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Nightingale Nurses during Pandemic: The Relationship of Job Satisfaction, Work Environment, Leadership and Intention to Leave Work during the Covid-19 Pandemic in Private Hospitals in Metro Manila

Dr. Dexter A. Soguilon
University of Perpetual Help System Dalta, Philippines
Corresponding Author email: dexsoguilon@yahoo.com

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Abstract

Aim: This study determined the relationship between job satisfaction, work environment, and intention to leave of nurses working in private hospitals during the COVID-19 pandemic.

Methodology: This study used a descriptive, correlational design using surveys to determine the relationship between the variables. This study was conducted at the three largest hospitals in Metro Manila with 206 respondents. Purposive sampling was employed with the criteria that they work as a nurse, handle COVID-19 patients during the pandemic, and work in the largest private hospitals in Metro Manila.

Results: With a correlation coefficient (r) of 0.744, there is a strong positive correlation between nurses' work environment and job satisfaction. Furthermore, there is a moderate negative correlation between job satisfaction and nurses' intention to leave, as indicated by the correlation coefficient of (r) -0.463. Moreover, there is a weak negative correlation ($r = -0.358$) on the the relationship between the level of nurses' work environment and nurses' intention to leave.

Conclusion: There is a strong positive correlation between nurses' work environment and job satisfaction. Furthermore, there is a moderate negative correlation between job satisfaction and nurses' intention to leave. Moreover, there is a weak negative correlation on the relationship between the level of nurses' work environment and nurses' intention to leave.

Keywords: correlation, work environment, job satisfaction, intention to quit

INTRODUCTION

Before the pandemic, the world is already experiencing a global shortage of nurses. The nursing shortage is attributed to a difficult working environment (Buerhaus et al., 2000, 2006 as cited in Cicolini et al., 2013) and high turnover intention due to unsatisfying workplaces (Hayes et al., 2006; Purdy et al., 2010 as mentioned in Cicolini et al., 2013; Copanitsanou et al., 2017; Nantsupawat et al., 2017 as cited in Li et al., 2018).

Pre-pandemic, nurses' intention to leave is said to be caused by insufficient compensation, desire to work abroad, retirement, better opportunities elsewhere, desire to change profession, and desire to improve skills (Dones et al., 2016). Job satisfaction among health professionals has been a topic of global interest for a long time. The topic persisted because it affects the employees' (professionals') job performance and, subsequently, the quality of hospital and healthcare services.

Delivering healthcare in a resource-constrained environment is becoming a challenge in the Philippines, especially during this pandemic. Hospital managers are expected to balance the burden of disease and the patient load against shrinking resources while maintaining quality of care.

The height of the pandemic has affected all medical health officials, specifically the nurses. As of October 8, 2020, the total number of cumulative cases of COVID-19 nationwide have reached 331,869, where 6,069 died, and 51,482 remain active (Department of Health [DOH], 2020). In addition, the current 7-day moving average in the Philippines exceeds 3,000 cases, while the bed occupancy rate is at 45.4% (DOH, 2020).

Because of the outbreak, the Philippine government decided to implement community quarantine in March 2020 as an intervention (Salendab, 2023; Sanchez, et al., 2022;). However, COVID-19 continues to spread in the



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community (Sanchez, 2020), and the high number of cases puts enormous pressure on the Philippine healthcare system.

This has led to the declaration of the Philippines to be in a state of calamity until September 2021 under Proclamation No. 1021, implying that there is little chance that the curve will flatten anytime soon. This, in turn, poses a concern on how being in a state of a public health emergency for the long-term may negatively impact the healthcare system and the healthcare worker, especially its most significant component, the nurses.

Due to the nationwide community quarantine, health professionals were temporarily banned from leaving the country. The weight of this burden is increasingly being felt in the public health care services, where there is a need to support a growing population of uninsured citizens and immigrants from elsewhere in the country seeking care, and, for reasons both economic and related to the design and delivery of healthcare, the trend is compounded by an ageing population, a rising burden of infectious and chronic diseases and a global shortage of an adequately skilled workforce.

Job satisfaction and job stress are highlighted by nurses, for which job satisfaction is significantly negatively correlated to stress and intention to leave employment and affecting the turnover within the nursing profession. As frequently cited in the literature, the main reasons for affecting job satisfaction are heavy workloads and poor peer support.

Studies have also shown that the effects of poor organizational climate, autonomy, and salary are factors related to the consequence of nurses' job satisfaction. As frequently cited in nursing literature, factors affecting job satisfaction are heavy workload, poor conditions in peer support, organizational climate, autonomy, and salary, which all may lead to high staff turnover.

Job satisfaction is determined by a comparison of one's prior expectations about the job and the actual experience of the job. It has been found that job satisfaction relates to individuals' beliefs and emotions about their job. It has been described as an attitude with an affective and cognitive component. When establishing job satisfaction, we should focus on how employees feel about their work and personal relationships and how leaders influence employees' satisfaction.

A different leadership model is needed to respond to this rapidly changing environment, a model in which leadership is shared among the employees, all working as a team towards a shared vision through continuous improvement. It is not uncommon for any organization's leader to embrace change to create a better future.

This future, however, will be more than simply an extrapolation of current circumstances. Instead is part of a complex and discontinuous journey toward an unpredictable end. This end cannot be goal-less, but should present a vision that drives change strategically. In addition, leaders and managers need to achieve operational efficiency. Without a doubt, satisfied employees are the ultimate goal of every leader.

