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MASTER OF ARTS IN NURSING

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**PERCEIVED PROFESSIONAL PRACTICE ENVIRONMENT, ORGANIZATIONAL
COMMITMENT, AND TURNOVER INTENTION AMONG NURSES IN A TERTIARY
GOVERNMENT HOSPITAL IN METROPOLITAN MANILA, PHILIPPINES**

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15 February 2026

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This Thesis of **DARLES LOUIE VALDEZ GOZE** titled: “**PERCEIVED PROFESSIONAL PRACTICE ENVIRONMENT, ORGANIZATIONAL COMMITMENT, AND TURNOVER INTENTION AMONG NURSES IN A TERTIARY GOVERNMENT HOSPITAL IN METROPOLITAN MANILA, PHILIPPINES**” is hereby accepted by the Faculty of Management and Development Studies, U.P. Open University, in partial fulfillment of the requirements for the degree **Master of Arts in Nursing**.

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Biographic Sketch

Darles is a mid-career professional who has focused on nursing and healthcare as his primary profession for the past eight years. He is currently working as a Nurse III – Staff Nurse at the Philippine Heart Center, Quezon City, Metro Manila, Philippines. A tertiary specialty government hospital that specializes in cardiovascular care. He is currently assigned to the Emergency Room and is working in Bagong Urgent Care and Ambulatory Service Center. He prioritizes patients, providing comprehensive, compassionate, and excellent care, and works well with the healthcare team, guided by the principles of healthcare ethics. He is then certified as Level 3 in Cardiovascular Nursing by the Department of Health Nurse Certification Program. This certification indicates that he specializes in Cardiovascular nursing, as evidenced by his competencies in accordance with the established standards for this specialty area.

He is fond of the ideology of lifelong learning in his profession, as he was introduced to it during his first degree. He earned a Bachelor of Science in Civil Engineering from the Mapúa Institute of Technology (now Mapúa University). He then took and passed the licensure examination for Civil Engineers and is a registered Civil Engineer. Then, he earned a Bachelor of Science degree in Environmental and Sanitary Engineering from the National University in Manila. Then, he took and passed the licensure examination for Sanitary Engineers and is a registered Sanitary Engineer. He took graduate units for the Master of Science in Industrial Engineering and Management at the Polytechnic University of the Philippines in Manila.

Furthermore, he earned a Bachelor of Science in Nursing at the Far Eastern University – Dr. Nicanor Reyes Medical Foundation. Then, he took and passed the licensure examination for Nurses and is a registered Nurse. He then took and passed the National Council Licensure Examination (NCLEX-RN) by the National Council of State Boards of Nursing in the state of Texas, United States of America, and is a registered Nurse in that state. He has completed his Master of Arts in Nursing with a major in Nursing Administration at the University of the Philippines Open University. He is open to further learning and looks forward to opportunities for advancement in his profession and in his next possible profession(s).

In his engineering career, he had led and managed construction projects for his own construction company. They centered on water supply and waterworks in Marikina and the province of Rizal, Philippines. Currently, he focuses on the nursing profession, which proved to be a blessing in disguise during the pandemic. From that, his perspective broadened, which led him to consider exploring the world further.

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Words cannot express my gratitude to my family and friends for their unwavering support, words of encouragement, and confidence in my ability to complete this research. To all those who have supported me on this journey, I am incredibly and genuinely grateful.

Dedication

This research work is dedicated to all nurses worldwide who remain in the profession with compassion, resilience, and dedication despite its challenges and adversities. Likewise, I may dedicate this work to Filipino nurses who have sacrificed their time in a healthcare organization to gain valuable experience. Let me share with you the ideals of nursing in this current hospital setting. Additionally, I would like to dedicate this work to the newly graduated nurses, who will gain valuable insights into the real world beyond their academic learning. To all nurses, may this work contribute to your growth and well-being as professional nurses.

I would also like to dedicate this research work to my family and friends, who have inspired and motivated me to achieve greater accomplishments and celebrate both minor and significant triumphs in life.

Abstract

Following the pandemic, many nurses continue to choose to work abroad and leave their local healthcare organizations, including the selected tertiary hospital. This can be attributed to their professional practice environment and organizational commitment. This study aims to correlate variables related to the demographic profile, perception of the professional practice environment, organizational commitment, and turnover intention among staff nurses in a selected tertiary hospital in Metro Manila. This study employed a descriptive, correlational, cross-sectional design. The participants (n = 355) were recruited through convenience sampling via an online poll. The tools used were a self-constructed demographic profile questionnaire, the Practice Environment Scale of the Nursing Work Index (PES-NWI), the Organizational Commitment Scale, and the Turnover Intention Scale (TIS-6). STATA 13.1 was used to analyze the data. Overall, perceptions in the professional practice environment and organizational commitment are inversely related to turnover intention ($p < 0.0001$), such that poor perceptions in the professional practice environment and deficient organizational commitment are associated with higher turnover intention among nurses, and vice versa. Furthermore, the demographic profile has influenced the professional practice environment and organizational commitment. The results suggest that if the professional practice environment and organizational commitment are not nurtured during the nurses' worthwhile stay in their healthcare organization, they may leave; however, if they are nurtured, they may stay longer.

Keywords: professional practice environment, organizational commitment, turnover intention, demographic profile, nurses.

