulnerable population for this study.

As part of the inclusion criteria, this included nurses assigned to the different departments of the hospital; nurses working in the hospital for six (6) months or more; and those who gave consent to participate in the study. As exclusion criteria, this study excludes nurses who are newly hired and have been on duty for less than six months, those serving as clinical instructors, those serving as assistants to doctors affiliated with the hospital, and those nurses who do not have direct employment with the hospital.

To recruit participants for the study, we will first obtain the names of nurses who have been in service at the hospital for 6 months or more, with permission from the HR office. The researcher approached the nurses on the list in person and initially discussed the study with them, explaining the informed consent process and allowing them to decide whether they were willing to participate. Only those who signed the consent form were given the survey questionnaire.

Data Measures

This study utilized a survey questionnaire as the research instrument for data collection. The survey questionnaire items are derived from the literature, which describes indicators for factors related to nurses' turnover and their intention to leave.

The survey questionnaire has two parts. Part 1 discusses factors contributing to nurses' turnover, which is categorized into four sub-parts. The factors being covered are individual, economic, job satisfaction, and organizational aspects.

Individual factors are demographics such as age, experience, kinship responsibilities, and educational level. The instrument requested information from the respondents regarding these demographics.

The items for the economic factors, such as pay and other benefits. The information in this regard was requested, and the respondents supplied the necessary information.

For job satisfaction, the McCloskey/Mueller Satisfaction Scale (MMSS) by Mueller and McCloskey (1990) includes eight satisfaction factors: extrinsic rewards, scheduling, family-work balance, coworkers, interaction, professional opportunities, praise/ recognition, and control/responsibility, which will be used as a measure of job satisfaction. The MMSS has 31 items capturing the said eight dimensions of satisfaction. Each item was rated on a five-point Likert scale (5 = very satisfied, 4 = satisfied, 3 = neither satisfied nor dissatisfied, 2 = dissatisfied, and 1 = very dissatisfied) (Mueller & McCloskey, 1990). Organizational factors, also known as work environment, encompass nurse manager, ability, leadership and support, Nurse participation in the workplace, staffing and resource adequacy, nursing foundations for quality care, collegial nurse-physician relationship - the Practice Environment Scale of the Nursing Work Index (PES -NWI), developed by Lake (2002).

The items for each of the indicators are answerable by level of agreement, which were interpreted based on the parameters described below:

Scale	Response	Description	Interpretation
4.21-5.0	Strongly Agree	Excellent	This is observed all the time.
3.41-4.20	Agree	Satisfactory	This is observed most of the time.
2.61-3.40	Moderately Agree	Average	This is observed sometimes.
1.81-2.60	Disagree	Fair	This is observed in very rare instances.
1.0-1.80	Strongly Disagree	Poor	This is not observed.

The instrument to be used is the four-item turnover intention scale developed by Seashore et al. (1982), which is used to measure turnover intention among employees. However, there are additional items to describe the nurse's intention to leave. It has a five-point Likert scale, ranging from 5 (strongly agree) to 1 (strongly disagree). For the level of intention to go, the following parameters serve as the basis:

Scale	Response	Description	Interpretation
4.21-5.0	Strongly Agree	Very High	The intention to leave has the greatest chance to happen.
3.41-4.20	Agree	High	The intention to leave has a greater chance to happen.
2.61-3.40	Moderately Agree	Moderate	The intention to a chance to happen.
1.81-2.60	Disagree	Low	The intention to leave has a very low chance of happening.
1.0-1.80	Strongly Disagree	Very Low	There is no intention to leave. The intention to leave is very unlikely.

The above questionnaire was subjected to validation by the experts to ensure that the items can measure what they intend to measure. Once validation is complete, the recommendations and suggestions of the validators will be integrated, and the survey questionnaire will be finalized and ready for pilot testing. Once the pilot testing is complete and the reliability testing is passed, these are finalized for the survey. Meanwhile, the qualitative data gathering was used in the study. Interviews with the nurses were conducted using an interview guide as a data-gathering instrument. The interview guide consisted of questions used during interviews with nurses who provided consent.

To analyze the gathered data, the following techniques were utilized based on the statement of the problem:

Individual factors include demographic variables such as age, sex, years of experience, marital status, educational attainment, and assigned unit. These were analyzed using frequency and percentage to address SOP 1, which aimed to describe the demographic profile of the respondents.

Economic factors involved items related to compensation, benefits, and financial support. These were rated and analyzed using mean and standard deviation, supporting SOP 2, which focused on the economic dimension of turnover. The responses were analyzed using descriptive statistics (mean and standard deviation) to address SOP 3 and SOP 4. SOP 5 sought to compare turnover intention across groups. This was analyzed using comparative analysis techniques such as t-tests or ANOVA, depending on the variable classification.

SOP 6, which determined whether job satisfaction significantly predicts turnover intention, was analyzed using regression analysis. This statistical approach allowed the study to identify specific dimensions of job satisfaction that have a predictive influence on the intention to leave.

SOP 7 examined the relationship between organizational factors and both job satisfaction and turnover intention. Pearson's correlation coefficient was used for this analysis, allowing assessment of the degree and direction of association among the variables. Lastly, to enrich the quantitative findings, SOPs 8 and 9 explored job satisfaction and turnover intention through semi-structured interviews. The responses were analyzed using Colaizzi's Method, which includes reading transcripts, extracting significant statements, formulating meanings, and clustering them into themes to generate a composite description of the phenomenon.

Data Collection Procedure

The data collection procedure is described in the pre-data collection, during-data collection, and after-data collection phases.

Pre-data collection

1. The researcher sought permission from the Hospital Administrator where the study was conducted. Once the permission was obtained, informed consent was also prepared.

2. The list of nurses who have been affiliated with the hospital for over six months was obtained with permission from the human resources office. To answer the survey questionnaires, nurses who met the inclusion criteria were recruited. From the survey respondents, 15 nurses were selected to participate in the interviews for qualitative data collection.
3. The instrument for the study was also prepared, ensuring that validation processes were completed. The instrument was given to experts for content validation using a validation tool. Their suggestions and recommendations were integrated. Then, pilot testing was done to ensure the reliability of the items in the questionnaire. The results of the pilot testing served as the basis for enhancing the items.
4. Once the questionnaire was finalized, the proposal and the instrument were subjected to a screening process, facilitated by the school's ethics committee. The recommendations of the ethics committee members were incorporated into the paper. The committee granted permits to conduct the study after the paper passed its screening and all its recommendations were considered.

During the data collection

5. The survey questionnaires were administered to nurses who had expressed their consent to participate in the study. Before they answered the survey, they were informed about their participation, the purpose of the study was explained, and they were asked if they allowed the researcher to retrieve the questionnaire.
6. Once the survey results were interpreted, the researcher conducted interviews with selected participants, gathering data that explained the results of the quantitative phase. The researcher agreed with the participants regarding the venue and conduct of the interview.
7. To facilitate the interview, there was another individual who was knowledgeable in facilitating the interview. This was done to reduce biases and ensure that participants had no apprehensions when answering questions during the interview.
8. The interview was set to take place at the agreed-upon venue, and the participants would be asked to give their consent to be recorded during the interview. The interview did not last more than 1 hour, so the participants would not feel tired, which may affect their ability to provide detailed answers to the questions.

After data collection

9. Personal data collected as part of the demographic profile was coded to prevent any personality-related determinations based on such data.
10. The recorded interviews were transcribed. Transcribing was done by converting the recorded data into written notes.
11. The transcribed interviews were analyzed thematically.
12. The transcribed data and the recorded data were stored on the researcher's personal computer and encrypted to ensure that no one could access them. These files were destroyed after three years.

Ethical Considerations

In conducting a study, ethical considerations must be considered and applied. The researcher ensured adherence to the following elements of ethical consideration required by the institution, and how these are used in this study is discussed in the succeeding section.

Social Value. The research provides significant insights for hospitals regarding nurse turnover. The study's findings will raise awareness about the necessity of addressing nurse turnover, as the underlying factors of this phenomenon are explored. Research on nurse turnover can serve as a catalyst for positive change within hospitals. It can lead to increased awareness, improved retention strategies, and, ultimately, a more stable and effective healthcare workforce. The beneficiaries of this effort are not only hospitals but also the patients who receive care from a dedicated and stable nursing staff.

Informed Consent. The researcher will ensure that all participants willingly agree to participate in the study. Informed consent will involve explaining the study's purpose and emphasizing that participation is entirely voluntary. Participants will be required to sign the consent form as a formal agreement to their participation in

the study. Throughout their involvement in the research process, participants will have the opportunity to ask questions or seek clarification, and can choose to withdraw if they have any doubts.

Risks, Benefits, and Safety. Participating in this study by completing the survey questionnaire and participating in the interview carries minimal risks, which the researcher can effectively manage. The participants may encounter some risk issues, such as discomfort in answering specific questions during the interview. To address potential discomfort among participants, they will be informed that they have the option to decline answering interview questions that may cause them distress.

Regarding the benefits of participating in the study, participants were informed that they would not receive monetary compensation. Instead, they will gain knowledge and insights from the study, which could prove valuable in their profession.

To ensure the security, psychological well-being, and social welfare of participants, the researcher will explain the significance of the study and emphasize its potential positive impact on participants. Additionally, participants will be informed of their time commitment, as the study may require them to allocate time to respond to questions during data collection.

Privacy and Confidentiality of Information. To ensure the confidentiality of all records and address the participants' right to privacy, the researcher will take measures to protect the privacy of all participants. In accordance with the Data Privacy Act of 2012, participants can be assured that their data will not be traced back to them, thereby safeguarding their anonymity. It will be ensured that no information that could reveal the specific identities of participants will be used in the study. When presenting the study's results, the researcher will refrain from using the names of the participants or any identifying marks connected to the nurse participants. If participants choose to withdraw their statements or participation, the researcher will promptly honor their request.

The researcher was diligent in formulating questions and using language that was impartial and devoid of bias. Research assistants, documenters, and transcribers involved in the study will also be briefed on the privacy and confidentiality protocols in place.

Data collected through recorded interviews will be transcribed, and the audio files will be securely stored on the researcher's personal laptop, protected by password encryption. The transcribed data will only include codes, without mentioning participants' names. Archived data will be deleted after a period of 3 years to further protect participants' privacy.

Justice. The researcher will maintain impartiality when selecting participants for the study. Every individual who meets the qualifications of being a nurse will be eligible and considered for participation. There will be no exclusion or bias in participant selection, and all individuals will be treated equally in the research process.

Transparency. The researcher took every precaution to ensure the proper implementation of the study. All essential documents supporting the data analysis were included, and readers had access to these documents to enhance their comprehension of the study's results and findings. Furthermore, it is essential to note that this study is not funded by any external group or institution, eliminating the possibility of conflicts of interest. As a student researcher, the study was conducted with a commitment to generate reliable data while upholding ethical standards and avoiding any inappropriate forms of personal interest.

Participants may also access the study's results. Since copies of this research were submitted to the Human Resources office, they may gain access through a request from the HR office. Should participants wish to access the data provided for the study, they may also request that the researcher provide the necessary data, while other data will be kept secure.

Qualification of the Researcher. The researcher is a graduate school student who has undergone training in research methods and is currently enrolled in an academic writing class, equipping her with the necessary knowledge and skills for conducting research. The researcher served as principal investigator.

However, the researcher also acknowledges her limited exposure to the mixed methods approach. Hence, the researcher intends to seek guidance from her adviser, mentor, panelists, and peers who possess expertise in this method. These experienced individuals provided valuable insights to ensure the proper implementation of the mixed-methods approach for collecting the required data to achieve the study's intended purpose. Most importantly, the researcher regularly consults with her mentor, who holds a Doctor of Business Administration, an MBA, and a BSA degree from Ateneo de Davao University, highlighting her commitment to academic excellence and scholarly accomplishments.

Throughout the research process, the researcher is committed to upholding moral courage, understanding societal dynamics, demonstrating cultural sensitivity, maintaining professionalism, and preserving integrity at all stages of the study. These ethical principles were the foundation of her research conduct.

Adequacy of Facilities. The researcher is committed to ensuring the availability and accessibility of the necessary facilities for the study. This includes providing access to library resources and internet materials for reading and reference purposes, which contributed to a comprehensive and robust analysis and interpretation of the gathered data.

Additionally, the researcher made audio recorders, cameras, and any other necessary materials readily available to facilitate data collection and analysis. These resources were provided to support the research process effectively.

Community Involvement. The researcher was committed to respecting the community, especially the nurses. This study will also eliminate bias on language, religion, gender, and all other cultural aspects. All activities will be subject to the permission of the hospital administrator. Through this study, the involvement of these stakeholders generated information that would be beneficial to their current practices in ensuring quality nursing care. Furthermore, the findings were disseminated to the hospital and the nurses for information and awareness. This study was also published and presented in research forums to communicate its findings to the general audience.

Data Analysis

The data of the study were analyzed statistically and thematically. For statements of problem numbers 1 and 2, the mean will be used to describe the factors influencing nurses' turnover and their intention to leave. For Statement of Problem 3, regression analysis will be used to determine which factor significantly predicts nurses' turnover.

Meanwhile, for the qualitative data, thematic analysis following the Colaizzi method was used. The steps, including reading and re-reading the transcripts, extracting significant statements, assigning meaning to the statements, and generating themes, were taken to create themes that served as findings of the study for the qualitative phase.

FINDINGS/ RESULTS

This section presents the data to address the statement of the problem of the study. The presentation is organized according to the order of the problem posed at the initial stages of this research.

Profile of the respondents

Table 1 shows the profile of the respondents in terms of age, civil status, work experience, educational attainment, unit of assignment, salary, and benefits.

The majority of individuals are relatively young, with the largest age group being those aged 31-35, comprising 31.3% of the sample. Following this, those aged 25 and below account for 19.5%, indicating a substantial number of younger individuals. The older age groups (such as 46-50 and 51 and above) represent a much smaller portion,

each with only 3.1%. Regarding civil status, most individuals are single (56.3%), followed by a smaller percentage who are married (39.1%), and a minority who are separated (4.7%).

When it comes to work experience, the sample that worked for 1-3 years comprises 29.7%, while 25 individuals have less than a year of experience (19.5%). Only a few individuals have extensive experience, with 5.5% having worked for 17 years or more. In terms of education, a large majority hold a college degree (82.8%), with a smaller portion having master's units (7.0%) or being master's graduates (10.2%).