On the other hand, the goal of every employee is to find the kind of work that matches his abilities and interests as closely as possible, enables him to succeed, and provides him with opportunities for promotion. Satisfied employees tend to be more productive and committed to their employers, and a direct correlation has been shown between staff satisfaction and patient satisfaction in healthcare organizations. It is in these goals that this study has been conceptualized.

Today's leaders would need to do something different to avoid a system collapse. Leaders will need to change in a transformational direction to improve the quality of care provided. Such a change in strategy comes with the realization that there is no quick fix and that the transformation process takes time to be embedded and institutionalized. Transformation involves much more than any single event but is part of an overarching strategy, the core of which is maximizing value for the patient. However, this focus should not deflect attention away from the goal of ensuring that the staff who provide the service have the resources and a safe and pleasant environment to perform these duties.

The expectation of good governance and management extends beyond merely managing resources and people to include the challenge of understanding the context within which those with executive responsibility will have to function, how they will motivate and enable those from whom they seek a desired action, in addition, to interpret the customers' needs and how to satisfy them.

It has been widely known that employees are much more likely to be happy, engaged, and productive when satisfied with their jobs. Since successful companies are built on the backs of satisfied and motivated employees, it would seem like a no-brainer that organizations would care deeply about employee satisfaction. A nurse's work environment has been highly studied over the years through research. For any employee, a work environment provides context to a worker's job conditions and workplace. For nurses, the work environment involves intensive



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shifts of patient care and working with fellow nurses, supervisors, and other health professionals. Conditions that characterize a nurses' work environment include the number of patients assigned, autonomy in patient care, the complexity of cases, opportunities for learning, adequacy of compensation, relationship with colleagues, and many more. These conditions play roles in a nurse's performance and, according to Albashayreh et. Al (2019), are critical in a nurses' job satisfaction. A nurses' job satisfaction refers to their contentment in the above conditions. A working environment that provides high job satisfaction to the employee will more likely encourage the employee to stay in the workplace and possibly even good work performance. In contrast, if the opposite is true, the worker may opt to leave the workplace to find an environment offering better conditions.

For nurses, job satisfaction may be affected by one or more of the following examples: high workload/intensive shifts, inadequate compensation, poor interpersonal relationships with colleagues/superiors, disempowering work culture, etc. These conditions may compel nurses to leave their workplace if these conditions are strong enough. This is known as 'turnover intention. Turnover intention or intention to leave the workplace is said to be correlated to high dissatisfaction.

These elements are important to know because nurses comprise the largest component of the healthcare workforce. Moreover, in times of outbreaks and public health crises, the role of nurses in the healthcare system is magnified as they stand in the frontlines of the response to such crises. Because it affects not only the quality of nursing but also patients' satisfaction, the level of employees' job satisfaction is very important for healthcare institutions. Strong empirical evidence supports a causal relationship between job satisfaction, patient safety, and quality of care. In the Philippines, no studies on job satisfaction have been conducted. There was only some research about leadership styles in healthcare institutions. Organizational climate and organizational culture in nursing have been studied as well as job satisfaction in some institutions. Job satisfaction is a critical factor in health care.

Hence, it is imperative to look into this topic to determine the relationship between Filipino nurses' job satisfaction, work environment, and intention to leave the workplace amidst the covid-19 pandemic. In this premise, the study's concept has been drawn.

Work plays a dominant role in our lives. It occupies more of our time than any other activity. We define ourselves in part by our career or profession. It is very difficult to enjoy life without doing some productive work. Any activity which has so much importance must evoke strong positive or negative reactions, and these reactions tell how satisfied or dissatisfied one is with his/her work.

Job satisfaction is so important that its absence often leads to lethargy and reduced organizational commitment (Moser, 2017). Lack of job satisfaction is a predictor of quitting a job (Jamal, 2017; Sanchez, 2022). Several studies had been conducted to investigate the relationship between job satisfaction and performance, whether individually, in work groups and organizations. According to Locke, there are about 3,000 researches and related studies that focus on job satisfaction since 1976, and it remains to be of significant until today. This indicates that the importance of continuous investigation on this topic is still relevant and interesting in the field of science. According to many scholars, the significance of establishing the relationship between job satisfaction, motivation and job performance is evident in addressing the problems and issues in Human Resource Departments, thereby making it highly interesting for many organizations, employees-employer relationships, and in work teams.

As an example, many researchers investigated the relationship between job satisfaction and productivity while other assumptions focused on the negative correlation between job satisfaction and absenteeism or turnover. Even though this topic was already the forefront of discussion for the past decades, it is still a relevant and urgent concern for companies nowadays and its importance is directed towards a highly motivated, productive, and loyal workforce as ingredients of the company's competitive advantage and landscape.

Kirchler (2016) confirmed in his study that highly satisfied employees with their jobs led healthier and happier lives. Relative to this, the main thrust of this paper is to give valuable ideas and perspectives on job satisfaction because it affects not only the quality of nursing but also patients' satisfaction. The level of employees' job satisfaction is very important for health care institutions.

A discussion was presented on the relationship of these findings to theory and quantitative research outcomes. These findings have implications for nursing practice, administration, and education as the profession considers organizational and individual factors influencing nurses' feelings about their job and prepares for future nursing shortages.