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List of Acronyms

Abbreviations	Terms and Classification
ANCC	American Nurses Credentialing Center
BUCAS	Bagong Urgent Care and Ambulatory Service Center
CCU	Coronary Care Unit
COS	Contract of Service
COVID-19	Coronavirus Disease 2019
CV-Lab	Cardiac Catheterization Laboratory
ER	Emergency Room
IERB	Institutional Ethics Review Board
ISO 9001:2015	International Organization for Standardization Quality Management System Standard, Fifth Edition
MICU	Medical Intensive Care Unit
OR	Operating Room
PES-NWI	Practice Environment Scale of the Nursing Work Index
PICU	Pediatric Intensive Care Unit
PNA	Philippine Nurses Association
RN	Registered Nurse
SDG	Sustainable Development Goals
SICU	Surgical Intensive Care Unit
STROBE	Strengthening the Reporting of Observational Studies in Epidemiology
TIS-6	Turnover Intention Scale - 6 Questions

Chapter I

THE RESEARCH PROBLEM

Background of the Study

Leaving the work organization is a tough decision, as it will sever the source of income. The primary reason people leave their workplaces is often the leadership they encounter. It is not the money, the team, or even the workplace, but those who lead them (Savage, 2013, as cited in Thomas, 2019). Employee turnover is unavoidable when their personal and professional growth and health are compromised. However, what is turnover? According to O'Brien-Pallas et al. (2006), nurse turnover refers to voluntary leaving of an employment organization and will serve as the basis for defining turnover in this study.

Furthermore, in nursing, key factors contributing to turnover include nurse-to-job fit, nurse-to-supervisor fit, and job satisfaction (Amarneh et al., 2021). However, there is a direct predictor of turnover in any organization: turnover intention (Hom et al., 2017, as cited in Lazarri et al., 2022). Turnover intention refers to an employee's eagerness to leave a work organization for a specific period and is typically used to study employee turnover (Lazarri et al., 2022). Furthermore, Nurse turnover is already a significant issue for any healthcare organization. Nurses often leave their organizations for various reasons, including working in the same organization for almost 3 years, personal reasons, and inconvenient working conditions (Dewanto & Wardhani, 2018). Given the previously stated reasons and existing conditions that promote turnover, there is a need to take action to retain nurses and foster a strong commitment to the organization, rather than have them leave immediately. One way to take such action is to conduct this research to identify the reasons why nurses leave

their work organizations, and then, based on these findings, create new ideas and research agendas to promote nurse retention. According to Paguio and Yu (2020) and Jabonete et al. (2023) that there is paucity of studies that involve the nursing professional practice environment and limited to countries that have adequate resources that can address healthcare issues such as Australia, Belgium, Canada, Germany, South Korea, United Kingdom, and the United States of America (Paguio and Yu, 2020). Furthermore, studies related to nurse turnover are currently lacking in terms of professional practice environment, turnover intention, and organizational commitment (Adajar et al., 2022). Furthermore, there is a paucity of studies in the country that explore the relationship between the demographic profile and other factors (Navarro, 2022). The researcher may replicate some procedures in the research process by using tools to evaluate participants' responses in the study setting. Furthermore, this study will focus on respondents' perceptions of the professional practice environment in their organization and determine whether there is a relationship between demographic profile, organizational commitment, and turnover intentions, as found in previous studies. It will also investigate if these results are replicated in the selected study setting. Further, some studies do not say that such variables are not related to each other and do not affect each other, like the study of Huet (2022) says that demographic profiles do not have a relationship with the professional practice environment; but, Navarro (2022) says they have an association with each other. Then, Su et al. (2023) state that the professional practice environment is a predictor of organizational commitment; however, Asseeri and Seesy (2019) found that some subscales of the professional practice environment do not influence organizational commitment. Then, Lee and Lee (2022) reported a negative relationship between the professional practice environment and turnover intention;

however, Al Sabei et al. (2020) found that the professional practice environment is not a predictor of turnover intention. Although previous findings cannot be generalized, the researcher has been enthusiastically motivated to continue this study in the selected setting.

The study aims to investigate the relationships among perceptions in the professional practice environment, demographic profile, organizational commitment, and turnover intentions of nurses in the selected tertiary specialty government hospital. The perceived professional practice environment being studied can yield solutions and provide reasons for nurses to stay or leave the organization; these are the goals to accomplish to help nurse administrators improve or refine their policies on employee retention. The long-term purpose of the study is to promote a healthy and positive professional practice environment as a way of life in the selected tertiary specialty government hospital and to enhance staff nurse retention through organizational commitment.

In terms of Sustainable Development Goals (SDG) that has been adopted by the United Nations last 2015 and with the targets to be met in 2030 which aims to guarantee people that they live a life that is peaceful and fortunate (United Nations Development Program [UNDP], 2023), this study may be in line with those goals such as Goal 3, Goal 8, and Goal 9. Regarding Goal 3, "Good health and well-being," and one of its specific target areas, this study may impact human resource management and development in developing countries (UNDP, 2023). The Philippines is a developing country, recognized as a lower-middle-income country and as one of the emerging markets in the Pacific, boasting a world-class, driven workforce (United Nations Industrial Development Organization [UNIDO], 2023) and having a world-class nursing workforce that flees to other countries, leaving local organizations

burdened with a smaller workforce and reducing their capacity to provide healthcare services. This research may contribute to achieving the goal, particularly by retaining nurses, thereby ensuring adequate staffing and a highly functional healthcare institution. On Goal 8 which is called as "Decent work and economic growth" (UNDP, 2023), on one of its target which is the promotion of policies that develop workforce that will keep up productive work, creativity and modernization, this research may be applicable on such goal as it will give inputs for possible adjustment or creation of policy that will make the stay of staff nurses more worthwhile at the hospital making them productive and motivated to accomplish activities through the professional practice environment that is modern and have the creativity on retaining employees on the organization resulting to be high yielding and sufficient for all. On Goal 9, "Industry, Innovation, and Infrastructure" (UNDP, 2023), particularly innovation through scientific research, will lead to sustainable development. One of its target goals is to supplement scientific research in developing countries and promote innovation, reflecting this research work as an output that will enhance work productivity, nursing care, health promotion, and nurse retention through innovative means, thereby contributing to the country's sustainability.