Table 1 Profile of the Respondents

Profile		Frequency	Percentage
Age	25 & below	25	19.5
	26-30	22	17.2
	31-35	40	31.3
	36-40	23	18.0
	41-45	10	7.8
	46-50	4	3.1
	51 and above	4	3.1
	Total	128	100.0
Civil Status	single	72	56.3
	married	50	39.1
	separated	6	4.7
	Total	128	100.0
Work	less than a year	25	19.5
	1-3	38	29.7
	4-5	2	1.6
	6-8	5	3.9
	9-11	20	15.6
	12-13	18	14.1
	14-16	13	10.2
	17 yrs and above	7	5.5
	Total	128	100.0
Education	College	106	82.8
	with master's units	9	7.0
	Master's graduate	13	10.2
	Total	128	100.0
Unit	Ward	24	18.8
	OR	39	30.5
	DR	4	3.1
	Others	61	47.7
	Total	128	100.0
Salary	18k and below	7	5.5
	18,001 to 20,000	66	51.6
	above 20,000	55	43.0
	Total	128	100.0
Benefit	Yearend/midyear only	24	18.8
	Midyear and yearend	100	78.1
	cash incentives	1	.8
	others	3	2.3
	Total	128	100.0

Most individuals work in the Operating Room (OR) (30.5%), followed by those in ward positions (18.8%), and a significant portion work in other units (47.7%), suggesting a diverse set of roles. A smaller group works in the Delivery Room (DR) (3.1%). In terms of salary, the majority earn between 18k and 20k (51.6%), and a significant number earn above 20k (43.0%). A small percentage, 5.5%, earns between 18k and below. Finally, regarding benefits, the majority of individuals receive both midyear and year-end benefits (78.1%), while 18.8% receive only year-end/midyear benefits. A very small group receives cash incentives (0.8%) or other types of benefits (2.3%).

Overall, the sample appears to comprise a relatively young and educated workforce, primarily employed in healthcare-related roles, with a focus on mid-level salaries and a comprehensive range of benefits. Most individuals are in the early stages of their careers, and a substantial number enjoy comprehensive benefits packages.

Job Satisfaction

The level of job satisfaction is presented in Table 2. The data presented reflect the mean scores and standard deviation (SD) of the different dimensions of job satisfaction investigated in the study.

In terms of extrinsic rewards, the respondents rated their job satisfaction as 3.47, indicating satisfaction. This means the hospital has given them extrinsic rewards that meet their expectations. They are satisfied with their salary, vacation, and benefits packages, such as insurance and retirement plans.

When it comes to scheduling, the respondents rated their satisfaction with a mean of 3.56, suggesting that they are generally pleased with their work schedule, as it is observed frequently. They are satisfied with the flexibility in setting their work hours and the opportunity to have weekends off, which meets their expectations.

Regarding the balance between family and work, respondents reported a mean satisfaction level of 3.70, indicating a generally positive satisfaction. They are satisfied as the hospital provides opportunities for part-time work, maternity leave, and access to childcare facilities, which meet the needs of the respondents, providing adequate support for those balancing family responsibilities with their careers.

For coworkers, the respondents rated their satisfaction at 3.65, indicating a generally positive view of their relationships with nursing peers, immediate supervisors, and the physicians they work with. Interactions with coworkers contribute to a supportive and collaborative work environment, which is crucial for job satisfaction. In terms of interaction opportunities, respondents gave a mean rating of 3.50, indicating a moderate satisfaction level. They seem to be content with the opportunities for social and professional interactions within their workplace, such as the delivery of care methods used on their unit, social contact with colleagues, and professional interactions with other disciplines.

In relation to professional opportunities, the respondents reported a mean of 3.40, indicating that while there are opportunities for career development—such as working with student nurses, participating in committees, and engaging in research—there may be room for improvement in providing more frequent and varied professional growth opportunities.

In the area of praise and recognition, the respondents expressed moderate satisfaction with a mean rating of 3.55. This suggests that while they receive recognition for their work from both superiors and peers, there may be additional opportunities to provide more encouragement and feedback to boost motivation and job satisfaction. Finally, in terms of control and responsibility, respondents gave a mean rating of 3.60, reflecting a relatively high level of satisfaction. They feel they have a good amount of responsibility and control over their work environment and are involved in decision-making processes within the organization. However, there might still be areas for further empowerment and inclusion in organizational decisions.

Overall, there is satisfaction across the different factors (3.64). The data suggest that the nurses are satisfied with their jobs, indicating that this is within their expectations.

Table 2 Level of Job Satisfaction

Indicators of Job Satisfaction	Mean	Std. Deviation	Description
Extrinsic rewards	3.47	.676	Satisfied
Scheduling	3.56	.808	Satisfied
Family-work balance	3.59	.672	Satisfied
Co-workers	3.70	.730	Satisfied
Interaction	3.68	.647	Satisfied
Professional opportunities	3.38	.621	Satisfied
Praise/recognition	3.93	.767	Satisfied
Control/responsibility	3.84	.821	Satisfied
Overall Job Satisfaction	3.64	.424	Satisfied

Legend: 1.0-1.80 – Very Dissatisfied 1.81-2.60 – Dissatisfied 2.61-3.40 – Neither Satisfied nor Dissatisfied 3.41-4.20 – Satisfied 4.21-5.0 – Very Satisfied

Organizational Factors

Table 3 presents the quality of organizational factors as rated by nurses based on the indicators included in the measure. The dimension of Nurse Manager, Ability, Leadership, and Support has a mean score of 3.84, which falls within the "Satisfactory" range. This suggests that respondents generally observe good leadership and support from their nurse managers most of the time. Nurse managers are seen as effective leaders who support the nursing staff in decision-making, promote staff development, and foster a positive work environment.

For Nurse Participation in the Workplace, the mean score of 2.96 places this dimension in the "Average" range. This means that nurse participation in workplace activities is sometimes observed. They sometimes experience opportunities for career development, advancement, and involvement in committees.

The Staffing and Resource Adequacy dimension has a mean score of 3.62, indicating that respondents are generally satisfied with staffing levels and resource availability, which is rated as "Satisfactory." This suggests that nurses, for the most part, feel there is sufficient staff to manage workloads and provide quality patient care. Support services are adequate, enabling nurses to focus on patient care, and there is sufficient time to discuss patient care concerns with colleagues.

Table 3 Quality of Organizational Factors

Indicators	Mean	Std. Deviation	Description
Nurse manager, ability, leadership and support	3.84	.699	Satisfactory
Nurse participation in the workplace	2.96	.197	Average
Staffing and resource adequacy	3.62	.234	Satisfactory
Nursing foundations for quality care	4.06	.126	Satisfactory
Collegial nurse-physician relations	4.09	.411	Satisfactory
Overall Organizational Factor	3.71	.193	Satisfactory

Legend: 1.0-1.80 – Poor 1.81-2.60 – Fair 2.61-3.40 – Average 3.41-4.20 – Satisfactory 4.21-5.0 – Excellent

In terms of Nursing Foundations for Quality Care, the mean score of 4.06 places this dimension in the "Satisfactory" range. This reflects satisfaction with the nursing care foundations in place, such as up-to-date nursing care plans, high standards expected by the administration, and a nursing model that prioritizes patient

care. Respondents also cited the active quality improvement programs and continuity in care assignments as contributing factors to their satisfaction.

Finally, Collegial Nurse-Physician Relations received a mean score of 4.09, which falls in the "Satisfactory" range. This indicates that respondents perceive strong teamwork and collaboration between nurses and doctors most of the time. The positive working relationships between these two groups enhance the delivery of patient care and contribute to an overall effective and harmonious work environment.

In summary, the organizational factors are generally perceived as satisfactory by the respondents, with an overall mean score of 3.71, indicating a satisfactory level.

Turnover Intentions

Table 4 presents the turnover intentions of nurses, as measured by various indicators. The overall mean score for turnover intentions is 4.11, which falls within the "High" range, indicating a strong likelihood that nurses are considering leaving their current organization.

Specifically, the responses reflect that nurses are highly likely to leave the company within the next five years, with a mean score of 3.94. Similarly, nurses expressed a high level of interest in working for a company that may better suit their needs, as reflected in the mean score of 4.17.

Furthermore, nurses demonstrated a high likelihood of seeking jobs outside their current organization, with a mean score of 4.11. Additionally, the responses suggest that many nurses are exploring job opportunities in other hospitals, with a mean score of 4.15, and are considering working abroad or in different locations to practice their profession, as reflected by the mean score of 4.16.

Table 4 Turnover Intentions

Indicators of Turnover Intentions	Mean	Std. Deviation	Description
You are very likely to leave in this company for the next five years.	3.94	.858	High
For you, there is a company that is best for you to work for.	4.17	.879	High
You will easily give up this company easily.	4.05	.912	High
You are interested to jobs outside your company.	4.11	.907	High
You search for other hospitals to practice your nursing profession.	4.15	.906	High
You consider working to other organizations to practice your profession.	4.16	.846	High
You are thinking about going abroad or other places to practice your profession.	4.16	.830	High
You look for positions you can potential apply for in other organizations.	4.17	.824	High
Overall Turnover intentions	4.11	.712	High

Legend: 1.0-1.80 – Very Low 1.81-2.60 – Low 2.61-3.40 – Average 3.41-4.20 – High 4.21-5.0 – Very High

These high scores across various indicators indicate a general dissatisfaction with the current workplace, which increases the likelihood of turnover. As the overall turnover intention score of 4.11 suggests, they have observed these most of the time.

Significant difference in the turnover intention of nurses when grouped according to their profile Table 5 presents a comparison of turnover intentions across different demographic and work profiles, such as age, civil status, work experience, educational attainment, unit assigned, salary, and benefits, which impact turnover intentions.

In terms of age, the mean scores vary slightly across different groups, with the highest score reported for the 51 and above group (4.47), indicating a high intention to leave, while the 46-50 age group reported the lowest score (3.78). However, the analysis showed no statistically significant difference ($p = 0.377$), suggesting that age does not significantly influence turnover intentions.

For civil status, the mean scores also vary, with the separated group showing the highest score (4.58), followed by married individuals (4.13), and single respondents (4.06). Despite these variations, the p -value of 0.227 indicates that there is no significant difference.

In terms of work experience, there were differences in the mean scores across the various experience groups, with the 4-5 years group showing the highest score (4.88) and the less than one year group showing the lowest (3.93). However, the p -value of 0.407 reveals that these differences are not statistically significant.

Regarding educational attainment, the mean scores were fairly consistent across the groups, with individuals holding master's degrees (4.13) and college graduates (4.12) having slightly higher scores compared to those with master's degrees (4.02); nevertheless, the p -value of 0.883 shows that educational attainment does not significantly influence turnover intentions.

Table 5 Comparison of the Turnover Intention when Grouped According to Profile

Profile	Mean	Std. Deviation	F	Sig.	Interpretation	Decision
Age						
25 & below	3.93	.783	1.082	.377	NS	ACCEPT NULL HYPOTHESIS
26-30	4.27	.628				
31-35	4.05	.799				
36-40	4.16	.641				
41-45	4.39	.570				

Profile	Mean	Std. Deviation	F	Sig.	Interpretation	Decision
46-50	3.78	.437				
51 and above	4.47	.483				
Total	4.11	.712				
Civil Status						
single	4.06	.717	1.499	.227	NS	ACCEPT NULL HYPOTHESIS
married	4.13	.721				
separated	4.58	.431				
Total	4.11	.712				
Work Experience						
less than a year	3.93	.778	1.039	.407	NS	ACCEPT NULL HYPOTHESIS
1-3	4.28	.617				
4-5	4.88	.177				
6-8	3.90	.773				
9-11	4.14	.954				
12-13	4.11	.690				
14-16	4.03	.389				
17 yrs and above	3.91	.644				
Total	4.11	.712				
Educational Attainment						

College	4.12	.737	.124	.883	NS	ACCEPT NULL HYPOTHESIS
with master's units	4.13	.667				
Master's graduate	4.02	.556				
Total	4.11	.712				
Unit Assigned				.420		
Ward	4.29	.805	.947		NS	ACCEPT NULL HYPOTHESIS
OR	4.04	.743				
DR	3.78	.437				
Others	4.11	.665				
Total	4.11	.712				
Salary			.246	.782	NS	ACCEPT NULL HYPOTHESIS
18k or less	4.11	.720				
18,001- 20k	4.07	.772				
above 20	4.16	.643				
Total	4.11	.712				
Benefits			.422	.738	NS	ACCEPT NULL HYPOTHESIS
yearend	4.20	.603				
Midyear and yearend	4.09	.716				
cash incentives	4.75	.664				
others	4.13	1.516				
Total	4.11	.712				

Similarly, for unit assignment, there were slight variations in the mean scores, with respondents from the ward showing the highest score (4.29), while those from the DR unit had the lowest (3.78). Despite these differences, the p-value of 0.947 indicates that the turnover intention does not vary across unit assignment.

For salary, the mean scores were fairly consistent across the groups, with the highest score in the above 20k range (4.16) and the lowest in the 15k-20k range (4.07). The p-value of 0.782 indicates that there is no significant difference in salary among respondents.

Lastly, in terms of benefits, the group receiving cash incentives reported the highest mean score (4.75), while those receiving other benefits reported the lowest (4.13). However, with a p-value of 0.738, there is no statistically significant difference, indicating that the type of benefits received does not significantly influence turnover intentions.

Influence of Job Satisfaction on Turnover Intention

Table 6 presents the results of the regression analysis that explores the influence of various job satisfaction domains on turnover intention. Overall, job satisfaction has a significant influence on turnover intention as reflected in the p-value of 0.006. The model's R-squared value of 0.163 indicates that approximately 16.3% of the variation in turnover intention can be explained by the job satisfaction domains considered in the model. In contrast, the remaining variation can be attributed to factors not included in the study.

Examining the individual predictors, Employee Relations (ER) exhibits a significant negative relationship with turnover intention ($B = -0.398, p = 0.012$), indicating that improved employee relations are associated with lower turnover intentions. Similarly, Professional Development (Prof) has a significant positive relationship with turnover intention ($B = 0.508, p = 0.002$), indicating that higher satisfaction with professional development opportunities is associated with a greater intention to remain with the organization.