Job descriptions should be reliable, valid, understandable, and specific enough to provide direction for staff behavior. Job descriptions should focus on what the staff member does (e.g. advises the student government



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association) and what outcomes are expected. These outcomes should be clearly linked to departmental and institutional objectives and needs. Job descriptions should use action words such “plans” or “supervises” rather than “demonstrates initiative” or “is likable.” Job descriptions should provide guidelines for staff so they know the specific behaviors expected from them. The responsibilities of the staff member should be listed in order of importance and weighted relative to importance, if possible.

A nurse who has been suspended without pay must be furnished a statement in writing setting forth the specific acts or omissions that are the reasons for the disciplinary suspension without pay as well as the employee’s appeal rights. Informing the nurses of how well they are doing in their work is important in measuring their job performance. The nurses’ job description is used because it is a representative of the performance description of other nursing personnel either at the staff nurse level or at higher levels of management.

Employees’ commitment to the organization is a crucial issue in today’s healthcare. Commitment of employees can be an important instrument for improving the performance of the organization. Researchers conducted on commitment have shown that employees with higher organizational commitment engage in organizational citizen behavior and this, in turn, results in better performance and higher work motivation that are beneficial to the organization (Chang et al., 2007; Sanchez, 2023). So, employees’ productivity is largely related to their motivation levels and a higher level of organizational commitment.

Objective

This study determined the relationship between job satisfaction, work environment, and intention to leave of nurses working in private hospitals during the COVID-19 pandemic.

Specifically, it sought to answer the following research questions:

1. What is the socio-demographic profile of nurses in COVID-19 pandemic in terms of
 - 1.1. Age;
 - 1.2. Sex;
 - 1.3. Highest educational attainment;
 - 1.4. Nursing designation; and
 - 1.5. Years of experience?
2. What is the level of job satisfaction among nurses working in hospitals during the COVID-19 pandemic?
3. What is the state of the nursing work environment as perceived by nurses working in hospitals during the COVID-19 pandemic?
4. What are the intentions of the nurses in leaving their current employment?
5. What is the relationship between the level of nurses’ work environment and job satisfaction?
6. What is the relationship between the level of job satisfaction and the nurses’ intention to leave?
7. What is the relationship between nurses’ work environment and their intention to leave?

Hypothesis

Given the stated research problem, the following hypotheses were tested on 0.05 level of significance:

Hypothesis 1: There is a significant relationship between the nurses’ work environment and their job satisfaction

Hypothesis 2: There is a significant relationship between nurses’ job satisfaction and their intention to leave the workplace.

Hypothesis 3: There is a significant relationship between the nurses’ work environment and their intention to leave the workplace.

METHODS

Research Design

This study used a descriptive, correlational design using surveys to determine the relationship between job satisfaction, work environment, leadership, and intention to leave the nursing workplace during the COVID-19 pandemic



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Procedure

This study was conducted at the three largest hospitals in Metro Manila from March to July 2022 with 206 respondents. Purposive sampling was employed with the criteria that they work as a nurse, handle COVID-19 patients during the pandemic, and work in the largest private hospitals in Metro Manila.

Treatment of Data

Statistical Analysis were used to analyze the level of job satisfaction among nurses working in hospitals during the COVID-19 pandemic, the state of the nursing work environment as perceived by nurses working in hospitals during the COVID-19 pandemic, the intentions of the nurses in leaving their current employment, the relationship between the level of nurses' work environment and job satisfaction, the relationship between the level of job satisfaction and the nurses' intention to leave, and the relationship between nurses' work environment and their intention to leave.

RESULTS and DISCUSSION

The highest number of respondents predominantly belongs to 31-35 years old bracket, which means that the respondents are in their prime and most productive and energetic years. Males are 33.86 percent while females comprise 66.14 percent of the total respondents. Females have a higher population in this research locale than male respondents.

As to the distribution of the respondents by highest educational attainment, most of the respondents are college degree holders, with 87% and 4% having finished their master's degrees.

As to years of experience, 1-5 years comprised 70 percent, which means there are more nurses who are starting with their career and more nurses are handling the Nurse I position. Nursing professionals have high difficulty finishing their graduate studies because of their work as medical frontliners, and they don't manifest an interest in completing a graduate degree. Nurse managers should pay attention to nurses' career advancement opportunities, recognize their achievements, and provide opportunities for continuing education and independent work.

The majority of the respondents from the three hospitals belong to rank-and-file positions, and only a few are in managerial positions. The distribution of nurses among the nursing designation is congruent with the fact that there are more nurses in rank-and-file positions (Nurse I and II). Since most of the nurses have become busy with their work as medical frontliners particularly in this pandemic, they hardly have time for professional upgrading and other activities that would help them gain higher status in their careers.

Level of job satisfaction among nurses working in hospitals during the COVID-19 pandemic

Job satisfaction and job stress are highlighted by nurses in this pandemic, for which job satisfaction is significantly negatively correlated to stress and intention to leave employment and affecting the turnover within the nursing profession. Table 6 demonstrates the Level of Job Satisfaction of Nurses during COVID-19 Pandemic.