Statement of the Problem

The Philippines is considered one of the providers of nurses around the world, wherein nurses are mobile to work in any country they desire to (Trines, 2018; Lorenzo, 2007; Tuppal, 2017, as cited in Lapeña et al., 2017; Cuevas et al., 2021; Bucham & Catton, 2020). The issue of nurses leaving the organization motivated the researcher to study, as many nurses in the Philippines, during and after the pandemic, are leaving their organizations to work in another one they prefer, or even leaving the country for various reasons. During the 2020 pandemic, the Philippines required approximately 300,000 healthcare workers, yet many continued to leave the country to work abroad. Consequently, the past President Rodrigo Duterte halted all healthcare workers from leaving the country (Almendral, 2020, as cited in Muir, 2020). In contrast, there has been an inspiration for nurses to leave the country in which according to Palaganas (2019, as cited in Cuevas et al., 2021), nurse leaders made a move to say that it is a constitutional right of nurses to seek work in another country, when such ban was implemented in healthcare to work abroad when the pandemic had hit on the country. Then, in 2021, more than 316,000 nurses were already working abroad (Beltran, 2023). Then, after the pandemic times in late 2022, the country needs more than 106,000 nurses (Lee-Brago & Romero, 2023), and in 2023, the country needs an additional 4,500 nurses due to immediate resignation of nurses to work abroad (Beltran, 2023), and there are more than 127,000 nurses needed higher than the previous years (Flores, 2024).

According to Jacobs (2005), there are three reasons why healthcare organizations in South Africa struggle to retain nurses. First, they lack the financial capacity to raise nurses' pay to levels comparable to those of their global competitors,

limiting their ability to influence the external environment. Furthermore, the foreign exchange rate attracts such nurses to work abroad, where they can earn higher incomes and avoid taxes in the Middle East. Second, open job opportunities in other areas and around the world prompt them to move, as they perceive better benefits and rewards in those locations, which, in turn, makes them less satisfied with their current work conditions. Third, globalization has paved the way for career enhancement, making nurses more open to better work experiences and acquiring the best expertise they can. This is reflected in the observation of nurses from developing countries migrating to developed ones.

Issues or reasons such as those presented by Jacobs (2005) may apply to the research setting, as they are evident in an organization that offers very low salaries compared to foreign competitors, as also noted by Alibudbud (2022). It is also true that the exchange rates for foreign currency in developed countries are also high which attracts nurses to accept the offer from such countries as they will earn more and provide a better life to their families in their home country and also help the national economy through their remittances which is also evident on Robredo et al. (2022), Lorenzo et al., (2005), and Elmaco (2022). Finally, many nurses are not content with their current settings and seek opportunities to work abroad, as evidenced by Robredo et al. (2022), Lorenzo et al. (2005), and Elmaco (2022).

It has been observed that staff nurses in the research setting have declined, with the majority leaving to work abroad over the past three years following the onset of the pandemic, according to exit interviews conducted by the hospital's human resources management officer. The staff nurses can also feel the said decline as they work for twenty four hours when needed, the nurse supervisor cannot provide a support manpower when there are lacking personnel (staff nurse) in a unit as there

are many units in the hospital, and there are many vacant positions for the staff nurses to be filled-up as when the hospital hire more nurses, still there are nurses who are leaving. As a consequence, having an inadequate staffing, the staff nurses who are left feel the burden as they feel the work to be heavier combined with the surge and demand of the patients to be seen, admitted, cared, and treated in the hospital, they feel that their colleagues (and physicians) have low harmonious working relationship with each other, and unwanted leadership of their nurse managers. This results in unfavorable working conditions. Furthermore, the working conditions of nurses, such as high-intensity workloads, longer working hours, and overtime, as well as disruptive and unprofessional behaviors from co-workers and physicians, and operational failures (including insufficient resources and equipment breakdowns), are directly connected to patient safety (Phillips et al., 2021). Thus, poorer working conditions or environments will compromise both nurses' and patients' safety, ultimately resulting in nurse turnover (Phillips et al., 2021).

Nurse managers are responsible for retaining their staff nurses. (Sainidis, 2021; as cited in Pattali et al., 2024) Moreover, it is considered the responsibility of the nurse administrator to provide a suitable environment for their staff, as outlined in the country's current code of ethics for nurses. Furthermore, one of the issues affecting nurses in the country is their working conditions, which is one of the reasons they leave the country, according to Mr. Miranda, the previous president of the Philippine Nurses Association (Ombay, 2023). If the staff nurses were in a place that have an impoverished professional practice environment they will leave the area or organization and look for different area or organization elsewhere that will fit them and it makes a factor for the nurse to work overseas which actually happens in the country (Labrague et al., 2017a; Labrague et al., 2018a; Labrague et al., 2018b; Castro-

Palaganas et al., 2017; as cited in Labrague, 2020). This then became a challenge for nurse administrators and nurses who were left in the organization. Thus, focusing on the professional practice environment will provide nurse administrators with an effective strategy for retaining nurses and reducing turnover intentions in their organization, and this study will aid them in this regard.

Objectives of the Study

In general, this study aims to examine the relationships among the demographic profile, perception of the professional practice environment, organizational commitment, and turnover intention of staff nurses in a tertiary specialty government hospital in Metropolitan Manila. Such information will be used in the future to inform factors that may have a direct association with professional practice environment, organizational commitment, and turnover intention, in which the hospital can use to optimize the training of nurse leaders, policy enhancement, development in nursing administration, and at long last enhance the professional practice environment, boost organizational commitment, and lessen turnover intention.

