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Understanding Nurses' Intent to Stay: The Role of Workplace Support and Job Satisfaction in Private Hospitals

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Abstract
Aim: This study examined the relationship between perceived workplace support, job satisfaction, and intent to stay among nurses in selected private hospitals in Bulacan.
Methodology: A descriptive–correlational, cross-sectional design was employed. A researcher-developed, content-validated questionnaire assessed four domains of workplace support and job satisfaction—work environment and job satisfaction, compensation and incentives, nurse–patient relationship, and professional relationships and support—alongside intent to stay. Content validity was established through expert review (item-level CVI ≥ .80) and pilot testing; internal consistency ranged from acceptable to excellent. Data from 155 staff nurses were analyzed using descriptive statistics and Pearson's r (two-tailed, α = .05) after confirming distributional assumptions.
Results: Results showed that while nurses rated professional relationships and nurse–patient interactions positively, compensation and workload distribution were less favorable. Among the four domains of workplace support and job satisfaction, only work environment and job satisfaction demonstrated a statistically significant but negligible positive correlation with intent to stay ($r = .165$, $p = .042$). Overall, nurses' intent to stay remained neutral, reflecting ambivalence toward long-term retention.
Conclusion: While supportive interpersonal climates and positive patient interactions were valued, they were insufficient on their own to strengthen nurses' retention intentions. Structural conditions—particularly compensation fairness and equitable workload distribution—appear more influential in shaping commitment to remain. Hospital administrators and policymakers should prioritize compensation and workload improvements, complemented by continued efforts to maintain supportive workplace relationships, to strengthen nurse retention in private hospital settings.
Keywords: workplace support, job satisfaction, intent to stay, nurse retention, private hospitals

INTRODUCTION

Globally, nurse retention remains a pressing concern amid persistent workforce shortages. In 2020, the worldwide nursing workforce numbered 27.9 million, with a deficit of 5.9 million projected to exceed 9 million by 2030 (Pressley & Garside, 2023). High turnover rates, often driven by burnout, stressful workloads, and inadequate workplace support, exacerbate these shortages. A systematic review of 34 studies confirmed that job satisfaction and organizational commitment are strong predictors of nurses' intent to stay (Pressley & Garside, 2023), while poor support and unfavorable work conditions contribute to higher burnout and turnover intentions (Galanis et al., 2024). Recent data from the U.S. show that job dissatisfaction among nurses nearly doubled—from 11% in 2017 to 19.9% in 2022—coinciding with rising burnout and staffing issues during the COVID-19 pandemic (National Center for Health Workforce Analysis, 2024). Since job satisfaction is closely linked to retention, these findings highlight the urgent need to strengthen workplace conditions and support systems (Pangilinan, 2025).

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Perceived workplace support—defined as the extent to which employees believe their organization values their contributions and cares for their well-being—is a critical factor in nurse retention. In nursing, supportive environments foster engagement, improve care quality, and strengthen commitment. Higher perceived organizational support has been consistently linked to lower turnover intention (Galanis et al., 2024). Alongside support, job satisfaction remains one of the strongest determinants of retention, encompassing factors such as fair compensation, meaningful work, positive relationships, and manageable workloads (Pressley & Garside, 2023; Wong, 2024). Herzberg's motivation–hygiene theory emphasizes that addressing both intrinsic motivators and extrinsic hygiene factors is essential to promote job satisfaction and reduce attrition. Similarly, Amihan and Sanchez (2023) highlighted how workplace collaboration and support mechanisms bridge gaps in professional practice, which can directly enhance employee retention.

In the Philippines, chronic understaffing and poor working conditions have intensified the challenge of nurse retention. An estimated 127,000 additional nurses are needed to meet current healthcare demands (Alibudbud, 2023). The COVID-19 pandemic worsened attrition, with about 40% of nurses in private hospitals resigning in 2020 (Morales & Lema, 2021). Low salaries, limited benefits, heavy workloads, and delayed incentives contribute to burnout and demoralization (Alibudbud, 2023; Morales & Lema, 2021). Many nurses are drawn to better-paying overseas positions, with nearly 7,000 leaving in the first half of 2021 alone (Morales & Lema, 2021). This situation is particularly critical in provincial areas like Bulacan, where private hospitals face ongoing staffing challenges but remain underrepresented in retention studies. Beyond the Philippines, Sija (2022) found in Sarawak, Malaysia, that recognition and job satisfaction—rather than compensation or work environment—were stronger predictors of retention in private healthcare facilities. At a broader national level, Alibudbud (2023) emphasized systemic pressures such as burnout, low pay, delayed benefits, and understaffing as primary contributors to nurse attrition. Collectively, these studies reveal that while both structural and relational factors have been examined, there remains a shortage of quantitative, context-specific research exploring how workplace support and job satisfaction influence nurses' intent to stay in private provincial hospitals. This study addresses this gap by providing empirical evidence from Bulacan's private hospitals.