Table 1
 Level of Job Satisfaction of Nurses during COVID-19 Pandemic

Job Satisfaction	1 st Hospital		2 nd Hospital		3 rd Hospital		Total	
	WM	Desc	WM	Desc	WM	Desc	WM	Desc
1. Keep busy all the time	3.55	S	3.80	S	4.00	S	3.78	S
2. Work alone on the job	3.47	NSD	3.80	S	3.62	S	3.63	S
3 Do different things from time to time.	3.96	S	3.89	S	4.00	S	3.95	S
4. Be "somebody" in the community.	3.91	S	3.92	S	3.92	S	3.92	S
5. Supervisor handles his/her workers	3.59	S	4.09	S	4.15	S	3.94	S
6. Competence of my supervisor in making decisions.	3.71	S	4.27	S	4.18	S	4.05	S



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7. Do things that don't go against my conscience.	3.67	S	3.99	S	3.95	S	3.87	S
8. Job provides for steady employment.	4.24	S	4.14	S	4.23	S	4.20	S
9. Do things for other people.	4.41	S	4.16	S	4.38	S	4.32	S
10. Tell people what to do.	4.41	S	4.23	S	4.41	S	4.35	S
11. Do something that makes use of my abilities	3.66	S	3.91	S	3.92	S	3.83	S
12. Company policies are put into practice	3.07	NSD	3.55	S	3.90	S	3.51	S
13. Pay and the amount of work I do.	3.62	S	3.85	S	3.82	S	3.76	S
14. Chances for advancement on the job.	3.95	S	4.05	S	4.18	S	4.06	S
15. Freedom to use my own judgment.	3.88	S	4.03	S	4.18	S	4.03	S
16. Chance to try my own methods of doing the job.	3.28	NSD	3.69	S	4.13	S	3.70	S
17. Working conditions.	3.99	S	3.97	S	4.18	S	4.05	S
18. Co-workers get along with each other.	3.61	S	3.82	S	3.95	S	3.79	S
19. Praise I get for doing a good job.	4.00	S	3.97	S	4.21	S	4.06	S
20. Accomplishments I get from the job.	4.00	S	3.97	S	4.21	S	4.06	S
	3.80	S	3.96	S	4.07	S	3.94	S
<i>SD</i>		<i>0.34</i>		<i>0.18</i>		<i>0.19</i>		<i>0.22</i>

- 0.50 - 1.49 *Very Dissatisfied (VD);*
- 1.50 - 2.49 *Dissatisfied (D)*
- 2.50 - 3.49 *Neither Satisfied or Dissatisfied (NSD)*
- 3.50 - 4.49 *Satisfied (S)*
- 4.50 - 5.00 *Very Satisfied (VS)*

With an overall mean of 3.94, the respondents from the three hospital settings are 'satisfied' with their jobs during the COVID-19 pandemic. Regarding ranks, the respondents from the third hospital have an overall rating of 4.07 or 'Satisfied'; followed by the second hospital with an overall rating of 3.96, and the first hospital with an overall satisfaction rating of 3.80.

However, the respondents in first hospital were undecided because they are 'Neither Satisfied or Dissatisfied' (NSD) on the following indicators as follows: 'Chance to try my own methods of doing the job, 3.28'; Company policies are put into practice, 3.07; and, the chance to work alone on the job' was rated as 3.47.

Overall, the following indicators have the lowest rating: Chance to work alone on the job with 3.63; Company policies are put into practice with a rating of 3.51; and for 'Chance to try my own methods of doing the job with a rating 3.70.

The data gathered has defined that nursing encompasses autonomous and collaborative care of individuals of all ages, families, groups and communities, sick or well and in all settings. It includes the promotion of health, prevention of illness, and the care of ill, disabled and dying people. Advocacy, promotion of a safe environment, research, participation in shaping health policy and in patient and health systems management, and education are also key nursing roles. (ICN,2002).

On the other hand, the goal of every employee is to find the kind of work that matches his abilities and interests as closely as possible, enables him to succeed, and provides him with opportunities for promotion. Satisfied employees tend to be more productive and committed to their employers, and a direct correlation has been shown between staff satisfaction and patient satisfaction in healthcare organizations. When job satisfaction and performance



is linked with group performance, the outcome revealed that higher job satisfaction leads to higher performance although it is not always the case. Working together is the key to achieving desirable outcomes, which means that employees should not be kept in isolation but should be encouraged to work together to effectively achieve goals and success, whether in a group or the organization (Sanchez & Sarmiento, 2020). Job satisfaction is determined by contentedness and a feeling of fulfillment derived from one's nature of work. It has been found that job satisfaction is an attitude with affective and cognitive components; it is influenced by an employee's beliefs and emotions about his job and workplace.

State of the nursing work environment as perceived by nurses working in hospitals during the COVID-19 pandemic

Nurses play a critical role in the provision of care and the optimization of health services resources worldwide, which is particularly relevant during the current COVID-19 pandemic. Table 2 presents the state of nursing work environment during covid-19 pandemic.