Specifically, it aims to answer the following research questions:

1. What is the demographic profile of the respondents of the study in terms of:
 - Age
 - Civil Status
 - Educational attainment
 - Duration as a Registered Nurse
 - Length of Service at the Hospital
 - Staff Nurse Designation
 - Unit Assignment

2. What are the respondents' perceived levels of professional practice environment in terms of:
 - Nurse Participation in Hospital Affairs
 - Nursing Foundations for Quality Care
 - Manager's ability, leadership, and support of nurses
 - Staffing and Resource Adequacy
 - Collegial Nurse-Physician Relations
3. What are the respondents' levels of organizational commitment in terms of:
 - Affective commitment
 - Continuance commitment
 - Normative commitment
4. What is the respondents' level of turnover intention?
5. Is there a correlation between perceived professional practice environment and turnover intention?
6. Is there a correlation between organizational commitment and turnover intention?
7. Is there a correlation between perceived professional practice environment and demographic profile?
8. Is there a correlation between perceived organizational commitment and demographic profile?
9. Is there a correlation between the turnover intention and demographic profile?

Significance of the Study

Nurse administrators

The study will contribute to nursing administration and hospital policymakers by providing data that may offer solutions to reduce turnover and increase staff nurses' and other employees' organizational commitment. It will also examine the potential benefits of a healthy, positive professional practice environment following the pandemic. The results of this study will help nurse administrators understand the factors that influence employee commitment and retention within their work organizations (Ramalho et al., 2018). They may develop programs and implement administrative solutions to reduce staff nurse turnover and foster a positive environment that encourages nurses to remain for more extended periods, as indicated by this study.

Nursing education

When the professional practice environment, organizational commitment, and turnover intention are analyzed in this study, the results will provide potential benefits for use, as this research may produce information. The study will present evidence that can be incorporated and consolidated into nursing education, training, and development through evidence-based practice, thereby enhancing knowledge of the topic and inspiring or motivating registered nurses to maintain a healthy, positive professional practice environment and to be knowledgeable about organizational commitment and turnover intention.

Nurses

This study will contribute to nurses' understanding of other factors that may influence staff nurses' decisions to stay or leave their organization, based on their perceptions of the professional practice environment, organizational commitment, and turnover intention. Furthermore, they may be aware of how to be committed to the organization they work for. Finally, they may see what a healthy and positive professional practice environment is and appreciate its essence by realizing what kind of professional practice environment must be and what they would feel if such an environment is observable in their work area, which will contribute to their commitment and intention to stay with the healthcare organization they are employed by.

Stakeholders and patients

This study may contribute to stakeholders' and patients' knowledge by providing basic information on turnover intention and organizational commitment, as well as the professional practice environment as perceived by staff nurses in the research setting. They may gain ideas on how this could be applied to their own organization, unit, community, or family, and understand the essence of the study's outcomes. Finally, the outcomes of this study may contribute to quality of care outcomes for the patients when solutions to enhance retention of nurses in the hospital through promotion of a healthy and positive professional practice environment and organizational commitment, based on the results of this study, specifically on the levels of perceived professional practice environment, organizational commitment, and turnover intention of the nurses. Thus, they may develop best practices based on evidence generated from this study.

Hospital

This study may benefit any healthcare organization in the country, whether it is privately or publicly owned. These institutions may be given the highlight of the perception of the professional practice environment, organizational commitment, and turnover intention of the staff nurses of the research setting, and possibly see opportunities for promoting a healthy and positive professional practice environment, improving the organizational commitment, and decreasing the turnover intention of such employees in their organizations. Hence, as they understand the importance of this, they may design programs that promote a healthy, positive professional practice environment and organizational commitment, and prevent turnover intention not just for nurses but for all their staff, wherever possible, through evidence-based practice. They may create best practices from the data produced in this study.

Industry

This study may provide insights for other industries that research perceptions of professional practice environments, organizational commitment, and turnover intentions. This may be one of the resources that contribute to their decisions and solutions for promoting a healthy, positive professional practice environment, improving organizational commitment, and reducing staff turnover intention within their organization.

Research

The perception of the professional practice environment, organizational commitment, and turnover intention of staff nurses in the research setting have not been established as tools for retaining them. Thus, this study will help reveal facts and

new information that may serve as a basis for retaining nurses in the research setting. This study may contribute to future researchers conducting similar studies and the development of such studies for evidence-based practice. Finally, this can serve as a basis for future research on implementing and promoting a healthy, positive professional practice environment, fostering organizational commitment, and preventing turnover intention across various settings, including research settings.

Scope and Limitation of the Study

The study will focus on staff nurses' perceptions of the professional practice environment, organizational commitment, and turnover intention at the selected study site. It will demonstrate how a perception of a healthy and positive professional practice environment can benefit an organization in retaining nurses. The study may also reveal the latest trends in the aspirations and decisions of such nurses regarding their continued presence in the research setting after the pandemic. Actual promotion through solutions and their implementation in the professional practice environment, as well as organizational commitment and the prevention of turnover and turnover intention, are not addressed in this study.

Nurses in administrative positions are excluded from the study, as they may have additional work responsibilities and varying reasons for staying in their work organization (Ogashi, 2019; Warden, 2019; Warden et al., 2021). This study will use non-probability sampling and may not yield a representative sample of the study site. Furthermore, despite its inapplicability to nurses nationwide, this study may yield findings that the research setting can use to address nurse retention in terms of professional practice environment, organizational commitment, and turnover intention.

Chapter II

THEORETICAL BACKGROUND

Review of Literature

Many nurses and other healthcare workers opt to leave the country for better opportunities, as they struggle to thrive in their current work situation, which has been further complicated by the recent COVID-19 pandemic (Aspinwall, 2020). Furthermore, there are many work offers available outside the country, which makes them more attracted to better working conditions (Buchan & Catton, 2020). Recently, more than 316,000 nurses have already left the country (Beltran, 2023). Moreover, such nurse movement has already been halted to prevent a shortage of nurses in the country (Olalia, 2021). The administrators of healthcare institutions can control such unwanted working conditions, but as of the moment, it is not evident. According to Mendoza (2021), if the situation continues, the country may lose more healthcare workers in the coming months, thereby reducing the capacity of healthcare institutions.