While global literature affirms the link between workplace factors and nurse retention, local evidence—particularly within provincial private hospital settings—remains scarce. Most Philippine studies have concentrated on government facilities or nurse migration, which leaves a critical blind spot regarding the experiences of nurses in private institutions. Private hospitals, especially in provinces like Bulacan, often operate with leaner staffing models, resource limitations, and compensation packages that differ from public counterparts. These contextual differences may uniquely shape nurses' job satisfaction and retention decisions.

By situating the study in Bulacan's private hospitals, this research addresses a clear gap in the literature. It provides empirical data relevant to hospital administrators who must design retention strategies tailored to the realities of private institutions and to policymakers tasked with developing equitable workforce policies that consider both public and private healthcare sectors. Understanding how workplace support and job satisfaction interact with intent to stay in this specific context ensures that recommendations are not merely generic but directly applicable to the challenges of private hospitals in provincial settings.

This study aims to determine the relationship between nurses' perceived workplace support and job satisfaction and their intent to stay among private hospitals in Bulacan. The findings will contribute to the development of evidence-based retention strategies, guide hospital administrators in enhancing workplace conditions, and support policy initiatives aimed at strengthening nurse retention in the provincial private healthcare sector.

The study is grounded in Herzberg's Motivation–Hygiene Theory, which distinguishes between hygiene factors (e.g., pay, policies, work environment) that prevent dissatisfaction and motivators (e.g., recognition, achievement, relationships) that enhance satisfaction (Herzberg, 1968; Bassett-Jones & Lloyd, 2005). It also draws on Organizational Support Theory, which posits that perceived support fosters loyalty and commitment, thereby increasing intent to stay (Eisenberger et al., 1986, as cited in Kurtessis et al., 2017; Galanis et al., 2024). Together, these theories frame the study's examination of how workplace support and job satisfaction interact to influence retention in the Bulacan private hospital context.

Statement of the Problem

Nurse retention remains a critical challenge in the healthcare industry, particularly in private hospitals where limited resources and high patient demands often contribute to workforce instability. In the province of Bulacan, anecdotal accounts and institutional reports suggest that many nurses experience dissatisfaction related to

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compensation, workload distribution, and opportunities for professional growth, which may influence their decision to leave their current employment. While supportive workplace relationships and positive nurse–patient interactions are often acknowledged as important, these interpersonal factors may not be sufficient to sustain nurses' long-term commitment to their organizations.

Despite the recognition of this issue, there is a limited body of empirical research that systematically examines the relationship between workplace support, job satisfaction, and intent to stay among private hospital nurses in the Philippine provincial context. Without a clear understanding of these factors, hospital administrators may struggle to design effective retention strategies. This study addresses this gap by investigating how nurses' perceptions of workplace support and job satisfaction relate to their intent to stay, thereby providing evidence-based insights for workforce stability and healthcare service improvement.

Research Objectives

This study aimed to determine the nurses' perceived workplace support and job satisfaction and their intent to stay among private hospitals in Bulacan. Specifically, it sought to:

1. Profile respondents' demographic characteristics;
2. Measure nurses' perceived workplace support and job satisfaction across four domains—Work Environment & Job Satisfaction, Compensation & Incentives, Nurse–Patient Relationship, and Professional Relationships & Support;
3. Determine the level of intent to stay among nurses in selected private hospitals in Bulacan; and
4. Analyze the relationship between workplace support/job satisfaction and nurses' intent to stay.

Findings are expected to inform hospital administrators and policymakers in developing evidence-based retention strategies, advocating for improved working conditions, and addressing workforce stability in the private healthcare sector.