Table 2
State of Nursing Work Environment during COVID-19 Pandemic

Work Environment	1 st Hospital		2 nd Hospital		3 rd Hospital		Total	
	WM	Desc	WM	Desc	WM	Desc	WM	Desc
1. If the nurse manager is off duty, the unit is encouraged to contact her/him when there are staffing difficulties.	3.20	U	3.70	A	3.49	U	3.46	U
2. I am able to take at least a 30-minute meal break during my shift.	3.16	U	3.99	A	4.08	A	3.74	A
3. Individual assignments are fairly distributed within the unit given the available resources	3.74	A	3.97	A	4.00	A	3.90	A
4. Most days I feel my workload is reasonable	3.36	U	3.55	A	3.77	A	3.56	A
5. If I complain about my workload to the nurse manager she/he will be empathetic	3.54	A	4.04	A	3.62	A	3.73	A
6. Equipment (blood pressure machines, sat monitors, scales, lifts, wheelchairs, thermometers) for patient care is available when I need it for patient care.	3.50	A	4.01	A	4.36	A	3.96	A
7. I work with nurses who I respect professionally	4.39	A	4.30	A	4.44	A	4.38	A
8. When I feel overwhelmed I can count on other nurses to help me.	4.18	A	4.20	A	4.18	A	4.19	A
9. I stay in my current position because of the support of my nurse manager.	3.51	A	4.24	A	4.13	A	3.96	A
10. Social workers are available as needed by the patients I care for.	3.67	A	4.05	A	4.08	A	3.93	A
11. My current workload will cause me to look for a new position.	3.33	U	3.81	A	2.74	U	3.29	U
12. When a patient experiences a major crisis (code blue, new life-threatening diagnosis) or dies a chaplain is available to support the patient and/or their family.	4.08	A	3.91	A	4.00	A	4.00	A
13. I do not plan to stay in my current position for the next 12 months.	2.75	U	2.66	U	2.38	D	2.60	U
14. The nurse manager assists in working with patients and families who are unhappy with their care.	3.67	A	4.26	A	3.92	A	3.95	A
15. The nurses on my unit are a team.	4.21	A	4.38	A	4.36	A	4.32	A
16. The nurses I work with are competent in caring	4.22	A	4.36	A	4.23	A	4.27	A



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for our typical patient population.								
17. I plan to stay in my current position for at least the next 12 months.	3.47	U	3.64	A	3.85	A	3.65	A
18. I plan to stay in my current position for at least the next 12 months.	3.95	A	3.30	U	4.74	A	4.00	A
19. Pharmacy services provide adequate support in the medication process.	3.16	U	3.05	U	3.26	U	3.16	U
20. The nurse manager actively works to fill open positions on the unit in a timely manner.	3.39	U	4.03	A	3.82	A	3.75	A
21. The nurse manager is actively involved in securing enough staff each shift that is needed.	3.86	A	4.16	A	4.05	A	4.02	A
22. I have voiced concerns about my workload being too heavy to the nurse manager or charge nurse.	3.92	A	3.49	U	3.59	A	3.67	A
23. I intend to look for a new position in a different unit or in a different organization within the next 12 months.	3.09	U	2.68	U	2.56	U	2.78	U
24. My manager is competent to provide basic patient care on the unit.	3.99	A	4.31	A	4.13	A	4.14	A
25. I am able to provide adequate psychological/emotional support to the patients assigned to me.	4.11	A	4.27	A	4.41	A	4.26	A
26. I would feel comfortable having one of my family members cared for by staff on my unit	3.96	A	4.15	A	4.10	A	4.07	A
27. The nurse manager on my unit provides support in patient care when it is needed.	3.96	A	4.32	A	4.21	A	4.16	A
28. My current work environment makes me want to stay and work here.	3.46	U	3.88	A	3.92	A	3.75	A
29. The nurses I work with are an important reason I stay in my current job.	3.88	A	4.16	A	3.87	A	3.97	A
Over-all WM	3.68	A	3.89	A	3.87	A	3.81	A
SD	0.41		0.47		0.55		0.43	

0.50 - 1.49 Strongly Disagree (SD)

1.50 - 2.49 Disagree (D)

2.50 - 3.49 Unsure (U)

3.50 - 4.49 Agree (A)

4.50 - 5.00 Strongly Agree (SA)

With the overall mean of 3.81, the respondents from the three hospital settings express perspective 'Agree' with their state of nursing work environment during COVID-19 pandemic.

In terms of ranks, the respondents from the first hospital have an overall rating of 3.87 or 'Agree'; followed by second hospital with an overall rating of 3.89, and, third hospital with an overall satisfaction rating of 3.68. The nurse-respondents have 'agreed' (3.81) on the overall state of nursing work environment during COVID-19 pandemic as reflected in the various indicators. However, they are also 'unsure' of the following indicators: Pharmacy services provide adequate support in the medication process (3.16). During this pandemic, the medication delivery system is redesigned to minimize contact among patients and the health care providers.

Also, the remote medication monitoring system was implemented to deliver pharmaceutical care for inpatients. Communication technology was used to assist the pharmacist in medication counseling. QR codes to access videos demonstrating the use of devices were made available for patients. On the other hand, the indicator that says: 'I do not plan to stay in my current position for the next 12 months (2.60); and, my current workload will cause me to look for a new position (3.29) synonymously describes the uncertainty and volatility of the pandemic



that drives people from their current work. The COVID-19 pandemic has increased the demand and workload on nurses.

In addition, the number of critical cases, the uncertainty about the disease, and the incidence rate of death from the disease impose a psychological stress on nurses. Considering the alarming issues of stress, burnout, and turnover among nurses even before the pandemic, the pandemic might have amplified such issues. Moreover, turnover intention has been linked to several adverse outcomes such as medication error, falls, and pressure injuries [Falatah, 2020]. Moreover, it has been linked to increased healthcare system costs due to its impact on both financial and time resources. Thus, numerous studies have been conducted to identify nurses' turnover intention predictors and provide useful information for the development of remedial programs to lower nurses' turnover intention rates. Among the identified predictors are job satisfaction, job commitment, stress, anxiety, and burnout.