Burnout is a primary reason why nurses are leaving their organizations. (Rudman et al., 2014). Furthermore, nurses often leave their organizations for various reasons, including working in the same organization for almost 3 years, personal reasons, and inconvenient working conditions (Dewanto & Wardhani, 2018). Making them stay is a challenge, and according to Carter et al. (2019, as cited in Tian et al., 2020), the goal of reducing turnover stems from the higher cost turnover imposes on the organization's compensation costs compared to retaining employees.

There are healthcare organizations that can maintain the nursing workforce sufficiency and many of those have Magnet® designation by the American Nurses

Credentialing Center (ANCC) which are mainly on the United States of America that are being favored by registered nurses who applies to work as studies say such healthcare organizations have better nursing environment combined with much better work satisfaction and healthier patient prognosis (Ponte & Luzinski, 2012; Goode et al., 2011; Kramer & Schmalenberg, 2012; Aiken et al., 2000, as cited in Gu and Zhang 2014; Frise et al., 2015). With such impressions and considering that Filipino nurses are so many in the United States of America wherein they compose 1 out of 20 registered nurses (New American Economy Research Fund, 2020; United States Census Bureau, as cited in Nazareno et al., 2021), these can be the significant reasons that such work environment from such settings must be recommended to be adopted in the research setting or even at any healthcare organization in the country.

At the healthcare institution where the researcher is working, the decrease in the nursing workforce is felt as the workload becomes heavier due to the influx of patients rejected by other hospitals due to full capacity and limited staffing. Recently, it has been observed that nurses leave the hospital where the researcher works every month. It is also compounded by the administrator's unwanted leadership behavior, leading nurses to consider leaving the hospital. In accordance, Hedberg and Helenius (2007) suggest that leaders and their leadership skills can influence their staff's retention by fostering a culture of belonging. Such a culture can also encourage staff to leave their organization. Thus, the most significant focus is on management or managers, because employees leave their managers, not the company itself (Hedberg & Helenius, 2007; Rao et al., 2018).

Furthermore, employees who frequently leave their workplaces often cite inadequate leadership as the reason (Jeong, 2019; Reina et al., 2018). Furthermore, it has been found that a nurse manager's leadership style is directly related to nurse

turnover. Thus, a nurse manager must employ a leadership style that encourages nurses to remain on their unit or workplace and fosters a positive, collaborative environment. One such style is transformational leadership (Magbity et al., 2020). Further, there has been a unit where a massive turnover happened due to a stressful work environment. In light of these issues, the researcher aims to discuss this topic to identify the reasons nurses leave, focusing on their perceptions of the professional practice environment, the strength of their organizational commitment, and their intention to experience turnover.

The country experiences a shortage of nurses, which the Philippine Nurses Association (PNA) has enumerated various reasons for through their position paper published in July 2023 (PNA, 2023). These reasons are: 1. Many opt to work in business process outsourcing companies, 2. There are better work compensation options related to the profession, but outside of clinical work, individuals may also, 3. venture into their own business enterprises, 4. pursue other professional degrees and related fields, such as medicine and dentistry, among others, and 5. opt to emigrate overseas. Furthermore, deeper reasons why such nurses emigrate are: Filipinos are still the preferred in the healthcare industry especially in nursing and some already gave scholarships to the students while on their schooling for the bachelor's degree in nursing and be recruited to work after becoming a registered nurse to work abroad, nurses who leave on clinical duties felt and observed mediocre working conditions, inequitable pay, indecent work treatment, and finally their families coerce them to work abroad for better remuneration. In the latest PNA position paper (2025), the number of nurses practicing the profession was identified and categorized into three groups. The first set indicates that there has been a surplus of nurses, but they do not work in healthcare organizations. The second set shows that many

registered nurses do not practice the profession. The third set shows that many passed the nurse licensure examination, resulting in a surplus of such nurses. In these three sets, it has been shown that many registered nurses work overseas, in non-clinical healthcare organizations, and ultimately leave the profession. This results in a shortage of nurses. They say the main reasons registered nurses leave the country to work abroad are: a better working environment and a higher income, dissatisfaction with their work and an unfulfilling career, and the fact that Filipinos are highly sought after in the nursing profession worldwide. As a result of the shortage of nurses, healthcare organizations are heavily burdened, with less access to healthcare services in rural areas of the country, and the quality of healthcare services is deteriorating (PNA, 2025). In accordance, they propose solutions to make registered nurses stay in the country and work in local healthcare organizations by: enhancing the compensation and benefits, ameliorating their workplace conditions, financing the education of nurses, nurture professional growth, advancement of healthcare infrastructure, and have strategies to put into action in retaining nurses (PNA, 2025). These solutions may encourage Filipino registered nurses to return to the local healthcare industry and local communities (PNA, 2025).

The researcher realized that he could also leave his current organization and join another organization anywhere in the world. Thus, the commitment to stay in the organization has been low. It may be due to reasons such as becoming a floater as assigned to other clinical units to fulfill workforce inefficiencies due to the pandemic and after the pandemic there has been a continuous nurse turnover which results in a more stressful environment and dissatisfaction as also seen in the study of Perez (2014) and feeling of least management support as also seen on the studies of Sodeify, et al (2013), Tuckett, et al (2014), and Robaee (2018). Moreover, through the

influence of peers in the work area who had already processed work-migration papers, the researcher saw an opportunity to follow, as noted in the study by Cuevas et al. (2021). However, after the pandemic, the researcher is still committed to staying in the present work organization as he realized that this study gave him an idea to be more committed to such and enhanced his commitment by joyfully enjoying his work, feels that he contributes something to the organization, and is accepted through his capabilities and expertise in nursing.