Research Questions

This study sought to answer the following questions:

1. What are the demographic characteristics of nurses employed in selected private hospitals in Bulacan?
2. How do nurses perceive workplace support and job satisfaction across the domains of Work Environment & Job Satisfaction, Compensation & Incentives, Nurse–Patient Relationship, and Professional Relationships & Support?
3. What is the level of intent to stay among nurses in selected private hospitals in Bulacan?
4. Is there a significant relationship between workplace support/job satisfaction and nurses' intent to stay in their current hospital employment?

Null Hypothesis (H_0): At the 0.05 level of significance, there is no significant relationship between nurses' perceived workplace support and job satisfaction and their intent to stay in their current hospital employment.

METHODS

Research Design

This study utilized a descriptive-correlational research design with a quantitative survey approach. The design is cross-sectional, capturing nurses' perceptions and intentions at a single point in time. A descriptive-correlational design is appropriate because the study seeks to describe the current levels of workplace support and job satisfaction, and intent to stay among nurses, and to examine the relationships between these variables without manipulating any conditions. This design aligns with the research objectives, which involve assessing existing perceptions and determining if a significant association exists between nurses' perceived support/satisfaction and their intention to remain employed. Similar approaches have been adopted in studies on workplace challenges, teaching commitment, and retention, validating the appropriateness of this design for addressing organizational and workforce issues (Pangilinan, 2025).

Population and Sampling

The study was conducted in 10 private, DOH-licensed hospitals in Bulacan that provide inpatient services and granted administrative permission to participate. A purposive, facility-based sampling approach was employed. At each participating hospital, all nurses who met the inclusion criteria were invited; those who consented were included, yielding a total of 155 staff nurses. Because the study utilized non-probability purposive sampling, no a

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priori sample size computation (e.g., G*Power analysis) was undertaken. Instead, the final sample size reflected the number of eligible and consenting participants during the data collection period. This approach enabled the inclusion of diverse nurse respondents across multiple facilities but limits statistical generalizability. Accordingly, the sample should be viewed as context-specific to the participating institutions, and findings should be interpreted cautiously when extended to the broader nurse population in Bulacan or the Philippines.

Inclusion criteria were: (1) full-time employment as a staff nurse in a participating private hospital in Bulacan; (2) age ≥ 21 years; and (3) at least six months of continuous tenure in the current hospital. Exclusion criteria were: (1) part-time employment; (2) age ≥ 60 years; (3) managerial/supervisory roles; (4) trainees/probationary hires with < six months tenure; and (5) nurses on leave during data collection.

The age ≥ 60 years exclusion was applied to minimize retirement-stage confounding in the primary outcome. Approaching statutory or institutional retirement often drives intent-to-stay decisions independent of workplace factors; excluding retirement-eligible staff helped ensure that measured retention intentions were more plausibly attributable to perceived support and job satisfaction rather than imminent retirement eligibility. Managers and supervisors were excluded to focus on rank-and-file nurses whose working conditions and decision latitude differ substantively from leadership roles.

Hospitals were approached based on feasibility and permissions from nursing leadership. To enhance contextual variability, outreach targeted facilities across different locations within Bulacan and with varying organizational profiles (e.g., independent vs. network-affiliated). Participation ultimately depended on administrative approval, and no random hospital selection was performed. This mirrors the methodological approaches of other education and healthcare-related descriptive-correlation studies, which also relied on purposive inclusion to capture varied contexts while balancing feasibility (Amihan & Sanchez, 2023).

Instruments

Data were collected using a researcher-developed survey questionnaire consisting of three sections. The instrument was developed based on an extensive review of literature on nurse job satisfaction, workplace support, and retention, and it was tailored to cover the specific domains outlined in the research questions.

The first section gathered demographic information (profile characteristics) of the respondents, including age, sex, civil status, and years of work experience.

The second section assessed perceived workplace support and job satisfaction across four key domains: (a) Work Environment & Job Satisfaction – items in this domain addressed factors such as workload, staffing adequacy, safety of the workplace, availability of equipment, and overall satisfaction with daily work conditions; (b) Compensation & Incentives – items covered satisfaction with salary, benefits, and any reward or incentive programs;
(c) Nurse–Patient Relationship – items captured how nurses feel about the nurse-patient ratio, the quality of care they can provide, and the emotional fulfillment or stress they experience in patient care; and (d) Professional Relationships & Support – items evaluated the support nurses feel from their supervisors and colleagues, opportunities for mentorship, teamwork, and the general interpersonal climate at work.