The variable Praise also exhibits a significant positive relationship with turnover intention ($B = 0.361, p = 0.016$), suggesting that employees who perceive more frequent praise are more likely to remain with the organization. On the other hand, Schedule, Balance in work and family, Co-workers, Interaction, and Control did not have

significant relationships with turnover intention, as their p-values were above the 0.05 threshold ($p = 0.821$, $p = 0.663$, $p = 0.181$, $p = 0.094$, $p = 0.068$, respectively).

Table 6 Influence of Job Satisfaction Domains on Turnover Intention

Model		Unstandardized Coefficients		Standardized Coefficients	t	p-value
		B	Std. Error	Beta		
1	(Constant)	4.088	.547		7.477	.000
	ER	-.398	.157	.378	2.538	.012*
	Sched	-.029	.129	-.033	-.227	.821
	Bal	-.056	.129	-.053	-.437	.663
	Co-work	.157	.117	.161	1.344	.181
	Interact	-.262	.155	-.238	-1.688	.094
	Prof	.508	.160	.443	3.174	.002*
	Praise	.361	.147	.388	2.454	.016*
	Control	-.271	.147	-.312	-1.845	.068

Note. $R=.404$, $R\text{-squared}=.163$, $F=2.896$, $p=.006$

*significant at 0.05 level of significance

Overall, the model suggests that job satisfaction domains, such as employee relations, professional development, and praise, have a significant impact on turnover intention. In contrast, other factors, including schedule, balance, co-workers, interaction, and control, do not have a significant effect based on the data.

Significant relationship between organizational factors, Job satisfaction, and turnover intentions Table 7 presents the significant relationships between organizational factors, job satisfaction, and turnover intentions among nurses. The Pearson correlation coefficient between organizational factors and job satisfaction is 0.361, indicating a moderate positive relationship that is statistically significant ($p = 0.000$). This suggests that as organizational factors improve, job satisfaction tends to increase as well. The correlation between organizational factors and turnover intentions is 0.149, with a p-value of 0.094, which is not statistically significant at the 0.05 level. This means that organizational factors have a weak, non-significant relationship with turnover intentions in this sample. Regarding job satisfaction and turnover intentions, the Pearson correlation coefficient is -0.072, with a p-value of 0.422, indicating that the relationship is not statistically significant. This indicates that there is no significant relationship between job satisfaction and turnover intentions.

Table 7 Significant Relationship Between Organizational Factors, Job Satisfaction, and Turnover Intention of Nurses

		Organizational Factors	Job Satisfaction	Turnover Intention
Organizational Factors	Pearson Correlation	1	.361**	.149
	Sig. (2-tailed)		.000	.094
	N	128	128	128
Job Satisfaction	Pearson Correlation	.361**	1	-.072
	Sig. (2-tailed)	.000		.422
	N	128	128	128
Turnover Intentions	Pearson Correlation	.149	-.072	1
	Sig. (2-tailed)	.094	.422	
	N	128	128	128

** Correlation is significant at the 0.01 level (2-tailed)

Standpoints of the participants on the notable areas in the quantitative results

Table 8 shows the notable areas in the quantitative results and the standpoints of the participants on these.

Table 8 Notable Areas in Quantitative Results and the Standpoints of the Participants in the Qualitative Results

Notable Areas in Quantitative Results	Standpoints of the Participants
Job Satisfaction – Satisfied in all indicators of job satisfaction	Satisfaction in work flexibility, Supportive environment, quality of nursing care, training and learning opportunities
	Dissatisfaction in salary, recognition, workload, career growth, and involvement in career decision making.
Satisfactory Quality of Organizational Factors	Satisfactory Nursing Foundations for Quality Care; and Collegial Nurse-Physician Relationship
	Needs improvement in nurse manager ability, leadership, and support; and nurse participation in the workplace
High Turnover Intention	Open to working elsewhere
	Salary is a major factor
	Career growth concerns
	Work environment matters
	Interest in overseas work
No significant difference in the turnover intention among nurses	Intention to leave work are due to various factors

<i>cont...</i>	
Notable Areas in Quantitative Results	Standpoints of the Participants
Job satisfaction domain as significant predictor of turnover intention are employee relations, professional development, and praise	Relationship with colleagues
	Trainings and professional development
Significant Relationship Between Organizational Factors and Job Satisfaction	Empowerment and satisfaction
	Collaboration and satisfaction
No significant Relationship Between Organizational Factors and Turnover Intention	Leadership and Work Environment as Determinants of Retention
	Workload and Career Growth
No significant Relationship Between Job Satisfaction and Turnover Intention	Job Satisfaction as a Key Factor in Retention
	Dissatisfaction as a Primary Driver of Turnover

Job Satisfaction

The quantitative findings revealed that nurses are generally satisfied with their jobs, particularly in aspects such as work flexibility, a supportive environment, the quality of nursing care, training and learning opportunities, salary, recognition, workload, career growth, and involvement in career decision-making.

The qualitative data support aspects of satisfaction, including work flexibility, a supportive environment, quality of nursing care, training, and learning opportunities. Participants expressed high satisfaction with work flexibility, as it allows them to balance their personal and professional lives. For example, Participant 3 shared:

"Having a flexible schedule has been a lifesaver. I can manage my family life and work without feeling overwhelmed." P3

This flexibility contributed to their overall satisfaction and empowered them in their roles.

Additionally, a supportive work environment, characterized by strong relationships with colleagues and supervisors, was identified as a crucial factor in job satisfaction.

Participant 6 mentioned:

"The support from my team and manager is one of the main reasons I stay in this role. We help each other out, and I don't feel alone in challenging situations." P6 Providing high-quality care was a major source of fulfillment for many participants. *"When I see my patients getting better because of the care I provided, it's a reminder of why I became a nurse in the first place. It makes everything worth it." P2* *When I can help my patients, I am satisfied with my work. P8*

Nurses mentioned that opportunities for continuous learning and professional development were important to their satisfaction.

"The training programs here are excellent. I feel like I am always learning, and it helps me improve my practice." P5 *"That is what I like here because there are free trainings." P9* However, there are also drivers of dissatisfaction in the workplace, and these include: salary, recognition, workload, career growth, and involvement in career decision-making. Despite the positive aspects of their work, many nurses voiced dissatisfaction with their salaries. Participant 4 said, *"The salary is just not enough considering the workload and the stress we deal with. I often feel undervalued because of it." P4* This dissatisfaction with compensation was a recurring theme and was often mentioned as a reason for considering leaving the profession. *"Right now, the salary is really a factor. They thought the salary was too huge, but actually it is not." P9*

A lack of recognition for their hard work was another major source of dissatisfaction. Participant 7 shared, *"We work hard, but it's as if no one notices. Recognition, even small gestures, would really make a difference." P7*

This lack of appreciation contributed to lower morale and job dissatisfaction.

Heavy workload and understaffing were frequently mentioned as sources of stress—this excessive workload left little time for breaks or quality patient interactions, further diminishing job satisfaction.

"The workload is too much. There are days when I feel like I'm just running around, and it feels like I don't have time to care for my patients the way I want to." P3

Limited opportunities for career advancement and professional growth were frequently cited as a source of dissatisfaction. This lack of growth opportunities led some participants to feel stuck in their current roles and less engaged in their work. Participant 10 expressed frustration with stagnant career paths, saying,

"There aren't many opportunities to grow in my career here. I want to take on more responsibilities, but there's no room for that." P10

Additionally, nurses felt excluded from decisions regarding their career paths and professional development. This lack of involvement in career decisions created a sense of disempowerment and contributed to dissatisfaction with their roles.

"It would be great if we had a say in the decisions regarding our career progression. But it feels like the higher-ups make all the choices without asking for our input." P9

The qualitative data suggest that job satisfaction among nurses is primarily influenced by work flexibility, supportive environments, quality of care, and learning opportunities, all of which contribute positively to their overall satisfaction. These elements empower nurses to perform their duties with greater engagement, pride, and commitment. However, significant dissatisfaction arises from issues such as salary, recognition, workload, career growth, and involvement in decision-making, all of which contribute to a sense of frustration, burnout, and turnover intention.

Quality of Organizational Factors

Based on the quantitative result, the quality of organizational factors is satisfactory. This result aligns with the qualitative data, which reveal satisfactory comments about the nursing foundations for quality care and the collegial nurse-physician relationship.

Participants indicated that, despite some challenges, the quality of nursing care remains a central focus within the hospital. The training and orientation programs, as well as support from senior nurses, were identified as key factors in maintaining high-quality care. For instance, this response explains this aspect:

"I'm satisfied with the quality of nursing care provided here. It focuses on the patient's needs, including active listening, compassion, courage, and good communication. This environment and the hospital's advocacy for their employees are important to me, which is why I stayed up to now." P9

Another participant expressed:

"The nursing care quality is important. The level of care is good, but the compensation and overall work conditions need to improve for me to consider staying long-term." P12

Additionally, Participant 7 pointed out:

"Right now, the quality of care is at an average level. P7

Equally important was the recognition of a positive nurse-physician relationship, which participants noted as essential to both the quality of patient care and job satisfaction. While this response primarily addresses leadership, it hints at an underlying positive relationship between the staff and physicians, which contributes to a better work environment.

"The leaders are open-minded and often see our potential. They also give us a chance to participate in policy decisions and internal governance from time to time." P8

Other participants also highlighted that teamwork and flexibility in staffing further create a collaborative environment.

"Each of us adjusts our work schedule, especially in times like the earthquake or pandemic. During the critical periods, we experienced skeletal schedules, which meant more rest days than regular duties." P9

Meanwhile, they also acknowledged that there are aspects that need improvement in nurse manager ability, leadership, and support, as well as nurse participation in the workplace.

Turnover Intention

As revealed in the qualitative data, turnover intention is influenced by several critical factors, each of which plays a key role in an employee's decision to either stay or leave their current position. These factors include openness to working elsewhere, salary considerations, career growth opportunities, work environment, and interest in overseas work.

When employees express a willingness to work elsewhere, it often reflects a sense of dissatisfaction or a lack of engagement with their current role. This openness can signal that employees are considering options outside the organization, indicating a potential for turnover. One participant shared, *"I feel I'm not getting what I need here anymore. I'm definitely open to exploring other opportunities if they arise." P5*

Another participant echoed similar sentiments, stating:

"The work has become monotonous, and I feel stuck here. If a better opportunity comes up, I'd leave without hesitation." P2

Additionally, the data revealed that salary remains one of the most significant factors influencing turnover intention. Employees who feel underpaid for their efforts are more likely to seek other positions that offer better financial compensation. One participant expressed,

“If another organization offered me a better salary for the same role, I’d definitely consider leaving.” P12 “I love my job, but the pay doesn’t reflect the amount of work I do. I’m constantly thinking about finding something that pays better.” P4

The issue of salary is often tied to how employees perceive their value within the organization. If employees believe their contributions aren’t adequately compensated, they may start seeking alternative positions that offer a better balance between compensation and job responsibilities.

The participants also shared that concern for career growth is another central factor in turnover intention. Employees who feel that their professional development is stagnant or limited are more likely to explore opportunities elsewhere.

“I have been in the same position for years, and there’s no clear path for promotion. I want to grow, but I don’t see any opportunities for that here.” P3

As observed by another participant, *“There’s no mentorship or guidance for moving forward in my career here. I’m starting to look at other companies that offer more opportunities for development.” P8.*

For participants, a positive and supportive work environment can lead to higher job satisfaction, while a toxic or unwelcoming environment can lead to dissatisfaction and increased turnover.

“The work environment here is toxic. It’s hard to stay motivated when the morale is low, and there’s constant conflict.” P7.

As revealed by the participants, the intention to turn over arises in connection with an interest in working overseas. The interest in overseas work is an increasingly important factor influencing turnover intention, especially among employees seeking new challenges or broader career opportunities. One participant mentioned:

“I’ve always wanted to work internationally. If I got a good offer abroad, I wouldn’t hesitate to leave.” P9.

Another participant similarly expressed, *“I’m interested in moving abroad for work. (Ganhan man ko sa opportunity nga mogrow ko sa akong career unya, ganahan sad ko makahalubilo ug lahi lahi nga culture.) There’s more opportunity for career growth and exposure to different cultures, which excites me.” P11.*

Turnover intention is shaped by a variety of factors, each contributing to an employee’s overall sense of satisfaction, engagement, and fulfillment. Openness to working elsewhere is often a response to feelings of stagnation or disengagement from one’s current role. Salary concerns reflect employees’ perceptions of their value and the financial recognition they receive. Career growth concerns highlight the importance of advancement opportunities in retaining employees, while a positive work environment is crucial for job satisfaction and engagement. Lastly, the interest in overseas work signals a desire for broader professional experiences that may not be available in their current position at the hospital under study.

Significant Difference in Turnover Intentions of Nurses

There is no significant difference in the turnover intentions of nurses when they are grouped by age, civil status, work experience, educational attainment, assigned unit, salary, and benefits. The qualitative data also revealed that their intention to leave work is due to various factors, and the participants’ reasons are common and similar. Participants noted other factors that contribute to their intention to leave, including the salary and benefits they receive, as well as the relationships they have with their coworkers and leaders.

"I believe yes, we have similar reasons with the intention to leave from this hospital. Of course, we need a salary enough or even more than enough. And of course, since working abroad is one of the nurse trends then, the offer is higher, we can also bring our family there. That's why we are motivated to leave." P11

Influence of Job Satisfaction on Turnover Intention

The qualitative findings, which included themes such as relationships with colleagues, training, and professional development, as well as praise noted by the participants as influential factors for leaving or staying in the hospital, were generated. For instance, they pointed out that a positive work environment and good relationships with colleagues are potential reasons to have job satisfaction.

"I am satisfied with my job as a nurse here since I feel supported and I am in a good working environment. Of course that is except from the salary I receive." P12 "As long as there is good environment, and you are supported by your colleague..." P9

The participants also emphasize the importance of opportunities for professional growth as key indicators of job satisfaction. Other nurses also explain how praise and recognition become important part of their job satisfaction. *"When my nurse supervisor appreciates my work specially when I was a newbie, that was the reason why I felt so positive at work and of course, I choose to stay as I think I am satisfied with my performance." P3 "If you are appreciated with your hard work and support given from your colleagues. The feeling is so nice," P5.*

Significant Relationship Between Organizational Factors and Job Satisfaction Based on the interviews with the nurses, Job satisfaction is deeply influenced by various organizational factors, with empowerment and collaboration being two key drivers that shape an employee's perception of their work environment and overall job fulfillment. For participants, job satisfaction is closely tied to their sense of empowerment in the workplace. Empowerment is closely linked to job satisfaction because employees who feel empowered are more likely to take ownership of their work, feel motivated, and experience a greater sense of achievement.