The data proves that nurses can only stay long and provide quality services if their work environment provides adequate conditions to support them. Today the employment and working conditions of many nurses worldwide are precarious, and the current pandemic has prompted more visibility to the vulnerability to health-damaging factors of nurses' globally.

Intentions of the nurses in leaving their current employment

The following information summarizes the nurses' plans for quitting their present position. The epidemic of COVID-19 has increased nurses' workload and demand. In addition, the quantity of critical cases, the unknown nature of the sickness, and the mortality rate associated with the condition put nurses under psychological strain. The epidemic may have exacerbated the already worrying concerns of stress, burnout, and turnover among nurses before the pandemic. Thus, it is necessary to investigate the effect of the COVID-19 pandemic on nurses' turnover and desire to leave the profession. The desire of the nurses to leave their current position is shown in Table 3.

Table 3
Intentions of Nurses to Leave during COVID-19 Pandemic

Intentions to Leave	1 st Hospital		2 nd Hospital		3 rd Hospital		Total	
	WM	Desc	WM	Desc	WM	Desc	WM	Desc
1. How often have you considered leaving your job?	3.12	NEU	2.84	NEU	2.67	NEU	2.88	NEU
3. How often are you frustrated when not given the opportunity at work to achieve your personal work-related goals?	2.80	NEU	2.88	NEU	2.72	NEU	2.80	NEU
4. How often do you dream about getting another job that will better suit your personal needs?	3.30	NEU	3.10	NEU	2.95	NEU	3.12	NEU
6. How often do you look forward another day at work?	2.75	NEU	2.67	NEU	2.38	NEU	2.60	NEU
2. How satisfying is your job in fulfilling your personal needs?	2.46	U	2.52	NEU	2.13	U	2.37	U
5. How likely are you accept another job at the same compensation level should it be offered to you?	2.95	NEU	3.28	NEU	2.97	NEU	3.07	NEU
Over-all WM	2.90		2.88		2.64		2.81	
SD	0.30		0.28		0.33		0.29	

For Items 1,3,4, & 6		For Item 2		For Item 5	
0.50 - 1.49	Never (N)	0.50 - 1.49	Very Unsatisfying (VU)	0.50 - 1.49	Highly Unlikely (HU)
1.50 - 2.49	Rarely (R)	1.50 - 2.49	Unsatisfying (U)	1.50 - 2.49	Unlikely (U)
2.50 -	Neutral (NEU)	2.50 -	Neutral (NEU)	2.50 -	Neutral (NEU)



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3.49		3.49		3.49	
3.50 – 4.49	Often (O)	3.50 – 4.49	Satisfying (S)	3.50 – 4.49	Likely (L)
4.50 – 5.00	Always (A)	4.50 – 5.00	Very Satisfying (VS)	4.50 – 5.00	Highly Likely (HL)

The table shows the psychological turmoil and confusion that the responses from the nurses implying their intentions to Leave their work during COVID-19 pandemic.

For the question of 'How often have you considered leaving your job?' the respondents have unanimously rated it as NEU or neutral with from first hospital (3.12), second hospital (2.84) and third hospital (2.67) and an overall mean of 2.88 or NEU. These findings proved that nurses are having difficulty responding to the demands of their job both physically and mentally. Nurses are the largest group in the healthcare team and have the longest contact time with patients [Beauvais, 2018]. Thus, the pandemic increased the demand and workload on nurses in an extreme work environment.

The number of critical cases, the uncertainty about the disease, and the incidence of death from the disease impose a psychological stress on nurses [Khattak, 2020]. Considering the alarming issues of stress, burnout, and turnover among nurses even before the pandemic [Piotrowski, 2020], the pandemic might have amplified the issue.

To validate the first question, the answer to the query: 'How often are you frustrated when not given the opportunity at work to achieve your personal work-related goals?', the respondents have neither affirm or negated the issue of frustration on their part given the difficulty and stress of their work as medical frontliners so they were candid in saying neutrality on the issue with first hospital (2.80), second hospital (2.88) and third hospital (2.72) with an overall mean of 2.80.

Moreover, for the question: How often do you dream about getting another job that will better suit your personal needs? The respondents have neither affirm or negated the issue of frustration on their part given the difficulty and stress of their work as medical frontliners so they were candid in saying neutrality on the issue with first hospital (3.30), second hospital (3.10) and third hospital (2.95) with an overall mean of 3.12. Furthermore, for the question: How often do you look forward another day at work? The respondents have neither affirm or negated the issue of frustration on their part given the difficulty and stress of their work as medical frontliners so they were candid in saying neutrality on the issue with first hospital (2.75), second hospital (2.67) and third hospital (2.38) with an overall mean of 2.60.

For another critical question: How satisfying is your job in fulfilling your personal needs? The respondents have neither affirm or negated the issue of frustration on their part given the difficulty and stress of their work as medical frontliners so they were candid in saying neutrality on the issue with first hospital (2.46), second hospital (2.52) and third hospital (2.13) with an overall mean of 2.37.

And lastly, for the question: 'How likely are you accept another job at the same compensation level should it be offered to you? The respondents have neither affirm or negated the issue of frustration on their part given the difficulty and stress of their work as medical frontliners so they were candid in saying neutrality on the issue with first hospital (2.95), second hospital (3.28) and third hospital (2.97) with an overall mean of 3.07.