Each item in these domains was phrased as a statement (e.g., "I feel my workload is manageable" or "My supervisor provides me with the support I need"), and respondents rated their agreement on a 5-point Likert scale (1 = Strongly Disagree, 5 = Strongly Agree). Higher scores indicated more positive perceived support or satisfaction in that domain.

The third section of the survey measured the Intent to Stay, operationalized with items that gauged the likelihood of the nurse continuing to work at the current hospital in the near future (e.g., "I plan to stay in this hospital for the next year" and "I am actively looking for a job outside this hospital" [reverse-scored]). These intent-to-stay items were also rated on a 5-point agreement scale, where a higher score reflected a stronger intent to remain in the current employment.

The development and validation of the instrument involved several steps to ensure its reliability and content validity. Initially, a pool of draft items was generated for each domain based on established questionnaires from previous studies and frameworks (for example, adapting elements from the Practice Environment Scale of the Nursing Work Index for support, and from standard job satisfaction surveys). This draft questionnaire was then reviewed by a panel of expert validators, including three senior nursing professionals and one nursing academic, all of whom had experience in nursing management or research. They evaluated each item for clarity, relevance, and appropriateness to the Bulacan private hospital context. The Content Validity Index (CVI) was computed for each item and for the overall scale; only items with a CVI of 0.80 or higher were retained or revised. Minor revisions in

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wording were made based on the experts' feedback to improve clarity (for example, specifying "monetary benefits such as hazard pay or allowances" in an item about benefits, to ensure common understanding among respondents).

After content validation, a pilot test was conducted with a small group of nurses (n = 10) from a hospital in a neighboring province (not part of the main study) to check the instrument's face validity and reliability. Participants in the pilot reported that the questions were generally clear and easy to answer, taking about 10–15 minutes to complete the whole survey. The internal consistency of the questionnaire was evaluated using Cronbach's alpha. The overall scale achieved a Cronbach's alpha of 0.92, indicating excellent reliability. The subscales for the four workplace domains had alpha values ranging from 0.80 to 0.88, and the intent to stay section had an alpha of 0.79. These values suggest that the instrument's items consistently measure the intended constructs. With these validation steps, the researcher-developed questionnaire was deemed a valid and reliable tool for data collection in the main study. Instrument development and pilot testing practices align with quality assurance approaches found in education and healthcare studies that emphasize methodological rigor in ensuring content and construct validity (Amihan et al., 2023).

Data Collection

Data collection began after obtaining ethics approval from the researcher's university and formal permission from each participating hospital. Nursing directors or chief nurses acted as focal persons, and unit managers were oriented on the study's purpose and procedures. Invitations and informed consent forms were given to eligible nurses either in person (with sealed envelopes containing the cover letter, consent form, and questionnaire). Participation was voluntary and anonymous, with about one week allowed for completion. Reminders were sent midweek to encourage participation. Data collection ran for 3–4 weeks across hospitals. Confidentiality was strictly maintained—no names were collected, paper forms were stored securely, and online data were password-protected. Hospital supervisors had no access to individual responses.

Data Analysis

Data were coded and analyzed in SPSS® version 26. Incomplete surveys (less than 90% answered) were excluded. Descriptive statistics (frequencies, percentages, means, and standard deviations) summarized demographic characteristics and scores for each domain of workplace support and job satisfaction, as well as intent to stay. Normality was tested using Shapiro–Wilk, skewness, and kurtosis. Since data were normally distributed, Pearson's product–moment correlation was used to determine the relationship between workplace support/job satisfaction and intent to stay, with significance set at $p < .05$. Separate correlations by domain were also computed.

Univariate normality for all composite variables was examined via Shapiro–Wilk tests, histograms, and Q–Q plots; distributions approximated normality (absolute skewness and kurtosis values within ±1.0). Bivariate linearity and homoscedasticity were inspected using scatterplots and were judged acceptable. Accordingly, Pearson's product–moment correlation was used for primary analyses (two-tailed, $\alpha = .05$). This quantitative analytical process is consistent with approaches employed in recent correlational studies exploring workplace dynamics and employee behavior (Sanchez, 2022).

Ethical Considerations

Prior to data collection, the study protocol underwent ethical review and received approval from the Institutional Ethics Review Board of the researcher's university. Ethical clearance ensured that the study adhered to the Philippine National Ethical Guidelines for Health and Health-Related Research (2017). Following this approval, informed consent was obtained from all participants. They were assured of voluntary participation, the right to withdraw at any time without penalty, and the confidentiality of their responses. No personal identifiers were collected. Paper surveys were stored securely in locked cabinets, and electronic files were password-protected. Permission was also secured from hospital management, and data collection was scheduled during break times or off-duty hours to avoid disruption of work responsibilities.