One participant noted:

"When I have the freedom to make decisions like how to take care of the patients and my techniques of communicating with them...like about how to approach my work, I feel more satisfied. It boosts my confidence, and I feel fulfilled." P6. "Empowerment makes a huge difference in how I view my job. I feel like my opinions matter, and that makes me more motivated to perform well." P4.

Another key aspect of job satisfaction highlighted in the qualitative data is collaboration. A collaborative environment is described by participants as characterized by strong relationships among colleagues, enhanced communication, and a sense of shared purpose.

"The teamwork in my department is incredible. One of the primary reasons collaboration is so important in nursing practice is that it significantly improves patient outcomes." In our unit, we work closely with physicians and physical therapists. If a patient is recovering from surgery, we coordinate to ensure they receive the right pain management, rehabilitation, and follow-up care." P5.

"Collaboration creates a sense of unity. When we work together, not only does the work get done more efficiently, but I also feel a sense of accomplishment and connection with my colleagues." P3.

"Like for instance, we have daily team rounds where the whole healthcare team—doctors, nurses, and social workers—discuss each patient's progress. It ensures everyone is on the same page, no overlooked." (P8)

The relationship between organizational factors and job satisfaction is significant and multifaceted, as evidenced by the participants' responses.

No significant Relationship Between Organizational Factors and Turnover Intention The qualitative data provided a different perspective on the relationship between organizational factors and turnover intentions, as participants emphasized that leadership and the work environment significantly influence their desire to stay in the hospital. Similarly, the workload they have is also connected since it affects their career growth and their decision to leave the workplace. Nurses highlighted the importance of leadership that is supportive, transparent, and communicative, indicating that good leadership fosters an environment where nurses feel heard, valued, and respected. A supportive work environment—characterized by teamwork, mutual respect among colleagues, and positive interactions with other healthcare providers—was consistently cited as an essential factor in retaining staff.

"There are leaders here who understand our challenges. They make sure we feel supported and always address our concerns. A positive work environment where we can collaborate makes me feel like I am making a real difference, and that motivates me to stay because you would love to work." P3

"If I feel like the leader is not supportive, then I'll choose to look for other jobs." P10 "...if the leaders are approachable and truly care about our well-being. That makes a huge difference in how we feel about working here, especially when things get tough." P7

Based on the narratives of the nurses, hospital nurses often face intense workloads, particularly in busy departments like the emergency, intensive care, and inpatient units. While nurses are dedicated to their work, several participants noted that excessive workload combined with limited opportunities for career advancement can lead to burnout, frustration, and ultimately, turnover.

"I love being a nurse, but the workload here is becoming too much. We don't have enough staff, and it's overwhelming. There's no time to focus on my career growth, and it's starting to make me consider other job options." P5

Nurses expressed frustration when faced with heavy workloads that limit their ability to develop professionally, leading them to consider leaving.

This understanding emphasizes that while hospital leaders should focus on creating supportive, open, and positive work environments, they must also address systemic issues such as staffing levels.

No significant Relationship Between Job Satisfaction and Turnover Intention As the quantitative data revealed, there is no significant relationship between job satisfaction and turnover intention. However, this is not the case with the qualitative data, which indicate that job satisfaction is a key factor in retaining nurses in the hospital. Conversely, dissatisfaction at work will lead to turnover.

From the qualitative responses, it became clear that job satisfaction is a major determinant of whether nurses stay in their positions or seek opportunities elsewhere. Nurses who expressed high levels of job satisfaction attributed this to factors such as a positive work environment, supportive leadership, and recognition of their efforts. These factors contributed to a strong sense of fulfillment and professional contentment, which, in turn, influenced their intention to stay.

"I am really considering leaving... like if I don't get promoted or if I don't like my leaders anymore, because sometimes we are not appreciated." P15

Nurses indicated that their decision to stay at a hospital or seek employment elsewhere was closely linked to how competitive their compensation was compared to that of other institutions. When nurses felt that their salary did not reflect their hard work, qualifications, or the demands of their job, it contributed to job dissatisfaction and an increased desire to explore other opportunities.

"It's hard to stay motivated when you feel like you're not being paid what you're worth. We work long shifts under pressure, and when the salary doesn't match the effort, it's discouraging." P3

“When I look at my colleagues in other hospitals, their salaries are much higher than mine, and they have more opportunities for promotion. It’s hard to stay when you feel like you’re not being valued for your work.” P7

These responses support the idea that salary and career growth are closely tied to nurses' decisions regarding retention or turnover. The lack of career advancement opportunities, combined with insufficient salary increases, can lead to dissatisfaction and eventually to considering other employment options.

The qualitative results' findings support the quantitative results on the factors contributing to nurse turnover. Table 9 presents the integration of quantitative and qualitative results. Notably, the nature of their integration involves converging or confirming, and in some aspects, the data diverge as they contradict each other.

Table 9 Data Integration

Notable Areas in Quantitative Results	Themes	Nature of Integration
Job Satisfaction – Satisfied in all indicators of job satisfaction	Satisfaction in work flexibility, Supportive environment, quality of nursing care, training and learning opportunities	Converging (Supporting)
	Dissatisfaction in salary, recognition, workload, career growth, and involvement in career decision making.	Diverging
Satisfactory Quality of Organizational Factors	Satisfactory Nursing Foundations for Quality Care; and Collegial Nurse-Physician Relationship	Converging (Supporting)
	Needs improvement in nurse manager ability, leadership, and support; and nurse participation in the workplace	Diverging
<i>cont...</i>		
Notable Areas in Quantitative Results	Themes	Nature of Integration
High Turnover Intention	Open to working elsewhere	Converging
	Salary is a major factor	
	Career growth concerns	
	Work environment matters	
	Interest in overseas work	
No significant difference in the turnover intention among nurses	Intention to leave work are due to various factors	Converging
Job satisfaction domain as significant predictor of turnover intention are employee relations, professional development, and praise	Relationship with colleagues	Converging
	Trainings and professional development	Converging
No significant difference in the turnover intention among nurses	Intention to leave work are due to various factors	Converging
Job satisfaction domain as significant predictor of turnover intention are employee relations, professional development, and praise	Relationship with colleagues	Converging
	Trainings and professional development	Converging

No significant Relationship Between Organizational Factors and Turnover Intention	Leadership and Work Environment as Determinants of Retention	Diverging
	Workload and Career Growth	Diverging
No significant Relationship Between Job Satisfaction and Turnover Intention	Job Satisfaction as a Key Factor in Retention	Diverging
	Dissatisfaction as a Primary Driver of Turnover	Diverging

Job Satisfaction

Satisfaction in Work Flexibility, Supportive Environment, Quality of Nursing Care, Training and Learning Opportunities (Converging – Supporting). The quantitative results indicate that job satisfaction is high in areas such as work flexibility, a supportive work environment, the quality of nursing care, and opportunities for training and learning. These factors were also highlighted in the qualitative data, where participants expressed satisfaction with their ability to manage a work-life balance, the positive environment created by colleagues and management, and the importance of continuous learning and professional development. These are some of the quoted responses:

“I’m satisfied with the flexibility in my schedule. I can attend to personal matters while still getting my work done or kanang mo attend sa needs sa family. Also the work environment is also very supportive, and I feel like I’m growing.” P6

“The hospital provides many opportunities for learning and professional growth, and I believe this contributes to my job satisfaction. Because sometimes we need to upgrade also.” P10

Dissatisfaction in salary, recognition, workload, career growth, and involvement in career decision making (diverging). The results of both quantitative and qualitative data are also diverging. While the quantitative results revealed satisfaction in all aspects measured, the qualitative data generated themes of dissatisfaction in salary, recognition, workload, career growth, and involvement in career decision-making, which emerged as critical areas for concern. For example, these are the responses of the participants:

“I feel like I do so much but get paid so little. It is really little.” P13 “we have training but, there’s no further discussion about my career development, and that’s frustrating.” P14

This suggests that while nurses find certain aspects of their work satisfying, systemic issues such as inadequate compensation and lack of career advancement opportunities contribute significantly to job dissatisfaction.

Quality of Organizational Factors

Satisfactory nursing foundations for quality care, and collegial nurse-physician relationship (converging – supporting). Participants expressed that the hospital provides a solid foundation for quality care, especially when it comes to the nurse-physician relationship. A collaborative approach between nurses and physicians was often mentioned as a factor that enhances the work environment and supports high-quality patient care, which directly contributes to job satisfaction.

“We have a good relationship with the physicians. It’s a collaborative environment, and that’s key to providing the best care for our patients.” P7

“The quality of care here is important to me, and the teamwork with physicians plays a big role in that. I feel proud of this hospital where I belong.” P5

Needs improvement in nurse manager ability, leadership, and support; and nurse participation in the workplace (diverging).

On the other hand, several participants highlighted areas for improvement, particularly in nurse manager leadership and support. They also emphasized the need for more active participation in decision-making, which they felt was lacking.

"I have noticed something, our nurse managers need to step up more. I think they could provide better leadership and support to help us perform better." P11

"My perspective is that we are part of the team. We should also be included if there's something that needs to be discussed or improved because we can also suggest ideas. That's just my comment about our work environment, although of course, our relationship is good." P3

The quantitative results suggest that organizational factors, such as leadership and support, may require more attention to enhance job satisfaction, particularly among nurses who feel that their voices are not being heard in key decision-making processes.

Turnover Intention

High Turnover Intention (Converging). Quantitative results indicating high turnover intention are corroborated by the qualitative data, which reveal that many nurses expressed openness to working elsewhere. This suggests a general dissatisfaction with their current positions, which could be attributed to issues such as salary dissatisfaction, lack of career growth, and challenges within the work environment.

If things don't improve, I'll start looking for another job. I've been here too long without any career advancement. P8

Sometimes I wonder if I should go abroad for better pay and opportunities. I don't see much of a future for me here. P12

These responses suggest that turnover intentions are linked to organizational factors such as salary, career development, and the general work environment, all of which need to be addressed to improve retention.

Significant Difference in Turnover Intentions of Nurses As shown in the data, there is no significant difference in the turnover intentions of nurses when they are grouped by age, civil status, work experience, educational attainment, assigned unit, salary, and benefits. Based on the qualitative data, the result is converging.

The qualitative data also revealed that their intention to leave work is due to various factors, regardless of their profile. Participants pointed out other factors that contribute to their intention to leave, such as the salary and benefits they receive, as well as the relationship they have with their coworkers and leaders.

These responses of the participants confirm the results in the quantitative data:

"I think it does not matter how long you have been working, as long as there is an offer of a higher salary in another hospital or another line of work, I would likely leave. Sometimes I thought of transferring into teaching." P1

Others also emphasized that, regardless of the work area they are assigned, their intention to leave is due to other factors, such as salary and the benefits they receive.

"Salary and benefits are possibly reasons..." P5

Influence of Job Satisfaction on Turnover Intention The quantitative data revealed that Job satisfaction, in terms of employee relations, professional development, and praise, significantly influences turnover intention. The result is converging. This is confirmed by the qualitative findings, which generated themes such as relationships with colleagues, training, and professional development, as well as praise noted by participants for staying or leaving the hospital.

The results demonstrate that a positive work environment and good relationships with colleagues play a crucial role in the job satisfaction of nurses. Nurses who feel comfortable and supported by their coworkers tend to stay, whereas those who experience conflicts or negativity at work are more likely to consider leaving. For instance, these responses from the nurses demonstrate that the relationship at work is indeed affecting their decision to leave the hospital.

“My relationship with my colleagues has a big impact since our work in the hospital is stressful as we deal with problems..they are the important persons to give comfort... If the work environment is good and we understand each other, I am more motivated to stay. But if there are conflicts and workplace drama, I start considering leaving.” P15

My colleagues can be a reason why I become more passionate in my job. And of course, why I love working in the hospital. P8

Furthermore, as shared by the participants, they value opportunities for professional growth. When hospitals provide training and career advancement opportunities, employees feel motivated to stay. Conversely, the lack of skill development can lead to dissatisfaction and turnover.

“One of the reasons I stay in the hospital is because of the training and opportunities to learn more. But if there are limited chances for me to improve my skills, I lose motivation and consider looking for another job with more growth opportunities, since you can be more competitive if you are skillful.” P4

This supports the quantitative finding that professional development opportunities reduce turnover intention, as employees seek environments where they can grow and develop. Additionally, nurses have shared that they feel valued when their efforts are acknowledged. Recognition and appreciation from supervisors serve as motivation to stay. However, when employees feel unappreciated, they may consider leaving in search of a more rewarding work environment. As verbalized by the participants:

“It feels good when our supervisors acknowledge our efforts. When we hear appreciation for our work, it motivates us. But if we keep working hard without even a small acknowledgment, it feels heavy, and we start thinking that maybe in another hospital, we would be more appreciated.” P10

This confirms that recognition is a crucial factor in job satisfaction, and a lack of it can lead to turnover.

Significant Relationship Between Organizational Factors and Job Satisfaction Empowerment and Satisfaction (Converging). The quantitative results reveal a significant relationship between empowerment and job satisfaction. The qualitative responses support this, with nurses describing how having a sense of empowerment in their roles, which is an organizational factor, contributes to their satisfaction.

I feel empowered to make decisions in my work, and that makes me feel proud of what I do. It definitely adds to my job satisfaction. P6

When I’m trusted to make decisions about patient care, I feel more engaged and satisfied in my role. P4

Collaboration and Satisfaction (Converging). Similarly, collaboration is another organizational factor that influences job satisfaction. Nurses reported that working together with colleagues and physicians creates a positive work environment, thereby enhancing their overall job satisfaction.

The way we collaborate with each other and with the physicians is one of the reasons I enjoy my job. It makes the work feel meaningful and rewarding. P5

I enjoy being part of a team. Lahi ra jud baya if nay collaboration kay nice sa feeling jud. (Collaboration really makes a difference in how I feel about my job.) P2

No Significant Relationship Between Organizational Factors and Turnover Intention

Leadership and Work Environment as Determinants of Retention (Diverging). The quantitative results indicate no significant relationship between organizational factors, such as leadership and work environment, and turnover intention. However, qualitative responses suggest that leadership and work environment are indeed crucial in determining whether nurses choose to stay or leave the hospital.