Professional Practice Environment

The work environment refers to the conditions in an employee's immediate surroundings that influence their job performance (Hurley et al, 2000; as cited in Haerofiatna et al., 2021). In research studies, the work environment is also considered a professional practice environment, encompassing job features and work conditions that support professional practice (Norman and Sjetne, 2017; as cited in Navarro, 2022). Thus, in this study, the term 'professional practice environment' will be used to refer to the work environment. A positive, healthy professional practice environment is ideal for workers in any organization. A healthy professional practice environment entails safety, empowerment, and satisfaction (Wei et al., 2018). Then, according to Lake (2002), a beneficial nursing practice environment assures that there is an autonomy on their profession, have an adequate nurse to attend patient necessities, have a participatory management that involves decision making, have a harmony on the different professionals of the healthcare team, continuous professional development, have the essential leadership, conducive management, and recognition of nurses' position in the healthcare organizational structure. Furthermore, according to Lake (2007, as cited in Al Sabei et al., 2020), a positive nurse professional practice

environment promotes individuals working to the highest potential within their scope of professional practice, enabling them to work collaboratively with the healthcare team and utilize resources promptly. In simpler terms, an environment that is advantageous for the practice of nursing (Gutiérrez-Fernández et al, 2024).

Improving the professional practice environment to make it healthy is the foremost issue and problem for nurse administrators (Gu & Zhang, 2014). They must be equipped with problem-solving skills and references for best practices to manage it effectively (Allah et al., 2020). Furthermore, in addressing the challenges posed by an unsuitable professional practice environment, actions may be needed beyond those of nurse administrators, such as collaborations with government agencies, legislators, policymakers, and professional nursing organizations (Falguera et al., 2021). Further, having an impoverished professional practice environment will make nurses leave the organization, and it makes a factor for the nurse to work overseas, which actually happens in the country (Labrague et al, 2017a; Labrague et al, 2018a; Labrague et al, 2018b; Castro-Palaganas et al, 2017; as cited in Labrague, 2020). Furthermore, the quality of the professional practice environment affects nurse retention (Al-Maaitah et al., 2018; Al Maqbali, 2015; Fallatah et al., 2017, as cited in Al Sabei, 2020). Thus, those who work in a conducive professional practice environment will experience a decrease in turnover intention and burnout and have a better perception of their caring quality (Van Bogaert et al., 2013; Wan et al., 2018, as cited in Al Sabei, 2020). Locally, healthcare organizations establish initiatives to retain nurses, with a primary focus on a positive working environment (Cabusora, 2025). This may lead to increased job satisfaction among nurses and encourage staff nurses to remain in the healthcare organization for a more extended period (Cabusora, 2025). Finally, regarding retention studies, professional practice environment and its

relationship to turnover intention are the most frequently studied topics (Al Sabei, 2020).

Measuring Professional Practice Environment

The instrument used in this study to measure the professional practice environment is the Practice Environment Scale of the Nursing Work Index (PES-NWI). It was created by Lake in 2002 to gather information on nurses' perceptions of their work environment (Ali, 2023). This scale originated from interviews with nurses in forty-one (41) magnet-designated hospitals in the United States of America (Lake, 2007). The study of the practice environment originated in the 1990s and has grown significantly since then (Lake, 2007). One instrument that has been utilized and found useful is the PES-NWI (Lake, 2007). Its subscales are based on the factors identified in the Nursing Work Index data from a 1986 sample of staff nurses from the original magnet hospitals (Lake, 2002). Further, it is the instrument that has a sole score reference from the original and the American Nurses Credentialing Center (ANCC) Magnet hospitals. (Lake, 2002; Lake and Friese, 2006; as cited in Lake, 2007)

It has five subscales, each based on its theoretical explanation of the items within it. It comprises 31 items across the subscales (Lake, 2002). The first subscale is titled "*Nurse Participation in Hospital Affairs.*" It shows the role of the nurse who is participative in the hospital and the nursing service's ventures (management of its business and risk, decision and policy making, and councils/committees), has the possibility for betterment, has an open and responsive nursing administration, and recognizes an influential, noticeable, and approachable nurse executive (Lake, 2002). The second subscale is titled "*Nursing Foundations for Quality Care.*" It is an example

of nursing care that incorporates an extensive nursing ideology (rather than a medical approach) and demonstrates clinical care competency (Lake, 2002). The third subscale is called "*Nurse Manager ability, leadership, and support of nurses.*" It highlights the leading and vital role of the nurse manager and how the nurse manager supports their subordinates (Lake, 2002). The fourth subscale is called the *Staffing and Resource Adequacy*. It will indicate whether there are sufficient nursing staff and aid to assist expedients in providing quality nursing care to patients (Lake, 2002). The fifth subscale is titled "*Collegial Nurse-Physician Relations.*" It is the smallest subscale. It highlights the heartening professional relationship between nurses and physicians (Lake, 2002). It represents the nurse's yearning for a cooperative relationship with physicians, as shown in Magnet hospitals (McClure et al., 1983; as cited in Lake, 2002). Finally, such a tool is used to evaluate nurses' effectiveness in meeting the accreditation standards of the Joint Commission International (*formerly the Joint Commission on Accreditation of Hospitals*) (The Joint Commission, 2009; as cited in Amaral et al., 2012).