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RESULTS and DISCUSSION

This section presents the findings of the study conducted among 155 staff nurses from 10 private hospitals in Bulacan. The results are organized into three main areas: (1) the demographic profile of respondents, (2) their perceived workplace support and job satisfaction across key domains, and (3) their intent to remain in their current employment. These results are interpreted alongside relevant literature to contextualize the findings, identify consistencies or divergences with prior studies, and draw implications for nurse retention within the private hospital sector in Bulacan.

Table 1.
Profile Characteristics of the Respondents (N = 155)

Profile Characteristic	f	%
Age		
23–30 years old	53	34.19
31–40 years old	55	35.48
41–50 years old	27	17.42
51–60 years old	20	12.90
Total	155	100.00
Sex		
Male	58	37.42
Female	97	62.58
Total	155	100.00
Years of Work Experience		
Less than 5 years	72	46.45
6–10 years	48	30.97
11 years and above	35	22.58
Total	155	100.00
Civil Status		
Single	63	40.65
Married	84	54.19
Separated	6	3.87
Widowed	2	1.29
Total	155	100.00

Note. f = frequency; % = percentage.

Table 1 presents the demographic profile of the 155 staff nurse respondents from selected private hospitals in Bulacan. In terms of age, the majority were between 31–40 years old (35.48%), closely followed by those aged 23–30 years (34.19%). This suggests a relatively young workforce, with over two-thirds (69.67%) of the respondents falling within the early to mid-career age brackets. A smaller proportion were aged 41–50 years (17.42%) and 51–60 years (12.90%), indicating fewer senior nurses in the sample. In terms of sex, 62.58% of respondents were female and 37.42% were male.

Regarding years of work experience, nearly half of the respondents (46.45%) had less than five years of experience, while 30.97% had 6–10 years, and 22.58% had more than 11 years. This indicates that a significant portion of the workforce is relatively early in their careers, which may influence both workplace expectations and retention dynamics. For civil status, the largest group was married (54.19%), followed by single (40.65%), with smaller percentages identifying as separated (3.87%) or widowed (1.29%). Marital status may play a role in shaping nurses' job preferences and intent to stay, particularly in relation to work–life balance and stability.

These demographic characteristics provide important context for interpreting the perceptions of workplace support, job satisfaction, and intent to stay among the respondents.

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Table 2
Perceived Workplace Support and Job Satisfaction of the Respondents (N = 155)

Subscale / Item	M	SD	Verbal Interpretation
Work Environment and Job Satisfaction			
I enjoy the work environment I have in my current job.	3.59	.85	Agree
I can keep up with the hospital's practices.	4.10	.69	Agree
The workload we have is being distributed evenly.	3.15	.64	Neutral
Despite hierarchical roles, staff are treated with equal respect.	3.32	.95	Neutral
I find my job meaningful.	3.87	.97	Agree
The hospital offers opportunities for promotions.	3.45	.83	Agree
The hospital is equipped with the equipment needed to carry out our job properly.	3.43	.81	Agree
Category Mean	**3.56**	**.80**	Agree
Compensation and Incentives			
I'm being compensated fairly.	3.20	.80	Neutral
There are other benefits given besides the salary.	3.28	.95	Neutral
The hospital provides an increase in salary for well-performing nurses.	3.10	.96	Neutral
We are being compensated equally according to our position.	3.19	.84	Neutral
I'm satisfied with the amount of incentives I'm receiving.	2.87	.92	Neutral
Additional benefits for nurses are needed.	4.35	.82	Strongly Agree
The incentives we received are being used properly.	3.50	.88	Agree
Category Mean	**3.36**	**.95**	Neutral
Nurse–Patient Relationship			
I can communicate with my patients well.	4.35	.58	Strongly Agree
My patients are always cooperative.	3.55	.81	Agree
Building a nurse-to-patient relationship is easy.	3.65	.71	Agree
The difference in culture makes it hard to communicate with patients.* (reverse-coded)	3.49	.88	Agree
It is always fun meeting new patients.	3.78	.71	Agree
The patient always understands what I say.	3.25	.90	Neutral
I establish rapport with patients and relatives easily.	3.80	.76	Agree
Category Mean	**3.70**	**.75**	Agree
Professional Relationships and Support			
I'm being treated properly by my colleagues.	3.85	.90	Agree
My colleagues appreciate the work I put in.	3.82	.81	Agree
My colleagues correct my mistakes appropriately.	3.91	.82	Agree
I feel safe and comfortable around the people around me.	3.74	.80	Agree
My colleagues bring out the best in me.	3.80	.81	Agree
There is a supportive nurse's work system in our hospital.	3.65	.83	Agree
We respect each other despite the differences in our work position.	4.00	.93	Agree
Category Mean	**3.82**	**.85**	Agree
Overall Mean	**3.61**	**.82**	Agree