If the leadership were better... I think I'd be more willing to stay long-term. Sometimes I feel unsupported. P13

The work environment matters a lot. If it's toxic or stressful, it's hard to stay. I would leave if I didn't feel supported. P15

These responses suggest that, although the quantitative data may show no direct relationship, nurses do perceive leadership and work environment as reasons for their retention, indicating a potential gap between perceived and measured outcomes.

Workload and Career Growth (Diverging). The data diverges when it comes to workload and career growth. Nurses reported that heavy workloads and stagnant career paths are significant drivers of turnover intention, despite the quantitative results not indicating a strong correlation between these factors and turnover intention.

The workload is exhausting, and there's no opportunity for growth. That's why I'm thinking about leaving. P11
If there were more chances for career advancement, I wouldn't be so frustrated with the workload. But I'm stuck. P10

No Significant Relationship between Job Satisfaction and Turnover Intention Job Satisfaction as a Key Factor in Retention (Diverging). The qualitative data emphasize that job satisfaction plays a critical role in retention, countering the quantitative finding of no significant relationship. Participants indicated that their satisfaction with various aspects of their job (e.g., work environment, salary, and career growth opportunities) significantly influenced their decision to stay or leave.

"If I was more satisfied with my salary or career growth opportunities, I'd be happy to stay. But because I'm not, I'm considering leaving." (P13)

Dissatisfaction as a Primary Driver of Turnover (Diverging). Dissatisfaction, particularly with salary and career progression, was consistently identified as a primary reason for turnover intention, further supporting the qualitative evidence that dissatisfaction drives nurses to consider leaving the organization.

"Dissatisfaction with salary and lack of recognition has led me to think that maybe it's time to move out from here," P15.

While the quantitative results might suggest no significant relationship between job satisfaction and turnover intention, the qualitative data reveal that dissatisfaction in key areas (salary, career growth, and leadership) is a significant driver of turnover intentions among nurses.

DISCUSSION

Job Satisfaction

From the results of the study, job satisfaction among nurses varies as it is shaped by a variety of sources that influence nurses' satisfaction in different ways. The quantitative and qualitative data of this study captured various aspects of job satisfaction in the hospital. These highlight both positive sources of satisfaction, such as work flexibility, a supportive environment, quality of nursing care, and training opportunities, as well as dissatisfaction in areas like salary, recognition, workload, career growth, and involvement in career decision-making.

From the results of the study, job satisfaction among nurses varies as a variety of sources shape it, each influencing nurses' satisfaction in different ways. The quantitative and qualitative data captured various aspects of job satisfaction in the hospital setting. These include positive elements such as work flexibility, supportive work environments, high-quality nursing care, and training opportunities. At the same time, dissatisfaction was also evident in areas like salary, recognition, workload, career growth, and involvement in career decision-making.

The divergence between the quantitative and qualitative data in this study highlights the subjectivity of job satisfaction. While the quantitative findings may reflect overall satisfaction in domains such as flexibility and training, the qualitative responses reveal more profound dissatisfaction in specific domains; this supports the idea of Edwards-Dandridge et al. (34), who assert that job satisfaction is strongly influenced by psychological factors like burnout, resilience, and emotional well-being, which are not always captured by numerical data.

As highlighted in the study, satisfaction stems from a good work–life balance, collegial relationships, and opportunities for professional development. These factors align with Anderson and Kim (35), who emphasized that supportive peer relationships and professional development significantly reduce stress and foster higher satisfaction. Nurses who feel respected and are given chances to grow professionally experience stronger emotional investment in their roles, which in turn improves their job satisfaction.

On the other hand, dissatisfaction regarding salary, recognition, and career stagnation undermines motivation and increases the desire to leave. According to Aljohani and Alomari (36), Filipino nurses in international settings reported that lack of fair compensation and poor recognition were the top contributors to job dissatisfaction and turnover intent. This confirms that extrinsic motivators, if unmet, directly influence satisfaction levels.

Moreover, the lack of advancement opportunities also contributes to a feeling of professional stagnation, which can discourage continued service. McDermid et al. (37) highlighted that when nurses perceive no clear career path, disengagement often follows, prompting them to seek growth opportunities elsewhere. This finding aligns with the results of this study, which revealed that career immobility was a recurring concern among respondents.

The study's findings align with classic theories, such as Herzberg's Two-Factor Theory, and are also reflected in recent international analyses. Kelly et al. (38) found that emotional exhaustion, driven by workload and under-appreciation, reduced nurses' job satisfaction and strengthened their turnover intentions. These findings suggest that both systemic and interpersonal factors jointly shape the quality of nurses' work life.

As supported by Liu et al. (39), job satisfaction is multi-dimensional, shaped by individual work experiences and workplace interactions. This variability explains why even within the same institution, some nurses may feel fulfilled while others express a strong desire to resign. Such differences must be taken into account when designing retention interventions.

Furthermore, the study reiterates the observation by Kim and Seo (40), who emphasized that nurses' satisfaction is linked to how well personal values, needs, and workplace expectations align. This contextual match—or mismatch—accounts for the disparities in satisfaction and the subsequent variability in turnover intent across different staff members.

Ultimately, this study suggests that hospital administrators must address both structural and interpersonal factors that influence job satisfaction. As noted by Kim and Seo (40), targeted efforts to improve compensation, offer career progression, and foster a supportive work environment are key to achieving a stable and motivated nursing workforce.

Quality of Organizational Factors

Another variable being investigated in the study is the quality of organizational factors within the hospital setting. Participants generally rated organizational conditions related to interdisciplinary teamwork positively, particularly nurse–physician collaboration. This finding aligns with Navarro and Reyes (41), who discovered

that a strong organizational climate that emphasizes teamwork contributes to nurse retention by enhancing communication, reducing errors, and improving job satisfaction.

Nurses working in environments characterized by mutual respect and collaborative relationships report higher levels of engagement and satisfaction. McDermid et al. (37) also observed that supportive organizational cultures increase nurses' attachment to their institutions, fostering a sense of professional value and belonging. These findings support the study's observation that interdisciplinary collaboration improves morale and commitment.

Effective leadership is a vital component of a healthy work environment. According to Kelly et al. (38), leadership styles that are transparent, encouraging, and participatory lead to lower turnover intention by enhancing perceived autonomy and acknowledgment. Conversely, when leadership is authoritarian or disengaged, nurses feel devalued and are more likely to leave their positions.

The study also reveals the need for more inclusive decision-making practices in hospitals. Navarro and Reyes (41) emphasize that nurse participation in hospital policies and patient-care procedures increases job satisfaction by promoting autonomy and empowerment. A culture of shared governance provides nurses with a sense of ownership and aligns their professional contributions with institutional goals.

Institutions where nurses feel their voices are heard tend to report better patient outcomes and lower attrition rates. In contrast, top-down environments alienate frontline staff and breed resentment. McDermid et al. (37) affirm that flat hierarchies and open communication enhance both job satisfaction and retention.

Implications

The findings of this study reveal critical areas for improvement in hospital management practices, particularly in terms of nurse retention, job satisfaction, and organizational culture. While quantitative data showed limited statistically significant associations, the qualitative findings uncovered meaningful insights into the lived experiences of nurses. These insights underscore the importance of hospitals adopting a holistic approach to interpreting workforce data, one that extends beyond numerical indicators and incorporates the perspectives and emotions of staff through qualitative tools, such as interviews, feedback sessions, and narrative accounts.

Leadership plays a pivotal role in shaping nurses' intent to stay. Therefore, investing in leadership development programs that focus on emotional intelligence, participatory decision-making, and transparent communication is essential. When nurses feel respected and involved in decisions that impact their work, their sense of commitment and satisfaction increases. At the same time, the persistent concern over a lack of recognition and stagnation highlights the importance of implementing structured reward systems and advancement pathways. Nurses who perceive a future in their current institution—through mentorship, training, and promotional opportunities—are more likely to remain.

Salary dissatisfaction remains a recurring theme, suggesting the urgent need to reevaluate compensation schemes. Competitive pay is not only a basic expectation but also a crucial factor in reducing turnover intention, particularly given the appeal of overseas employment opportunities. Institutions must consider benchmarking their salary and benefits packages against industry standards, including those offered abroad, to stay competitive. Additionally, workload and staffing concerns should be addressed through effective resource allocation and management. High patient-nurse ratios and excessive responsibilities contribute to burnout, which in turn drives resignation. Establishing adequate staffing levels and support systems can alleviate this burden.

Furthermore, promoting shared governance by allowing nurses to participate in policy formation and decision-making fosters a sense of ownership and professional autonomy. A collaborative work environment where nurses feel that their input is valued can significantly reduce dissatisfaction among nurses. Complementary to this is the establishment of a strong culture of recognition, where both individual and team efforts are acknowledged. Even small gestures of appreciation can have a significant impact on morale and long-term retention.

Lastly, the findings suggest that retention strategies must consider both extrinsic and intrinsic motivators. While financial incentives matter, emotional support, meaningful relationships, and alignment with personal goals are

equally influential. Therefore, workforce planning should incorporate initiatives that support nurses' mental well-being, offer career counseling, and promote a healthy work-life balance. In doing so, healthcare institutions not only strengthen their nursing workforce but also improve the overall quality of patient care and organizational performance.

CONCLUSION

This study explored the factors influencing nurses' job satisfaction and turnover intentions in a Level II hospital, revealing a complex interplay between individual experiences and organizational dynamics. As observed through both quantitative and qualitative findings, job satisfaction among nurses is influenced by positive elements, including work-life balance, supportive peer relationships, and training opportunities. However, persistent dissatisfaction was found in areas of salary, recognition, career progression, and high workloads. While statistical data did not show significant relationships between job satisfaction, organizational factors, and turnover intentions, qualitative insights highlighted that dissatisfaction with leadership support, compensation, and limited professional development opportunities significantly influenced nurses' intention to leave.

The implications of these findings emphasize the need for hospital management to adopt targeted strategies that address the root causes of dissatisfaction. Enhancing nurse leadership, improving compensation schemes, and providing clear career pathways are essential to retaining skilled nursing staff and ensuring a stable workforce. It is also crucial to include nurses in organizational decision-making processes to foster a sense of empowerment and professional value.

One limitation of the study is its single-site focus, which may limit its generalizability to other healthcare settings. Furthermore, while the explanatory sequential design offered valuable insights, the sample size and scope of qualitative interviews could be expanded for more robust triangulation.

Future research could explore the impact of leadership interventions on job satisfaction or compare similar data across multiple hospitals or regions. Longitudinal studies are also recommended to assess how organizational reforms influence turnover trends over time. Ultimately, this research underscores the importance of addressing nurses' concerns holistically in order to enhance job satisfaction and retention within healthcare institutions.

RECOMMENDATION

Based on the results, the following are recommended based on the results:

The Human Resource (HR) Department should enhance employee engagement surveys by incorporating open-ended questions that capture emotional and contextual dissatisfaction. It should also use demographic tracking systems to monitor turnover risks based on age, marital status, and tenure. HR should design retention strategies that include longevity bonuses, clear promotion pathways, and career coaching and mentoring programs to support upward mobility. Additionally, HR must provide targeted leadership coaching for head nurses, focusing on inclusive governance and communication skills.

The Chief Nursing Officer should conduct regular staff forums and anonymous leadership evaluations to assess the performance of nurse managers. The CNO, alongside HR, should ensure the implementation of tailored onboarding and mentorship programs for newly hired or younger nurses, and provide flexible scheduling options for senior staff or those with family responsibilities.

The Hospital Administration, in collaboration with the Nursing Service Office and the HR, should implement structured recognition programs, such as an "Employee of the Month" initiative. They should also establish a participatory decision-making process, like monthly consultative meetings with staff nurses, to ensure that nurses have a voice in hospital operations. Moreover, the hospital should expand professional development programs and ensure equitable access to scholarships and promotions.

The Hospital Administration should establish a shared governance structure that allows nurses to participate in decision-making bodies related to clinical operations and policy development.

The Finance Office and Hospital Board must conduct regular benchmarking and revise the salary and benefits structure to align with industry standards. They should also collaborate with HR to develop initiatives that promote employee wellness, particularly for nurses in high-acuity units, with the goal of reducing burnout and emotional fatigue.

ACKNOWLEDGEMENT

First and foremost, I extend my deepest gratitude to God Almighty for His endless blessings, wisdom, and strength that have guided me throughout this thesis journey. Without His grace, I would not have had the perseverance and determination to overcome the challenges along the way.

I am also indebted to the following individuals who are in one way or the other have contributed to the success of this endeavor:

Dr. June L. Prieto, my adviser, whose invaluable guidance, patience, and expertise have played a crucial role in shaping this research; and whose insights, guidance and encouragement have helped me navigate this academic journey with confidence;

Dr. Samuel F. Migallos, the Chairman of the Examining Committee, Dr. Cherry Mae M. Manual, Dr. Wilven Jordan T. Romarate, and Dr. Jose Colin C. Yee, the members, for the insightful comments and suggestions for the improvement of the study; and for the untiring guidance in the writing of the manuscript;

Dr. Felix C. Chavez Jr., her Statistician, for the guidance in analyzing and interpreting the data of the study;

The management of KMSCI for allowing me to conduct this study within the organization; for the support and facilitation which made the research process smoother and more meaningful; and for the opportunity to work within such a dynamic environment;

The respondents of the study, whose cooperation and trust in providing the data for the study have made way for the completion of the research report;

My parents and brothers for their unwavering love, support, and encouragement, and whose sacrifices and belief in me have been my greatest motivation, of which I am truly grateful for everything;

My friends and other family members, thank you for being my pillars of strength, for cheering me on, and for reminding me to keep pushing forward; and your constant support has made this journey more meaningful and rewarding;

My colleagues, for their guidance, encouragement, inspiration, and support have helped me grow both personally and professionally, pushing me to become better and to expand my career horizons; and Everyone who has been part of the study, the knowledge and experiences I have gained throughout this journey will forever be a part of my growth. This achievement is not mine alone – it is a reflection of the love, patience, and encouragement of all the people who have walked this journey with me. From the bottom of my heart, thank you. HBM Predictors of Turnover Among Nurses in a Level II Hospital

REFERENCES

1. McDermid F, Peters K, Daly J, Jackson D. The rise of nurse turnover: a global analysis. *J Health Serv Res Policy*. 2020;25(1):60-8.
2. Poon A, Leung K, Chen H. Staffing dilemmas: nurse turnover and its organisational impact. *Int J Nurs Stud*. 2022;129:104201.
3. Kelly LA, Gee PM, Butler RJ. Emotional Ethe Impact of emotional exhaustion on Nurse Turnover Intentions. *J Adv Nurs*. 2021;77(5):2310-8.
4. Labrague LJ, Santos JAA, Resurreccion CA. Turnover intentions and associated factors among hospital nurses in the Philippines. *Asian Nurs Res*. 2020;14(4):219-25.