In the context of the data, it can be concluded that the respondents who are not willing to answer a particular question have put a check on Neutral. It is just like an escape for the respondents which ultimately lead the previous citations about turnover results and the us, true essence of the assumption is achieved. Neutrality denotes a state of confirming their positions. We take in an attitude scale neutral states that the respondent has neither a positive response nor a negative response, but undecided denotes a state of confusion of the respondent.

In the interest of data analysis, the neutral response option is the biggest source of dispute surrounding the Likert scale. Originally offered in an effort to avoid false responses (Bishop, 2017), the neutral response option enabled people who were ignorant about or indifferent to a subject to select no opinion or neutral instead of being forced to choose a response that did not reflect their true beliefs (Johns, 2005; Krosnick et al., 2018).

Although designed with the intention of reducing instances of false responses, studies show that the inclusion of a neutral or "no opinion" option significantly increases the number of people stating they have no opinion when they actually do (Bishop, 1987; Johns, 2005; Kalton, Roberts, & Holt, 1980; Krosnick et al., 2002; Nowlis, Kahn, & Dhar, 2018). Three factors likely influence a participant's decision to falsely report via the neutral option: cognitive effort, ambivalence, and social desirability.



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In the context of this study, the findings are proof of the conditions of nurses across the country in which nurses are quitting bedside jobs at an alarming rate. They are worn out, mentally and physically, from dealing with surge after surge of desperately ill covid patients, fear for their own lives and frustration with people who renounce lifesaving covid vaccines or even deny the virus is dangerous. The nurses who remain are left to care for more people with fewer resources, further fraying the fragile system and harming patients and healthcare providers alike.

Nursing has always been a tough job. A wave of hospital consolidations in recent decades has helped hold down nurses' pay and contributed to understaffing. But covid has turned a problem into a crisis. More than one-third of nurses' plan to leave their current role by the end of the year, according to a survey by Incredible Health, a nurse staffing company. The American Association of Critical-Care Nurses (AACN) recently found that 66 percent of acute and critical-care nurses have considered leaving the profession.

Two years into the pandemic, recent news reports in the Philippines highlighted those Filipino nurses are resigning to work abroad. In the first two to three weeks of October 2021 alone, it was noted that about 5% to 10% of nurses working in private hospitals have resigned [Mendoza, 2021]. In another 2021 news report, a hospital director in a city mentioned that their nursing staff had decreased from 200 to 63 over the past year (Agence France-Presse, 2021).

Overall, about 40% of nurses in private hospitals have resigned since the pandemic began [Dumlao, 2021]. Thus, hospitals in the Philippines may be understaffed due to the dwindling number of nurses during the pandemic.

The relationship between the level of nurses' work environment and job satisfaction

The following data describes the relationship between the level of nurses' work environment and job satisfaction. Table 4 presents the Significant relationship between the level of nurses' work environment and job satisfaction.

Table 4
Relationship between level of Nurses' Work Environment and Job Satisfaction

	<i>df</i>	<i>Computed Value</i>	<i>Tabular Value at 0.05</i>	<i>Description</i>	<i>Decision</i>
<i>Work Environment and Job Satisfaction</i>	187	0.744	0.148	Significant	Accept Ha

Table 4 shows the summary statistics of the Pearson Correlation Test to determine if there is a significant relationship between the nurses' work environment and job satisfaction.

The results show a sample correlation coefficient (*r*) of 0.744, indicating a strong positive correlation between nurses' work environment and job satisfaction. This implies that job satisfaction also increases when there is an improvement in nurses' work environment. Furthermore, the data also shows the computed value of 0.744 is greater than the tabular value of 0.148 (*df*=187, $\alpha = 0.05$). This condition causes the acceptance of the alternative hypothesis that there is a relationship between the two variables. Therefore, a significant relationship between nurses' work environment and job satisfaction can be concluded.

The study's results agree with the study done by Lin et al. (2020). The study showed a statistically significant positive relationship between the perceived indicators of the quality nursing work environment (QNWE) and the level of job satisfaction. The study also showed that after controlling for the effects of demographic profiles, professional specialization, teamwork, support, and caring significantly correlated to job satisfaction. The model explained 72.9 percent of the variability. This study is further supported by Kagan et al. (2021) study. The study showed that nurses' positive perception of the working environment is significantly associated with higher job satisfaction. Moreover, being female, working in the emergency room and pediatric wards, and having higher personal initiative is also significantly associated with increased job satisfaction.

Furthermore, it is recommended for nurse managers to invest in strengthening the organizational climate to stimulate initiate behavior and make them more engaged and promote innovation. Ayalew et al. (2020) added that disagreement in recognition and work itself is a factor in nurses' intention to leave their current job. It is highly recommended to promote recognition at work to promote a good working environment.



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Relationship between the level of job satisfaction and the nurses’ intention to leave

The following data illustrates the correlation between nurses' work satisfaction and their desire to quit. Table 5 shows the correlation between nurses' work satisfaction and their desire to quit.

Table 5
 Significant relationship between level of Job Satisfaction and the Nurses’ Intention to Leave

	df	Computed Value	Tabular Value at 0.05	Description	Decision
Job Satisfaction and Intention to Leave	187	-0.463	0.148	Significant	Accept Ha

Table 5 shows if there is a significant relationship between job satisfaction and the nurses’ intention to leave. The data reveals a moderate negative correlation between job satisfaction and nurses’ intention to leave, as indicated by the sample correlation coefficient of (*r*) -0.463. It implies that when nurses are satisfied with their job, there is a lower intention to leave their workplaces. It also shows that the absolute computed value of $r = |-0.463|$ is greater than the tabular value of 0.148 ($df=187, \alpha =0.05$) which causes the acceptance of the alternative hypothesis. Therefore, it can be concluded that there is a statistically significant relationship between the level of job satisfaction and the nurses’ intention to leave.