Note. *M* = Mean; *SD* = Standard Deviation. Verbal interpretations are based on the following scale: 1.00–1.80 = Strongly Disagree, 1.81–2.60 = Disagree, 2.61–3.40 = Neutral, 3.41–4.20 = Agree, 4.21–5.00 = Strongly Agree.

Table 2 presents the nurses' perceptions across four domains of workplace support and job satisfaction. Overall, the respondents rated their experiences positively, with an overall mean of 3.61, interpreted as *Agree*, suggesting a generally favorable perception of their work environment.

The highest-rated domain was Professional Relationships and Support (M = 3.82), indicating that nurses feel respected, appreciated, and supported by their colleagues. This finding is consistent with Galanis et al. (2024),

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who emphasized that strong interpersonal support enhances commitment and emotional well-being among nurses. According to Organizational Support Theory (Eisenberger et al., 1986, as cited in Kurtessis et al., 2017), perceived support from coworkers and supervisors can significantly influence employees' sense of value and loyalty, which may indirectly impact their intent to stay.

The Nurse–Patient Relationship domain also received positive ratings (M = 3.70), with nurses strongly agreeing that they communicate well with patients and find enjoyment in patient interaction. This aligns with Wong (2024), who found that meaningful patient relationships are a key source of job satisfaction among nurses, especially those early in their careers. However, one item—"The patient always understands what I say"—received a neutral rating (M = 3.25), possibly reflecting communication challenges due to language or cultural differences, particularly relevant in diverse clinical settings.

In contrast, the Compensation and Incentives domain had the lowest mean score (M = 3.36), interpreted as *Neutral*. While respondents agreed that new benefits are needed (M = 4.35), they were neutral or dissatisfied with current salaries, incentives, and equitable compensation. This supports findings by Alibudbud (2023), who noted that poor compensation remains a key factor driving nurse attrition in the Philippines. This also resonates with Herzberg's Motivation–Hygiene Theory, where compensation is considered a hygiene factor—its absence leads to dissatisfaction, even if other motivators are present (Bassett-Jones & Lloyd, 2005).

Finally, the Work Environment and Job Satisfaction domain received a moderately favorable rating (M = 3.56). Nurses agreed that their job is meaningful and that hospital practices are manageable, though they were neutral on workload fairness and workplace hierarchy. This partial dissatisfaction may reflect systemic issues like staffing imbalances or hierarchical tensions, which can contribute to stress and burnout if unaddressed.

In sum, while nurses in Bulacan's private hospitals generally perceive strong relational support and positive patient engagement, challenges in compensation and certain aspects of the work environment may hinder overall satisfaction. Addressing these gaps is crucial for developing comprehensive retention strategies.

Table 3.
Level of Nurses' Intent to Stay in Selected Hospitals in Bulacan (N = 155)

Item	M	SD	Verbal Interpretation
1. I want to remain in my current work facility and position.	3.12	0.99	Neutral
2. I want to remain in my current work facility but in a different position.	3.08	1.00	Neutral
3. I want to change my current work facility, but I'd like the same position in other hospitals.	3.05	1.05	Neutral
4. I want to change my current work facility and find a new position.	3.15	1.01	Neutral
5. I see myself in this working facility with the same position for the next 1–2 years.	3.00	0.98	Neutral
6. I see myself in this working facility with the same position for the next 3–5 years.	2.80	1.07	Neutral
7. I see myself in this working facility but in a different position for the next 1–2 years.	3.00	1.01	Neutral
8. I see myself in this working facility but in a different position for the next 3–5 years.	2.80	0.97	Neutral
9. I want to quit my job and change new career profession.	2.45	1.14	Disagree
10. I want to quit my job and be unemployed.	1.90	1.07	Disagree
Category Mean	**2.84**	**1.00**	Neutral

Note. M = Mean; *SD* = Standard Deviation. Verbal interpretations: 1.00–1.80 = Strongly Disagree; 1.81–2.60 = Disagree; 2.61–3.40 = Neutral; 3.41–4.20 = Agree; 4.21–5.00 = Strongly Agree.