5. Aljohani KA, Alomari AH. Workplace satisfaction and turnover intention among Filipino nurses in international settings. *J Nurs Manag.* 2018;26(6):708-16.
6. Edwards-Dandridge K, Clarke C, Taylor R. Psychological predictors of nurse turnover: burnout, satisfaction and resilience. *Nurs Manag Today.* 2020;28(3):45-52.
7. Navarro DL, Reyes JM. Organisational climate and its effects on nurse retention in Southeast Asian hospitals. *Asian J Nurs Leadersh.* 2022;18(1):78-94.
8. Anderson T, Kim S. A comprehensive review of predictors influencing global nurse turnover. *Int J Health Workforce Res.* 2021;32(3):142-57.
9. Lee M, Liu S. Determinants of turnover intention among hospital nurses: a meta-analytic review. *Int J Nurs Stud.* 2022;129:104208.
10. Johnson JA, Miller TR, Reyes MC. Turnover intention as a predictor of actual turnover: a longitudinal study in healthcare. *Hum Resour Health.* 2021;19(1):45.
11. Gómez C, Wang Y, Patel R. Understanding voluntary and involuntary turnover in healthcare: a systems perspective. *J Health Organ Manag.* 2020;34(5):623-39.
12. Nguyen TT, Carter M, Huang L. Nurse turnover and patient-care outcomes: a systematic review. *BMC Nurs.* 2022;21(1):112.
13. Winter V, Schreyögg J, Thiel A. Hospital staff shortages: environmental and organisational determinants and implications for patient satisfaction. *Health Policy.* 2020;124(4):380-8.
14. International Council of Nurses. Nurse retention and migration: policy brief. Geneva: ICN; 2019.
15. Liang Y, Wang H, Tao X, Zhang Y. Global nursing workforce shortage and its implications: a WHO perspective. *Lancet Glob Health.* 2021;9(3):e250-1.
16. Kim H, Seo Y. The role of nurse retention in sustaining healthcare quality: a review of institutional strategies. *J Nurs Manag.* 2022;30(2):312-20.
17. Setiawan A, Kusuma D. Predictors of nurse turnover in Indonesian hospitals: A cross-sectional study. *Asian Nurs Res.* 2023;17(1):34–41.
18. Zhang Y, Wu J, Fang J, Li X. Demographic predictors of turnover intention among Chinese nurses: A national survey. *Nurs Outlook.* 2021;69(4):567–75.
19. Kim H, Seo Y. The role of nurse retention in sustaining healthcare quality: A review of institutional strategies. *J Nurs Manag.* 2022;30(2):312–20.
20. Gao Y, Li J. Professional dissatisfaction and intention to leave among highly educated nurses in tertiary hospitals. *Int J Nurs Stud.* 2022;127:104182.
21. Mahmoud MA, Hunter D. Educational attainment and nurse turnover: addressing development gaps in low-skilled clinical staff. *J Healthc Manag.* 2020;65(3):176–83.
22. Ng P, Lam C. Marital status and nurse turnover intention: A comparative analysis. *Asian J Nurs Stud.* 2022;9(2):88–95.
23. Lee M, Chen Y. Financial responsibilities and work-life balance among married nurses: Impact on retention. *Int Nurs Rev.* 2021;68(1):56–64.
24. O'Brien AP, McNeil K, Dawson A, Fitzpatrick JJ. Stress and turnover intention among nurses in high-acuity units. *J Clin Nurs.* 2020;29(15–16):2890–900.
25. Singh R, Kaur A. Resilience and retention: Coping strategies that reduce turnover among nurses. *J Nurs Adm.* 2023;53(2):85–92.
26. Patel N, Shah R. Seniority and satisfaction: Retention of long-tenured nurses in acute care settings. *J Nurs Manag.* 2022;30(6):1433–41.
27. Martínez F, Rivera A. Promotion barriers and turnover among experienced hospital nurses. *Health Care Manag.* 2021;40(2):123–30.
28. Cao J, Jia Z, Zhu C, Li Z, Liu H, Li F, Li J. Nurses' turnover intention and associated factors in general hospitals in China: A cross-sectional study. *J Nurs Manag.* 2021;29(6):1613–22.
29. Wang XX, Wang LP, Wang QQ, Fang YY, Lv WJ, Huang HL, et al. Related factors influencing Chinese psychiatric nurses' turnover: A cross-sectional study. *J Psychiatr Ment Health Nurs.* 2022;29(5):698–708.
30. Chang HE, Cho SH. Turnover intention and retention of newly licensed nurses in their first job: A longitudinal study. *Int Nurs Rev.* 2023;70(3):338–44.
31. Kim SO, Moon SH. Factors influencing turnover intention among male nurses in Korea. *Int J Environ Res Public Health.* 2021;18(18):9862.

32. Marufu TC, Collins A, Vargas L, Gillespie L, Almghairbi D. Factors influencing retention among hospital nurses: systematic review. *Br J Nurs*. 2021;30(5):302–8.
33. Xue B, Feng Y, Hu Z, Chen Y, Zhao Y, Li X, et al. Assessing the mediation pathways: how decent work affects turnover intention through job satisfaction and burnout in nursing. *Int Nurs Rev*. 2024;71(4):860–7.
34. Lin Y, Wu X. Designing integrated compensation packages for hospital nurses: balancing wages and non-wage benefits. *J Health Econ Manag*. 2022;18(2):101–9.
35. Ahmed M, Khan S, Malik A. Linking remuneration structures to staff motivation in tertiary hospitals. *Int J Health Policy Manag*. 2021;10(4):215–22.
36. Rahman R, Nas Z. Pay dissatisfaction and turnover among clinical staff nurses: a cross-sectional study. *Nurs Ethics*. 2021;28(6):857–66.
37. Choudhury M, Banerjee D. Career ceilings and recognition gaps: effects on nurse retention in South-Asian hospitals. *Hum Resour Health*. 2020;18(1):71.
38. Attar Z, Alsharqi O. Factors influencing non-Saudi nurse turnover in a military hospital. *J Health Inform Dev Ctries*. 2021;15(2):1–15.
39. Park JH, Park MJ, Hwang HY. Intention to leave among staff nurses in small- and medium-sized hospitals. *J Clin Nurs*. 2019;28(9-10):1856–66.
40. Akinyemi B, George B, Ogundele A. Relationship between job satisfaction, pay, affective commitment and turnover intention among Nigerian nurses. *Glob J Health Sci*. 2022;14(2):37–45.
41. Gebregziabher D, Berhanie E, Berihu H, Belstie A, Teklay G. The relationship between job satisfaction and turnover intention among nurses in Axum Comprehensive and Specialized Hospital, Tigray, Ethiopia. *BMC Nurs*. 2020;19:1-8.
42. Liu Y, Duan Y, Guo M. Turnover intention and its associated factors among nurses: a multi-centre cross-sectional study. *Front Public Health*. 2023;11:1141441.
43. Hu H, Wang C, Lan Y, Wu X. Nurses' turnover intention, hope and career identity: the mediating role of job satisfaction. *BMC Nurs*. 2022;21(1):43.
44. Ofei AMA, Poku CA, Paarima Y, Barnes T, Kwashie AA. Toxic leadership behaviour of nurse managers and turnover intentions: the mediating role of job satisfaction. *BMC Nurs*. 2023;22(1):374.
45. Xue B, Feng Y, Hu Z, Chen Y, Zhao Y, Li X, et al. Assessing the mediation pathways: how decent work affects turnover intention through job satisfaction and burnout in nursing. *Int Nurs Rev*. 2024;71(4):860-7.
46. Ding J, Wu Y. The mediating effect of job satisfaction and emotional exhaustion on the relationship between psychological empowerment and turnover intention among Chinese nurses during the COVID-19 pandemic: a cross-sectional study. *BMC Nurs*. 2023;22(1):221.
47. Akinyemi B, George B, Ogundele A. Relationship between job satisfaction, pay, affective commitment and turnover intention among registered nurses in Nigeria. *Glob J Health Sci*. 2022;14(2):37-45.
48. Boamah SA, Hamadi HY, Havaei F, Smith H, Webb F. Striking a balance between work and play: the effects of work–life interference and burnout on faculty turnover intentions and career satisfaction. *Int J Environ Res Public Health*. 2022;19(2):809.
49. Smokrović E, Kizivat T, Bajan A, Šolić K, Gvozdanović Z, Farčić N, Žvanut B. A conceptual model of nurses' turnover intention. *Int J Environ Res Public Health*. 2022;19(13):8205.
50. Zhao Y, Wang H, Sun D, Ma D, Li H, Li Y, et al. Job satisfaction, resilience and social support in relation to nurses' turnover intention based on the theory of planned behaviour: a structural-equation modelling approach. *Int J Nurs Pract*. 2021;27(6):e12941.
51. Ma Y, Chen F, Xing D, Meng Q, Zhang Y. Study on the associated factors of turnover intention among emergency nurses in China and the relationship between major factors. *Int Emerg Nurs*. 2022;60:101106.
52. Kim SO, Moon SH. Factors influencing turnover intention among male nurses in Korea. *Int J Environ Res Public Health*. 2021;18(18):9862.
53. Kim Y, Kim HY. Retention rates and the associated risk factors of turnover among newly hired nurses at South Korean hospitals: a retrospective cohort study. *Int J Environ Res Public Health*. 2021;18(19):10013.
54. Bae SH. Comprehensive assessment of factors contributing to the actual turnover of newly licensed registered nurses working in acute-care hospitals: a systematic review. *BMC Nurs*. 2023;22(1):31.
55. Robbins SP. *Essentials of Organizational Behavior*. 9th ed. Upper Saddle River (NJ): Prentice Hall; 2005.
56. Gawel JE. Herzberg's theory of motivation and Maslow's hierarchy of needs. *Practical Assessment, Research & Evaluation*. 1997;5(11):1–3.
57. Herzberg F, Mausner B, Snyderman BB. *The Motivation to Work*. New York: John Wiley & Sons; 1959.

Appendices

Appendix A1

Letter Of Permission

Hazel B. Mudanza, RN

Master of Arts in Hospital Administration

San Pedro College

09204732710

July 8, 2024

Dr. Edwin Y. Mudanza

President

Kidapawan Medical Specialists Center, Inc.

Sudapin, Kidapawan City

Dear Dr. Mudanza,

Good day. I hope this letter finds you well.

I am writing to respectfully seek your permission to conduct a research study at Kidapawan Medical Specialists Center, Inc. (KMSCI), as part of the requirements for my academic program. The title of the survey is **“Predictors of Turnover Among Nurses in a Level II Hospital.”**

This study aims to investigate the various factors that may influence nurses’ decisions to stay or leave their jobs. Your hospital, being a Level II healthcare facility with a dynamic nursing staff, would provide valuable insights and context to support this research.

The study will involve selected nurses as participants, utilizing survey questionnaires and one-on-one interviews. All interviews will be scheduled at the participants’ convenience to ensure minimal disruption to their duties. Furthermore, strict confidentiality and adherence to ethical research practices will be observed throughout the process. Participation will be entirely voluntary, and all data gathered will be used solely for academic purposes.

I would sincerely appreciate your kind approval to proceed with this research in your esteemed institution. If there are any requirements or protocols I need to follow, I am more than willing to comply.

Thank you very much for considering my request. I look forward to your favorable response.

Sincerely,

(Sgd)Hazel B. Mudanza, RN

Master of Arts in Hospital Administration

San Pedro College

APPENDIX A.2

LETTER TO THE PARTICIPANTS

Dear _____,

Good day.

I would like to invite you to participate in my study, **“Predictors of Turnover Among Nurses in a Level II Hospital,”** which aims to explore the various factors that may contribute to nurses’ decisions to stay or leave their jobs.

Please answer the survey questionnaire attached. Strict confidentiality and adherence to ethical research practices will be observed throughout the process. Your participation will be entirely voluntary, and all data gathered will be used solely for academic purposes.

Thank you very much.

Sincerely,

(Sgd)Hazel B. Mudanza, RN

Master of Arts in Hospital Administration

San Pedro College

APPENDIX B

INFORMED CONSENT FORM FOR THE PARTICIPANTS

STUDY TITLE	PREDICTORS OF TURNOVER AMONG NURSES IN A LEVEL II HOSPITAL
RESEARCHER/ S	HAZEL MUDANZA
INSTITUTION	San Pedro College
ICF FOR SURVEYS AND/OR QUALITATIVE STUDIES	
<p>INTRODUCTION</p> <p>I am Hazel Mudanza, presently connected with Kidapawan Medical Specialist Hospital. I am doing research on factors predicting nurse turnover in a level II hospital. I would like to invite you to be one of the participants of the study. But before you decide to participate, let me inform you that you can ask further about your participation in this study or talk to anyone you feel comfortable with about the study.</p> <p>This consent form may contain words that you do not understand. Please ask me so we can go through the information and I will take time to explain. If you have questions later, you can ask them of me or of another researcher.</p>	
<p>PURPOSE</p> <p>Nurse turnover is observable in hospitals. While we cannot prevent nurses from leaving their jobs, we would like to investigate the reasons contributing to nurse turnover as we are in the stride to as much as possible improve the human resource management. Knowing the factors why nurses leave or have intentions to leave the hospital is very important for the hospital management. I believe you can provide us the necessary information.</p>	

RESEARCH INVOLVEMENT

In this study, you will be involved by answering the survey questionnaire. Answering the survey will not take much of your time. You may answer it for 15-20 minutes.

RECORDINGS /PHOTOGRAPHS

No recording or photographs to be taken during the data gathering.

PARTICIPANT SELECTION

You are chosen to be one of the respondents since I feel that you can be able to provide the necessary information needed for this study. In addition, I believe you fit the inclusion criteria.

VOLUNTARY PARTICIPATION

Your participation in this research is entirely voluntary. You are free to decide whether to participate or not. Whether you choose to participate or not, you will never incur any penalty or consequences.