Organizational Commitment

Organizational commitment is an employee's preference to stay in the organization they work for (Stephens, 2016). It was developed by the American sociologist Becker, who explained that it is a psychological state in which workers devote themselves to their organization and advance by investing their energy in it for a long time (Ghosh and Swamy, 2014; Li et al., 2021). It is a sense of psychological belonging that they feel, which in turn leads them to commit to such an organization (Allen and Meyer, 1996; Meyer et al., 1993; García-Rodríguez et al., 2020). In a more

profound sense, it is the acknowledgement, attachment, and affirmation of every person or staff member in their working organization and its strategic approaches to meet its goals, combined with enthusiasm and purpose to stay in that organization (Porter et al., 1974; Saridakis et al., 2020; Bell & Sheridan, 2020). From the nursing vantage point, it is the receptiveness of the nurse to reach the healthcare organizational goals, such that it may decline their turnover intention (Labrague, 2018; as cited in Pham et al., 2024) and upgrade safe and quality patient care (Lofti et al., 2018; as cited in Pham et al., 2024). Moreover, organizational commitment is the relationship between staff and their work organization, as it influences workers' determination to remain in that organization (Sheldon, 1975; Wei et al., 2021). As a result of organizational commitment, staff show their attitudinal and behavioral loyalty to their organization (Yao et al., 2019; Ruiz-Palomo et al., 2020). Further, committed employees improve their work performance and efficiency and reduce their intentions to leave their organizations (Kim et al, 2017; Shafiq and Fatima, 2016; Farooqi et al., 2020; Mathieu and Zajac, 1990). Then, they will have a strong aspiration to remain in the organization (Choi, 2016; Kwon, 2019). Furthermore, organizational commitment has been an important factor in interpreting employee behavior and the success of the working organization, and its neglect can be detrimental to the organization (Rahmanzade et al., 2014; Seyedghibi & Borhani, 2014; Naghneh et al., 2017). Further, it can be detrimental, leading to high turnover costs, low organizational performance, and the use of complex, rigid control processes within the work organization. (Shirzad, 2012; Naghneh et al., 2017) Lately, organizational commitment has become a topic of interest in academic research. (Silva and Dias, 2016; Rawasdeh and Tamimi, 2020) However, the study of organizational commitment among nurses began in the 1970s, when it originated (Al-Haroon and Al-Qahtani, 2022). Thus, it will

benefit nurses at all levels by showing how they perceive organizational commitment within their organizations, which may influence their stay.

Traditionally, organizational commitment was measured along a single dimension (Mowday et al, 1982; Mowday et al., 1979; Fu et al., 2009). However, according to Meyer and Allen (1997), there are three components of organizational commitment. Such parts show the worker's psychological needs and wants, associated with the organization itself and with organizational commitment as the worker's attitude, and they can be consistent with each other (Solinger, 2008, as cited in Haque et al., 2021). When combined, this shows the psychological state of employees or workers. (Meyer and Allen, 1991, 1997; Somers et al, 2019; as cited in Haque et al., 2021). First is *Affective commitment*, which shows how the employee identifies with, gets involved in, and feels sentimental loyalty toward their work organization (Stinglhamber et al., 2002). Employees with high affective commitment will continue working in their organization because they want to (Meyer & Allen, 1991). It results in outrageous employee retention and work performance (Rhoades and Eisenberger, 2002; as cited in Haque, 2021). It is primarily expressed as a worker's psychological attachment to their work organization through sharing the feelings of fidelity, endearment, warmth, kinship, affection, joviality, and satisfaction (Haque et al, 2019; Jaros et al., 1993 as cited in Haque et al., 2021). From a nursing perspective, it is the nurse's sense of identity and belonging within their profession or organization (Chang et al., 2024). Second, is *Continuance commitment*, which pertains to commitment that focuses on the economic and societal costs perceived when leaving the work organization (Meyer & Allen, 1997). It shows the need rather than the want to stay in the organization (Haque et al., 2021). Further, it may be realized that the cost of leaving the organization is at stake rather than a psychological reason (Haque

et al., 2021). In simple terms, according to Thrassou et al. (2020), it is the recognition of expenses when leaving the organization (Serhan et al., 2022). According to Philip and Medina-Craven (2022), it is the reason to stay due to the fear of financial and occupational decline. From a nursing perspective, the nurse feels a commitment to staying because he or she recognizes the benefits of continuous presence over leaving (Chang et al., 2024). Third is the *Normative commitment*, which pertains to workers' desire to remain in the work organization (Meyer & Allen, 1991). It is the employee's consideration to do the same in return for their work organization (Meyer and Allen, 1991, 1997). It is the perceived responsibility or obligation to their work organization (Haque et al., 2021; Philip and Medina-Craven, 2022). Further, it is the employee's sense of obligation to their organization, regardless of the organization's long-term reputation and accomplishments (Mallat et al., 2020; Dey, 2012; as cited in Serhan et al., 2022). From a nursing perspective, it is the nurse's obligation to remain dedicated to their organization or profession (Chang et al., 2024). Employees with a zenith normative commitment believe they perform morally and appropriately in their work organization (Meyer and Allen, 1991).

Traditionally, organizational commitment was measured along a single dimension (Fu et al, 2009; Mowday et al, 1982; Mowday et al, 1979). However, according to Meyer and Allen (1997), three parts make up organizational commitment. These are affective, continuance, and normative commitment. Each of the parts will show if the employee intends to stay or not on their working organization (Simo et al, 2014; as cited in Bonds, 2017), their reasons why would they stay on such (Fuchs, 2012; as cited in Bonds, 2017), and understand the relationship between organizational commitment and turnover intention (Bonds, 2017), and other possible variables such as the perception on transformational leadership. Measuring

organizational commitment in one dimension known as Porter's Organizational Commitment Questionnaire (Mowday et al., 1979) as previously stated only measures affective commitment; but, Allen and Meyer critiqued the questionnaire of Porter and seen that affective commitment and normative commitment correlates on such questionnaire of Porter and the continuance commitment is independent from such questionnaire (Meyer & Allen, 1991; Ellonen, 2020). Thus, exploring the whole area of organizational commitment. However, in the Asian-origin context, Allen and Meyer's questionnaire has been less frequently used than Porter's, as seen in the research of Liou et al. (2013). Further, Liou et al. (2013) observed that there can be a bias when such questionnaires are translated into Asian languages; thus, the need to retain the questionnaires in their original language, English. Furthermore, such questionnaires, either Allen and Meyer's or Porter's, exhibit strong psychometric properties, as they can assess nurses' organizational commitment and relate to turnover intention (Liou et al., 2013).