The study's results are congruent to the Abdul Kadar Muhammad Masum et al. (2016) survey, which shows a negative relationship between job satisfaction and intention to quit the existing employment. Kantek et al. (2017) further supported the result of the study, which shows a positive correlation between the professional values of nurses and their job satisfaction but a negative correlation between professional values and intention to leave the current workplace.

Woldekiros et al. (2022) identified factors that contribute to nurses’ intention to leave. This includes salary imbalance with demands, managers with no personal plan for developing skills, stressful jobs, and health problems. Identifying factors that contribute to improving job satisfaction and decreasing nurses’ intention to leave is important to nursing managers.

This enables them to develop and provide an evidence-based policy to improve job satisfaction and lower the rate of nurses’ intention to leave. This action will provide long-term benefits to the organization regarding quality patient care and reduced cost.

Relationship between nurses’ work environment and their intention to leave

The following data describes the relationship between nurses’ work environment and their intention to leave. Table 6 presents the significant relationship between level of Nurses’ Work Environment and Intention to Leave.

Table 6
 Relationship between level of Nurses’ Work Environment and Intention to Leave

	df	Computed Value	Tabular Value at 0.05	Description	Decision
Work Environment and Intention to Leave	187	-0.358	0.148	Significant	Accept Ha

Table 6 shows the summary statistics to determine the relationship between the level of nurses’ work environment and nurses’ intention to leave. The sample correlation coefficient indicates a weak negative correlation ($r = -0.358$) between the two variables of interest.

The negative correlation implies nurses’ intention to leave the workplace is lower when there is a good working environment. The absolute computed value $r = |-0.358|$ is greater than the tabular value (0.148 ($df=187,$



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$\alpha = 0.05$) which causes the acceptance of the alternative hypothesis. Therefore, the conclusion can be made that there is a statistically significant relationship between nurses' work environment and intention to leave.

Several pieces of literature supported the findings of this study (Sanchez, 2020). The study by Li et al (2022) showed that a poor working environment characterized by an imbalance between high effort and low reward (poor promotion suspects) is associated with a new intention to leave the nursing profession. Poku et al (2022) study also revealed significant associations between some nursing work environment facets and turnover intention. Furthermore, it shows that burnout resulting from an unsafe working environment affects the nurse turnover intention.

Specifically, the study shows a significant relationship between nurse-physician relations, nurse manager leadership, the nursing foundation for quality care, staffing and resource adequacy, and turnover intention being burnout as the medium.

Leone et al (2015) revealed that nursing units where opportunities for career advancement are present have a lower intention to leave their workplace. The study also highlighted that programs for career advancement can override other factors that contribute to high turnover intention.

Shariffard et al (2019) revealed that work climate, type of employment, marital status, and overtime work is a significant predictor of nurses' intention to leave. Identification of these factors served as a guide for policy development in nursing organizations

Conclusion

Most nurses have become busy with their work as medical frontliners, particularly in this pandemic, and they hardly have time for professional upgrading and other activities that would help them gain higher status in their career. The turnover of nurses is very high due to many factors that account for job satisfaction and burnout primarily caused by staffing shortages. On the level of job satisfaction among nurses working in hospitals during the COVID-19 pandemic, the respondents from the three hospital settings are 'satisfied' with their level of job satisfaction during the COVID-19 pandemic. However, they are least satisfied with the chance to work alone on the job, the way the company policies are implemented, and the chance to try their job methods.

On the state of the nursing work environment, as perceived by nurses working in hospitals during the COVID-19 pandemic, most of the respondents from the three hospitals are satisfied with their state of the nursing work environment during the COVID-19 pandemic.

Considering the alarming issues of stress, burnout, and turnover among nurses even before the pandemic, the pandemic might have amplified such issues. The data proves that nurses can only stay long and provide quality services if their work environment provides adequate conditions to support them.

On the intentions of the nurses in leaving their current employment. It can be gleaned from the data that the psychological turmoil and confusion of the nurses' responses imply their intentions to leave their work during the COVID-19 pandemic. These findings proved that nurses are having difficulty responding to the demands of their job both physically and mentally.

The conditions of nurses across the country which nurses are quitting bedside jobs at an alarming rate. They are worn out, mentally and physically, from dealing with surge after surge of desperately ill covid patients. They also fear for their own lives and are frustrated with people who renounce lifesaving covid vaccines or even deny the virus is dangerous.

A strong positive correlation exists between nurses' work environment and job satisfaction. This implies that job satisfaction also increases when there is an improvement in nurses' work environment. The COVID-19 pandemic has increased the demand and workload on nurses. Moreover, a moderate negative correlation exists between job satisfaction and nurses' intention to leave. It implies that when nurses are satisfied with their job, there is a lower intention to leave their workplaces. Considering the alarming issues of stress, burnout, and turnover among nurses even before the pandemic, the pandemic has amplified such issues.

There is a negative correlation between nurses' intention to leave the workplace when there is a good working environment. A statistically significant relationship exists between nurses' work environment and intention to leave.



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