PROCEDURE

To gather data from you, I will use a validated survey questionnaire. I will give you the questionnaire and you will fill out the questionnaire. You may answer the questionnaire yourself, or it can be read to you and you can say out loud the answer you want me to write down.

If you do not wish to answer any of the questions included in the survey, you may skip them and move on to the next question. Once you are done answering, the questionnaire will be kept folded. You, and no one else except me as the researcher will have access to the information.

DURATION

The research takes place 2 months in total. During that time, we will visit you once for you to answer the questionnaire.

RISKS

There is no potential risk for this study; however, while answering the survey questionnaire and there are questions which may cause your discomfort, please discontinue answering.

BENEFITS

Although you may not be directly benefitting from the study, but you will get the knowledge from the study. You can directly benefit from the study by gaining insights from the results.

REIMBURSEMENTS

You will not be provided any incentive to take part in the research. However, in case you need reimbursement for the travelling expense you spent, I am willing to offer a refund.

CONFIDENTIALITY

I will not be sharing information about you to anybody. The information that we collect from this research project will be kept private. Any information about you will have a number on it instead of your name. Only the researchers will know what your number is and this will be safe kept and will remain confidential. It will not be shared with or given to anyone except the research team.

RIGHT TO REFUSE OR WITHDRAW

You do not have to take part in this research if you do not wish to do so, since participation is voluntary; and your decision to participate will not affect your job or job-related evaluations in the hospital. You may stop participating in the study at any time that you wish without your job being affected.

WHO TO CONTACT

If you have any questions, you can ask me now or later. If you wish to ask questions later, you may contact any of the following: Hazel Mudanza through cellphone numbers: 09127472782/09760573452

This proposal has been reviewed and approved by SPC-REC, which is a committee whose task it is to make sure that research participants are protected from harm. If you wish to find about more about the SPC-REC, contact _____.)

APPENDIX C

SURVEY QUESTIONNAIRE

Questionnaire

Part 1. Factors in Nurse Turnover

Instruction: Please check the information that applies to you.

A. Personal Factors (Demographic Factors).

Age: ___ 25 years old and below

___ 26-30 years old

___ 31-35 years old

___ 36-40 years old

___ 41-45 years old

___ 46-50 years old

___ 51 years old and above

Civil Status: ___ Single

___ Married

___ Widow/Widower

___ Separated

Work Experience: (No. of Years)

___ less than 1 year

___ 1-3 years

___ 4-5 years

___ 6-8 years

___ 9-11 years

___ 12-13 years

___ 14-16 years

___ 17 years and above

Educational Level

___ College Graduate

___ with Master's Units

___ Masters Graduate

___ with PhD Unit

___ PhD Graduate

Unit assignment:

___ ER

___ Ward

___ OR

___ DR

___ Others

B. Economic Factors

Salary (Monthly):

___ 18,000 and above

____ 18,001 to 20,000php

____ 20,001 and above

Other Monetary Benefits (Yearly)

____ Yearend Bonus Only or Midyear Bonus only

____ Midyear Bonus and Yearend Bonus

____ Cash incentives

____ others: please specify

C. Job Satisfaction

How satisfied are you with the following aspects of your current job? Please indicate your level of satisfaction by selecting the column that best describes your response. You may refer to the description for your response.

Likert scale

5 -Very satisfied (This meets above my expectations.)

4 - Satisfied (This meets my expectations.)

3 -Neither satisfied nor dissatisfied (I could not weigh whether this meets or not my expectations.)

2 - Dissatisfied (This did not meet my expectations.)

1 -Very dissatisfied (This never meets and will never meet my expectations.)

	5	4	3	2	1
Extrinsic Rewards					
1. Salary					
2. Vacation					
3. Benefits package (insurance, retirement)					
Scheduling					
4. Hours that you work					
5. Flexibility in scheduling your hours					
6. Opportunity to work straight days					
7. Weekends off per month					
8. Flexibility in scheduling your weekends off					
9. Compensation for working weekends					
Balance of Family and Work					
10. Opportunity for part-time work					
11. Maternity leave time					
12. Childcare facilities					
Co-workers					
13. Your nursing peers					
14. Your immediate supervisor					
15. The physicians you work with					
Interaction Opportunities					
16. The delivery of care method used on your unit (e.g. functional, team, primary)					
17. Opportunities for social contact at work					

	5	4	3	2	1
18. Opportunities for social contact with your colleagues after work					
19. Opportunities to interact professionally with other disciplines					
Professional Opportunities					
20. Opportunities to interact with student nurses (from college of nursing)					
21. Opportunities to belong to department and institutional committees					
22. Opportunities to participate in nursing research					
23. Opportunities to write and publish					
Praise and Recognition					
24. Recognition for your work from superiors					
25. Recognition of your work from peers					
26. Amount of encouragement and positive feedback					
27. Opportunities for career advancement					
Control and Responsibility					
28. Your amount of responsibility					
29. control over what goes on in your work setting					
30. Your control over work conditions					
31. Your participation in organizational decision making					

Organizational Factors

Please check the column that describes your answer on the organizational factors observable in your workplace. The items for each of the indicators are answerable by level of agreement, which will be interpreted based on the parameters described below:

Score	Scale	Response	Description	Interpretation
5	4.21-5.0	Strongly Agree	Excellent	This is observed all the time.
4	3.41-4.20	Agree	Satisfactory	This is observed most of the time.
3	2.61-3.40	Moderately Agree	Average	This is observed sometimes.
2	1.81-2.60	Disagree	Fair	This is observed in very rare instances.
1	1.0-1.80	Strongly Disagree	Poor	This is not observed.

Nurse manager, ability, leadership and support	5	4	3	2	1
1. A nurse manager or immediate supervisor who is a good manager and leader					
2. A nurse manager backs up the nursing staff in decision-making, even if a conflict is with a doctor.					
3. A senior nursing administrator who is highly visible and accessible to staff					
4. Supervisors use mistakes as learning opportunities, not criticism.					
5. A supervisory staff that is supportive of the nurses					
6. Administration to listen and respond to employee concerns.					
7. Praise and recognition for a job well done					
8. Nursing administrators consult with staff on daily problems and procedures.					
Nurse participation in the workplace					
9. Career development/clinical ladder opportunity					
10. Opportunities for advancement					
11. Active staff development or continuing education program for nurses					
12. Nurses have the opportunity to serve on hospital and nursing committees.					

Nurse manager, ability, leadership and support	5	4	3	2	1
13. Opportunity for nurses to participate in policy decisions					
14. Nurses are involved in the internal governance of the hospital.					
15. A preceptor program for newly hired RNs					
16. A senior nursing administration is equal in power and authority to another top-level hospital executives					
Staffing and resource adequacy					
17. Enough staff to get work done					
18. Enough registered nurses on staff to provide quality patient/client/resident care					
19. Adequate support services allow me to spend time with my patients.					
20. Enough time and opportunity to discuss patient/client/resident care problems with other nurses					
21. Working with nurses who are clinically competent					
Nursing foundations for quality care					
22. Written, up-to-date nursing care plans for all patients/clients/residents					
23. High standards of nursing care are expected by the administration.					
24. Patients/clients/residents care assignments that foster continuity of care.					
25. Nursing care is based on a nursing model rather than a medical model.					
26. A clear philosophy of nursing that pervades the patients/clients/residents care environment					
27. An active quality improvement program					
Collegial nurse-physician relations					
28. Doctors and nurses have good working relationships.					
29. There is a lot of teamwork between nurses and doctors.					
30. Collaboration between nurses and doctors					

Part II. Nurses' Intention to Leave

Please see the column that describes your answer to your intention to leave your work.

Score	Scale	Response	Description	Interpretation
5	4.51-5.00	Strongly Agree	Very High	The intention to leave has the greatest chance to happen.
4	3.51-4.50	Agree	High	The intention to leave has a greater chance to happen.
3	2.51-3.50	Moderately Agree	Average	The intention to a chance to happen.
2	1.51-2.50	Disagree	Low	The intention to leave has a very low chance of happening.
1	1.00-1.50	Strongly Disagree	Very Low	There is no intention to leave. The intention to leave is very unlikely.

	5	4	3	2	1
1. You are very likely to leave in this company for the next five years					
2. For you, there is a company that is best for you to work for.					
3. You will easily give up this company easily.					
4. You are interested to jobs outside your company.					
5. You search for other hospitals to practice your nursing profession.					
6. You consider working to other organizations to practice your profession.					
7. You are thinking about going abroad or other places to practice your profession.					

8.	You look for positions you can potential apply for in other organizations.					
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Interview Guide Questions

Interview Questions

1. What can you say about the praise and recognition given by the hospital?
2. What can you say about your Salary, your Vacation credits and the Benefits package (insurance, retirement) given by the hospital?
3. What can you say about your work schedule? (Its flexibility, your time off, and other scheduling matters)
4. How do these things contribute to your job satisfaction?
5. What can you say about the nursing care quality offered in the hospital? How does it contribute to your plan to leave or stay in the organization?
6. What can you say about the Career development/clinical ladder opportunity in the hospital? Also your opportunity for nurses to participate in policy decisions and internal governance of the hospital?
7. How do you see yourself in this company for the next five years?
8. What jobs outside your company are interesting for you?
9. Do you consider working to other organizations to practice your profession? Why?
10. Are thinking about going abroad or other places to practice your profession? Why?
11. What are significant factors or situations which may give you the reason to stay in this company?
12. What are significant factors or situations which may give you the reason to leave this company?

Appendix D

Validation Results



San Pedro College
12 C. Guzman St., Davao City, Philippines



RESEARCH FORM L

INSTRUMENT VALIDATION SHEET

(Graduate School, Undergraduate and Senior High)

Date: FEBRUARY 28, 2024

Name of Evaluator:	WILVEN JORDAN T. ROMARATE, RN, MAN, PhD
Highest Educational Attainment:	DOCTOR OF PHILOSOPHY IN NURSING
Institutional Affiliation:	DAVAO DOCTORS HOSPITAL
Position:	NURSING TRAINING, RESEARCH AND DATA ANALYTICS SUPERVISOR

Instructions:
Kindly evaluate the tool based on the given performance elements. Encircle the number that corresponds to your score.

Performance Elements	Performance Ratings: 4 = strongly agree 3 = agree 2 = disagree 1 = strongly disagree	Encircle Score			
		4	3	2	1
Clarity of Language	1. The vocabulary level, language, structure, and conceptual level of the questions suit the level of respondents.	4	3	2	1
	2. The items are written in a clear and understandable manner.	4	3	2	1
Presentation of Topics	3. The items presented are organized in a logical manner.	4	3	2	1
	4. The items appropriately represent the substance of the research.	4	3	2	1
Suitability of Items	5. The questions are designed to determine the condition, knowledge, perception, and attitudes that are supposed to be measured.	4	3	2	1
	6. The items represent the coverage of the research adequately.	4	3	2	1
Adequateness of Purpose	7. The number of questions per area is adequate enough for all the questions needed for the research.	4	3	2	1
	8. The instrument as a whole fulfills the objectives for which it was constructed.	4	3	2	1
Attainment of Purpose	9. Does the questionnaire create a positive impression, one that motivates respondents to answer it?	4	3	2	1
Respondents Friendliness	10. No aspect of the questionnaire suggests bias on the part of the researcher.	4	3	2	1
Objectivity		4	3	2	1
TOTAL					

Comments/ Suggestions/ Recommendations:

FOR PERSONAL FACTORS AND ECONOMIC FACTORS - SUGGESTING TO HAVE IT IN A FORM OF CHECKLIST SO THAT YOU WILL NOT HAVE DIFFICULTY IN TERMS OF GROUPING YOUR RESPONDENTS. CREATE A BRACKETING OR RANGES BASED ON HOW YOU WANTED YOUR RESPONDENTS BE CLASSIFIED ACCORDINGLY. IT WILL BECOME EASIER FOR YOU DURING YOUR DATA ANALYSIS.

PROVIDE A DETAILED INSTRUCTION FOR YOUR RESPONDENTS.
FOR THE LEGEND OF YOUR QUESTIONNAIRE PROVIDE A TABLE INDICATING THE FOLLOWING (SCALE - INTERPRETATION - VERBAL DESCRIPTION).

FOR JOB SATISFACTION AND ORGANIZATIONAL FACTORS - ENSURE THAT STATEMENTS CORRESPONDS TO YOUR THE INTENT OF WHAT YOU ARE MEASURING. PLEASE CHECK YOUR SENTENCE CONSTRUCTION. THERE ARE ITEMS THAT HAS THE SAME THOUGHTS WITH OTHER ITEMS YOU CAN JUST CLUSTER THEM ACCORDINGLY TO DECREASE THE ITEMS ON THESE PARTS. YOU HAVE PLACED LENGTHY ITEMS FOR THESE PARTS - SUGGESTING TO COMPRESS SOME AND MAKE IT MORE RESPONDENT FRIENDLY QUESTIONNAIRE.

FOR INTENTIONS TO STAY - PROVIDE ADDITIONAL ITEMS TO CHECK THEIR LIKELIHOOD TO STAY IN THE ORGANIZATION. ENSURE THAT ITEM PROVIDED FOR THIS PART OF THE QUESTIONNAIRE ANSWERS THE VARIABLE OF YOUR STUDY. THERE ARE SOME ITEMS THAT DOES NOT MEASURE INTENTION TO STAY



WILVEN JORDAN T. ROMARATE, RN, MAN, PhD



San Pedro College
 12 C. Guzman St., Davao City, Philippines



RESEARCH FORM L

INSTRUMENT VALIDATION SHEET
 (Graduate School, Undergraduate and Senior High)

Date:

Name of Evaluator:	CHERRY MAE M. MANUAL, Ph.D
Highest Educational Attainment:	Doctor of Philosophy in Nursing
Institutional Affiliation:	San Pedro College
Position:	Visiting Professor

Instructions:

Kindly evaluate the tool based on the given performance elements. Encircle the number that corresponds to your score.