Table 3 reveals that the overall mean score for nurses' intent to stay in selected private hospitals in Bulacan was 2.84, interpreted as *Neutral*. Most item-level responses also fell within the neutral range, indicating that nurses were generally undecided about remaining in their current facility or role over the short to medium term. Notably, the lowest-rated items—*"I want to quit my job and change to a new career profession"* (M = 2.45) and *"I want to quit my job and be unemployed"* (M = 1.90)—were interpreted as *Disagree*, suggesting that while nurses may not be strongly committed to staying, they are not actively planning to leave the profession either.

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These findings mirror the results of Sapar and Oducado (2021), who found that nurses in the Philippines often express moderate to low levels of intent to stay, especially in contexts where job satisfaction is neither high nor extremely poor. The current results also align with Savitsky et al. (2024), who observed that among novice nurses, intent to stay was more strongly associated with professional fulfillment and support from management, rather than compensation or workload alone.

Interestingly, Abdelhay et al. (2025) reported that transformational leadership and work–life balance significantly predict nurses' intent to stay, while compensation and career growth opportunities were less influential. This resonates with the present findings, where nurses' ambivalence may reflect a lack of deeper emotional and systemic support rather than active dissatisfaction. Moreover, as Manaloto et al. (2022) noted, affective and normative commitment among Filipino nurses may remain high despite weak continuance commitment—suggesting that emotional attachment to the profession may be sustained even when long-term retention in a particular institution is uncertain.

In sum, the neutral intent to stay reflects an underlying vulnerability in retention. Nurses are not actively seeking to exit the profession, but without stronger support systems, meaningful engagement, and transformational leadership, their commitment to staying within a specific organization may remain tentative. From the perspective of Organizational Support Theory, this neutrality may indicate that while nurses feel supported in interpersonal relationships, they may not perceive sufficient organizational commitment in structural areas such as compensation and workload. Without stronger signals of institutional support, their intent to stay remains tentative despite favorable day-to-day interactions.

Table 4
Pearson's Correlation Between Perceived Workplace Support and Job Satisfaction and Intent to Stay (N = 155)

Variables	*r*	*p*	Interpretation
Work Environment and Job Satisfaction	.165	.042	Significant
Compensation and Incentives	.044	.587	Not Significant
Nurse–Patient Relationship	.008	.921	Not Significant
Professional Relationships and Support	.119	.140	Not Significant
Perceived Workplace Support and Job Satisfaction (Overall)	.107	.185	Not Significant

Note. *r* = Pearson correlation coefficient. All correlations were tested using a two-tailed test. *p* values < .05 were considered statistically significant.

Table 4 presents the Pearson correlation coefficients between the four domains of perceived workplace support and job satisfaction and nurses' intent to stay. Among all variables, only Work Environment and Job Satisfaction showed a significant but weak positive correlation with intent to stay ($r = .165$, $p = .042$). This suggests that nurses who perceive their work environment positively and derive satisfaction from their job are slightly more likely to consider staying in their current hospital.

Although the correlation between work environment and job satisfaction and intent to stay reached statistical significance (r = .165, p = .042), the effect size was very small. Following Cohen's (1988) guidelines, correlations around .10 are considered small, .30 moderate, and .50 large. Thus, the strength of association here is negligible to weak, indicating that while work environment factors may influence intent to stay, their contribution is limited in practical terms. This finding underscores that statistical significance does not necessarily imply substantive impact. In this study, the weak correlation suggests that other unmeasured variables—such as career opportunities, external labor market conditions, or organizational culture—may play a more decisive role in shaping nurses' retention decisions.

This finding aligns with Sapar and Oducado (2021), who reported that job satisfaction has a direct, albeit moderate, influence on nurses' retention decisions. It also echoes the results of Manaloto et al. (2022), who found that organizational commitment—particularly affective commitment tied to workplace satisfaction—was a predictor of turnover intention.

In contrast, the other domains—Compensation and Incentives, Nurse–Patient Relationship, and Professional Relationships and Support—did not show statistically significant relationships with intent to stay. This result may seem counterintuitive given that nurses rated professional relationships and patient interactions favorably in Table 2. However, this discrepancy supports the theory that positive interpersonal experiences alone are insufficient to anchor

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long-term retention without systemic and structural support Abdelhay et al. (2025). This divergence suggests that while collegial support fosters day-to-day satisfaction, it may not outweigh structural concerns such as compensation and workload when nurses decide whether to remain in an institution.

The overall correlation between perceived workplace support and job satisfaction and intent to stay was also not statistically significant ($r = .107$, $p = .185$). This suggests that, collectively, the domains assessed may not have a strong linear relationship with nurses' decisions to remain employed at their current hospital. As supported by Savitsky et al. (2024), other factors—such as transformational leadership, personal fulfillment, and external career opportunities—may carry more weight in shaping long-term retention, especially among early- to mid-career nurses.

These findings highlight the complexity of nurse retention, where perceived satisfaction in one domain does not always translate into stronger intent to stay. Hospital administrators should look beyond general satisfaction measures and address targeted areas—like equitable workload distribution, transparent promotion paths, and supportive leadership—to foster meaningful retention outcomes. This finding aligns with Herzberg's Motivation–Hygiene Theory, which emphasizes that hygiene factors such as workload fairness and equitable policies are essential to prevent dissatisfaction. While motivators like collegial relationships enhance satisfaction, their absence does not necessarily cause attrition. In this study, structural conditions in the work environment carried more weight in influencing intent to stay, supporting Herzberg's distinction between hygiene factors and motivators.

Conclusions

This study examined the perceived workplace support, job satisfaction, and intent to stay among nurses in selected private hospitals in Bulacan. Results showed that while nurses rated professional relationships and nurse–patient interactions positively, compensation and workload distribution were less favorable. Among the four domains of workplace support and job satisfaction, only work environment and job satisfaction demonstrated a statistically significant but negligible positive correlation with intent to stay ($r = .165$, $p = .042$).

Overall, nurses' intent to stay remained neutral, reflecting ambivalence toward long-term retention. These findings highlight that although supportive work environments may influence nurses' commitment, the effect is minimal in practical terms. Structural factors—particularly equitable compensation and workload management—likely exert stronger influence than relational or interpersonal factors alone.

Given the non-probability purposive sampling, the findings are context-specific and should be generalized cautiously beyond the participating institutions. Nevertheless, the results emphasize the need for hospital administrators and policymakers to balance supportive interpersonal climates with structural reforms to strengthen nurse retention in private hospital settings. These findings reinforce Herzberg's Motivation–Hygiene Theory by demonstrating that while motivator factors such as collegial relationships and patient interactions contribute to day-to-day satisfaction, they are insufficient without strong hygiene factors like fair compensation and equitable workload distribution. Likewise, the results partially support Organizational Support Theory: although nurses perceived interpersonal support positively, this did not translate into intent to stay, indicating that institutional support must be demonstrated through structural and policy-level actions to effectively foster retention.

Recommendations

Based on the study's findings, the following recommendations are presented:

1. For Hospital Administrators:

Structural factors such as compensation and workload distribution should be addressed as a matter of urgency. Transparent and equitable salary systems, timely provision of benefits, and fair workload assignments are essential to enhance job satisfaction and foster stronger intent to stay among nurses.

2. For Nursing Managers and Supervisors (Short-Term, Ongoing):

Relational supports—such as respect, collaboration, and recognition—should continue to be nurtured in daily practice. However, these must be complemented by tangible improvements in work conditions to maximize their effect on retention.

3. For Policymakers and Healthcare Stakeholders (Medium-Term, Systems-Level):

Regionally benchmarked salary scales, developed under the oversight of the Department of Health and professional nursing associations, should be considered to reduce disparities across private and public institutions and reinforce fairness in the profession.

4. For Future Researchers (Long-Term Knowledge Building):

Further studies should examine additional predictors of intent to stay, such as leadership style, organizational culture, and professional development opportunities. Longitudinal or mixed-methods designs may capture changes

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over time and strengthen causal interpretations. In addition, qualitative approaches—such as focus group discussions or in-depth interviews—are recommended to uncover deeper motivational factors and contextual nuances that structured surveys cannot fully capture.

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