Performance Elements	Performance Ratings: 4 = strongly agree 3 = agree 2 = disagree 1 = strongly disagree	Encircle Score			
		4	3	2	1
Clarity of Language	1. The vocabulary level, language, structure, and conceptual level of the questions suit the level of respondents.	4	3	2	1
	2. The items are written in a clear and understandable manner.	4	3	2	1
Presentation of Topics	3. The items presented are organized in a logical manner.	4	3	2	1
Suitability of Items	4. The items appropriately represent the substance of the research.	4	3	2	1
	5. The questions are designed to determine the condition, knowledge, perception, and attitudes that are supposed to be measured.	4	3	2	1
Adequateness of Purpose	6. The items represent the coverage of the research adequately.	4	3	2	1
	7. The number of questions per area is adequate enough for all the questions needed for the research.	4	3	2	1
Attainment of Purpose	8. The instrument as a whole fulfills the objectives for which it was constructed.	4	3	2	1
Respondents Friendliness	9. Does the questionnaire create a positive impression, one that motivates respondents to answer it?	4	3	2	1
Objectivity	10. No aspect of the questionnaire suggests bias on the part of the researcher.	4	3	2	1
TOTAL					

Comments/ Suggestions/ Recommendations:


 CHERRY MAE M. MANUAL, Ph.D
 Name & Signature

Appendix E: REC Approval



San Pedro College

12 C. Guzman St., Davao City, Philippines



RESEARCH FORM L

INSTRUMENT VALIDATION SHEET

(Graduate School, Undergraduate and Senior High)

Date: March 19, 2024

Name of Evaluator:	JOSE COLIN C. YEE, PhD, RN
Highest Educational Attainment:	PhD IN NURSING
Institutional Affiliation:	SHAQRA UNIVERSITY – AL DAWADMI CAMPUS, KSA
Position:	ASSISTANT PROFESSOR

Instructions:

Kindly evaluate the tool based on the given performance elements. Encircle the number that corresponds to your score.

Performance Elements	Performance Ratings: 4 = strongly agree 3 = agree 2 = disagree 1 = strongly disagree	Encircle Score			
		4	3	2	1
Clarity of Language	1. The vocabulary level, language, structure, and conceptual level of the questions suit the level of respondents.	4	3	2	1
	2. The items are written in a clear and understandable manner.	4	3	2	1
Presentation of Topics	3. The items presented are organized in a logical manner.	4	3	2	1
Suitability of Items	4. The items appropriately represent the substance of the research.	4	3	2	1
	5. The questions are designed to determine the condition, knowledge, perception, and attitudes that are supposed to be measured.	4	3	2	1
Adequateness of Purpose	6. The items represent the coverage of the research adequately.	4	3	2	1
	7. The number of questions per area is adequate enough for all the questions needed for the research.	4	3	2	1
Attainment of Purpose	8. The instrument as a whole fulfills the objectives for which it was constructed.	4	3	2	1
Respondents Friendliness	9. Does the questionnaire create a positive impression, one that motivates respondents to answer it?	4	3	2	1
Objectivity	10. No aspect of the questionnaire suggests bias on the part of the researcher.	4	3	2	1
TOTAL					


Comments/ Suggestions/ Recommendations:



Dr. Jose Colin C. Yee

Appendix E

Rec Approval

	SAN PEDRO COLLEGE-RESEARCH ETHICS COMMITTEE (SPC-REC)	Form No: 7-B
	CERTIFICATE OF APPROVAL	Version No: 5
		Approval Date: September 2020
		Effective Date: September 2020

RESPONSIBILITIES OF PRINCIPAL INVESTIGATOR AFTER APPROVAL	
1.	Fill out and report prior to implementation of the study the Amendment Form (Form 9-A) if there are any changes/amendment made in the approved proposal
2.	Fill out and submit Progress Report Form (Form 8-A) during or after data collection for a frequency of <input type="checkbox"/> every month <input type="checkbox"/> once every 3 months <input checked="" type="checkbox"/> once every six months
3.	Report immediately to SPC-REC adverse events or serious adverse reactions of participants arising from implemented protocol
4.	Report protocol deviation/ violation and comply with all relevant international and national guidelines and regulation and abide with ethical principles
5.	Report to SPC-REC in case the study will be terminated early
6.	Fill out and submit Closure Report Form (Form 13-A) to SPC-REC after completion of study.


This is to certify that the following protocol and related documents stated below have been granted approval by the San Pedro College-Research Ethics Committee (SPC-REC) for implementation valid for **1-YEAR STARTING DATE ISSUED**.

Application for an extension of the validity of the approval must be done within the **6-10th MONTH PRIOR TO EXPIRATION DATE**. Application beyond **2 MONTHS PRIOR** to expiration date **WILL NOT BE ENTERTAINED**. For the application of the extension of validity of the approved protocol, fill out and submit the attached **FORM 12**.

EXPIRED CERTIFICATE OF APPROVAL WOULD MEAN TERMINATION OF THE APPROVED PROTOCOL

DATE ISSUED:	07/04/2024
PROTOCOL NUMBER:	2024-0193
PROTOCOL TITLE:	PREDICTORS OF TURNOVER AMONG NURSES IN A LEVEL II HOSPITAL
SCHOOL/INSTITUTION:	MAHA
PRINCIPAL INVESTIGATOR:	HAZEL B. MUDANZA
MEMBERS OF RESEARCH TEAM: (if applicable)	N/A
TYPE OF REVIEW:	<input checked="" type="checkbox"/> Expedited <input type="checkbox"/> Full Board

12.C.St., 8000 Davao City, (082) 221-0257 loc 1328, spc_rec@spcdmas.edu.ph, FB Page: Spc-Rec

	SAN PEDRO COLLEGE-RESEARCH ETHICS COMMITTEE (SPC-REC)	Form No: 7-B
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SPC-REC CHAIRPERSON	SIGNATURE	DATE
ASST. PROF. ZARINE H. CABUGSA, LPT		07/04/2024

Appendix F

Grammar Scan

by STORMI

General metrics

57,687 characters	8,361 words	698 sentences	33 min 26 sec reading time	1 hr 4 min speaking time
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Score



This text scores better than 96% of all texts checked by Grammarly

Writing Issues

160 Issues left	3 Critical	157 Advanced
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Appendix G

Plagiarism Scan

mudanza

ORIGINALITY REPORT

13%

SIMILARITY INDEX

10%

INTERNET SOURCES

5%

PUBLICATIONS

3%

STUDENT PAPERS

PRIMARY SOURCES

1	Submitted to Laureate Higher Education Group Student Paper	1%
2	www.researchgate.net Internet Source	1%
3	www.scitepress.org Internet Source	1%
4	www.frontiersin.org Internet Source	1%
5	core.ac.uk Internet Source	1%
6	minds.wisconsin.edu Internet Source	1%

Appendix H

Computer-Generated Statistical Output

Table 1. Profile

		Frequency	Percent
Age	25&below	25	19.5
	26-30	22	17.2
	31-35	40	31.3
	36-40	23	18.0
	41-45	10	7.8
	46-50	4	3.1
	51 and above	4	3.1
	Total	128	100.0
Civil Status	single	72	56.3
	married	50	39.1
	separated	6	4.7
	Total	128	100.0
Work	less than a year	25	19.5
	1-3	38	29.7
	4-5	2	1.6
	6-8	5	3.9
	9-11	20	15.6
	12-13	18	14.1
	14-16	13	10.2
	17 yrs and above	7	5.5
	Total	128	100.0
Educ	College	106	82.8
	with master's units	9	7.0
	Master's graduate	13	10.2
	Total	128	100.0
Unit	Ward	24	18.8
	OR	39	30.5
	DR	4	3.1
	Others	61	47.7
	Total	128	100.0
Salary	10k-15k	7	5.5
	15k to 20k	66	51.6
	above 20	55	43.0
	Total	128	100.0
Benefit	yearend	24	18.8
	midyear	100	78.1
	cash incentives	1	.8
	others	3	2.3
	Total	128	100.0

Table 2. Level of Job Satisfaction

	Mean	Std. Deviation
1.	3.51	.710
2.	3.46	.731
3.	3.45	.730
ER	3.47	.676

4.	3.58	.809
5.	3.55	.822
Sched	3.56	.808
6.	3.80	.854
7.	3.77	.837
8.	3.60	.735
9.	3.49	.710
10.	3.48	.721
11.	3.48	.721
12.	3.51	.774
Bal	3.59	.672
13.	3.63	.772
14.	3.76	.771
Co-work	3.70	.730
15.	3.68	.773
16.	3.66	.679
17.	3.71	.765
18.	3.75	.753
19.	3.58	.728
Interact	3.68	.647
20.	3.56	.707
21.	3.37	.674
22.	3.30	.659
23.	3.30	.659
Prof	3.38	.621
24.	3.84	.912
25.	3.92	.902
26.	3.99	.846
27.	3.97	.860
Praise	3.93	.767
28.	3.91	.833
29.	3.80	.845
30.	3.80	.845
Control	3.84	.821
JS_overall	3.64	.424

Table 3. Level of Turnover Intention

	Mean	Std. Deviation
31.	3.94	.858
32.	4.17	.879
33.	4.05	.912
34.	4.11	.907
35.	4.15	.906
36.	4.16	.846
37.	4.16	.830
38.	4.17	.824
Int_overall	4.11	.712

Table 4. Influence of Job Satisfaction Domains on Turnover Intention

Model	Unstandardized Coefficients	Standardized Coefficients	t	p-value
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		B	Std. Error	Beta		
1	(Constant)	4.088	.547		7.477	.000
	ER	-.398	.157	-.378	- 2.538	.012
	Sched	-.029	.129	-.033	-.227	.821
	Bal	-.056	.129	-.053	-.437	.663
	Co-work	.157	.117	.161	1.344	.181
	Interact	-.262	.155	-.238	- 1.688	.094
	Prof	.508	.160	.443	3.174	.002
	Praise	.361	.147	.388	2.454	.016
	Control	-.271	.147	-.312	- 1.845	.068

Note: R=.404, R-squared=.163, F=2.896, p=.006

Table 5. Comparison of the Turnover Intention when grouped according to profile

	Mean	Std. Deviation	F	Sig.	Remarks
25&below	3.93	.783	1.082	.377	NS
26-30	4.27	.628			
31-35	4.05	.799			
36-40	4.16	.641			
41-45	4.39	.570			
46-50	3.78	.437			
51 and above	4.47	.483			
Total	4.11	.712			
single	4.06	.717	1.499	.227	NS
married	4.13	.721			
separated	4.58	.431			
Total	4.11	.712			
less than a year	3.93	.778	1.039	.407	NS
1-3	4.28	.617			
4-5	4.88	.177			
6-8	3.90	.773			
9-11	4.14	.954			
12-13	4.11	.690			
14-16	4.03	.389			
17 yrs and above	3.91	.644			
Total	4.11	.712			
College	4.12	.737	.124	.883	NS
with master's units	4.13	.667			
Master's graduate	4.02	.556			
Total	4.11	.712			
Ward	4.29	.805	.947	.420	NS
OR	4.04	.743			
DR	3.78	.437			
Others	4.11	.665			
Total	4.11	.712			
10k-15k	4.11	.720	.246	.782	NS
15k to 20k	4.07	.772			

above 20	4.16	.643			
Total	4.11	.712			
yearend	4.20	.603	.422	.738	NS
midyear	4.09	.716			
cash incentives	4.75	.			
others	4.13	1.516			
Total	4.11	.712			


Regression

Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	2.229	1.206		1.848	.067
	OrgFac	.741	.347	.201	2.137	.035
	JS	-.238	.155	-.144	-1.532	.128

Note: R=.200, R-square=.040, F=2.616,P=.077

Appendix H

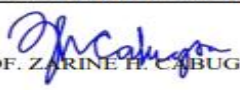
Certification Of Completion

	SAN PEDRO COLLEGE-RESEARCH ETHICS COMMITTEE (SPC-REC)	Form No: 13-B
	CERTIFICATE OF COMPLETION	Version No: 5
		Approval Date: September 2020
		Effective Date: September 2020

This is to certify that the research
PREDICTORS OF TURNOVER AMONG NURSES IN A LEVEL II HOSPITAL
 with protocol number:
 2024-0193
 of the
GRADUATE SCHOOL-MAHA
 has completed the requisites required by the San Pedro College Research Ethics Committee (SPC REC).

RESEARCHERS:
 HAZEL B. MUDANZA, RN

DATE ISSUED
 02/19/26

SPC-REC CHAIRPERSON:

 ASST. PROF. ZYRINE H. C. BUGSA, LPT
 Signature over Printed Name

Biographical Sketch Of The Authors



HAZEL B. MUDANZA

(Mentee)

Hazel B. Mudanza, RN, is the Assistant Human Resource Director at Kidapawan Medical Specialists Center Inc., where she has been an integral part of the organization for the past five years. With a background in nursing and human resource management, she plays a key role in workforce planning, staff development, and employee retention initiatives within the hospital.

Her research focuses on the predictors of nursing turnover in Level II hospitals, aiming to identify the factors influencing nurse retention and job satisfaction. Through her study, she seeks to provide valuable insights that can help healthcare institutions implement effective policies to reduce turnover rates and improve the overall working conditions for nurses.

With her combined experience in nursing and human resources, Hazel is dedicated to bridging the gap between clinical practice and hospital administration. Her work highlights the importance of strategic workforce management in delivering high-quality patient care and maintaining a stable healthcare workforce.



JUN PRIETO

(Mentor)

Dr. June L. Prieto, the Assistant Director and the Collaborative Online International Learning (COIL) In Charge of the Internationalization and Linkages office of San Pedro College, is a highly experienced professional known for her expertise in value-focused thinking and proficiency in academic operations, compliance, and personnel management. With an extensive career spanning over fifteen years, she has consistently exhibited her skills in successfully leading teams with a shared vision and a steadfast commitment to organizational goals.

Dr. June L. Prieto was crucial in driving the Philippines' Collaborative Online International Learning (COIL) initiative, demonstrating her expertise in global educational endeavors and cross-cultural engagement.

Her adeptness in corporate cost and budget management is evident in her outstanding performance in multinational corporations and social enterprises, where she has consistently optimized resources to achieve sustainable growth and operational excellence.

Driven by a passion for establishing collaborative projects that enhance productivity and organizational efficiency, Dr. Prieto has pioneered several initiatives to foster synergistic partnerships and promote innovation.

As an Accredited Associate Consultant for Enterprise Development recognized by the Canadian Institute of International Development, Dr. Prieto provides valuable strategic insights and practical knowledge to empower businesses and drive socio-economic advancement.

Dr. June L. Prieto holds a Doctor of Business Administration, an MBA, and a BSA degree from Ateneo de Davao University, highlighting her commitment to academic excellence and scholarly accomplishments.