Turnover Intention

Staff will inevitably leave any organization over time, and before they do, they should have initially expressed their intention to turnover (Oluwafemi, 2013; Rawasdeh and Tamimi, 2020; Oh and Chhinzer, 2021). According to Kilańska et al. (2020, as cited in Kunjavara et al., 2024), turnover intention is expressed as intention to stay, intention to leave, intention to quit, risk of quitting, and job retention intention in several studies. Turnover intention is a person's intention to leave a working organization, taking with them their valuable experiences, such as expertise, competence, and proficiency (Al-Hussami et al, 2014; Magbity et al, 2020). Thus, a propensity to leave

the work organization (Xu et al., 2018). According to Islam et al. (2013, 2018), turnover intention is the last perceptual action before taking action to have turnover. It is the determination to leave the job or company (Edwards-Dandridge et al., 2020). It also refers to a career change due to unsatisfying work (Lutgen-Sanvik et al., 2007; Kim et al., 2019). Further, turnover intention is a direct representation of employee turnover behavior (Hayes et al., 2012; Bothma and Roodt, 2013; Zaheer et al., 2021). According to Mobley's turnover theory (1977), turnover intention begins when a person is dissatisfied with what is happening at work and starts looking for activities that will substitute for that work (Gebregziabher et al., 2020). Nurses who experience repetitive stress, workplace incivility (whether from patients, co-nurses, or supervisors), and burnout have a direct relationship with turnover intention (Topa and Moriano, 2013; Rudman, Gustavsson, and Hultell, 2014; Aljohani and Alomari, 2018; Kanitha and Naik, 2021). High turnover rates in nursing within a healthcare organization will pose high costs that require critical scrutiny (Duffield, 2014; Edwards-Dandridge et al., 2020; Amarneh et al., 2021). Such turnover may also lead to poor work productivity and nursing care (Hayes et al., 2012; North et al., 2013; Labrague et al., 2018). There are other aspects that nurses have to deal with that contribute to turnover in their work, such as poor working relationships with co-workers, managers, and physicians, and low leadership support (Lee et al., 2013; Hayward, 2016; Labrague, 2018). There has been studies saying that having a baccalaureate degree in nursing prevents turnover intention on a nursing unit and having a master's degree in nursing promotes turnover intention on an intensive care unit; but having a baccalaureate degree will be less likely to stay than those who have lower education background (Kovner et al., 2009; Fitzpatrick et al., 2010; Kovner et al., 2016; DiMattio and Spegman, 2019). Further, those nurses who work on rotational shifts and have less than five years of working

experience are likely to have turnover intention (Kim et al., 2019). Nurses who remain in the hospital or work organization due to turnover will be negatively affected by low morale and heavy workload, which can lead to planning to achieve the goal of providing the utmost care to patients (Price and Mueller, 1981, as cited in Wubetie et al., 2020). These latter issues exhibited may also lead to turnover intentions among the remaining employees (Zimmerman et al., 2008; O'Brien-Pallas et al., 2010; Zaheer et al., 2021). However, Oh and Chhinzer (2021) stated that turnover intention is different from turnover behavior because even if the employee has an intention to leave, they still stay in the organization, and the intention can be reduced if the company provides support and has other factors like using transformational leadership on such employees. The same goes for Rubenstein et al. (2018) and Vardaman et al. (2015). Further, turnover intention must be considered a predictor of turnover behavior (Rubenstein et al., 2018). This will benefit nurses at any level in how they see themselves within their work organizations in the years ahead.

Demographic Profile

Demographic data are interconnecting characteristics of a population, including birth, death, emigration (which explain population growth), age, gender, and geographical dispersion (which explain population subdivision or genetic variation due to population mixing) (Tellier, 2014). These data are independent variables because no manipulation can be done. Respondents must report it when answering the demographic profile section of the tool. The questionnaire for such data should be placed at the end of the tool, as it may bias respondents' answers to the study's central questions. Further, respondents must understand that data collected individually will

be treated as confidential and reported in groups (Lee & Schuele, 2010). According to Connelly (2013) and SurveyMonkey (2022), the respondents' demographic data provide background information on the study participants. Moreover, data gathered must be relevant, describe the whole sample of respondents, and be able to influence the study. According to Hammer (2011), the demographic information that must be acquired at a minimum is: age, sex or gender, ethnic association, socioeconomic background, educational status, and spoken languages. In addition, other data important to the study must be included, as they can lend significance to the results (Hammer, 2011; American Psychological Association, 2010; Beins, 2009). Having such data may show differences in every respondent, unless a hypothesis has been proven that there is no difference in such data. Finally, the researcher may make generalizations based on the data and, by further analyzing it, may create research gaps in the field of study (Hammer, 2011).

In Garces's (2024) study, the demographic profile has been treated as an intervening variable. The independent variable exists and results in, or causes, a dependent variable (APSAVideos, 2024). Thus, the intervening variable, the demographic profile, has established a link between the independent variable (knowledge and attitude) and the dependent variable (compliance with preventing pressure injuries) in the research by Garces. Initially, the profile focuses on gender, educational attainment, length of service at the hospital, and training status regarding the prevention of pressure injuries. According to Garces (2024), such a profile is similar to that of Yunita et al. (2023, as cited in Garces 2024), which includes age, educational attainment, salary, and position. Further, Garces' (2024) study illustrated that, although very minimal, variables such as mobility or knowledge of moving the patient to prevent pressure wounds are related to length of service, beyond other demographic profiles.

Then, the nurse's participation in training and compliance with ulcer prevention are significantly related, as the length of service and training in preventing pressure ulcers are significantly related to demographic profiles (Garces, 2024).

In Garganera's (2023) study, the demographic profile is considered a confounding variable. A confounding variable may either affect the independent and dependent variables or may even lessen the effect of the independent variable on the dependent variable (Tulchinsky & Varavikova, 2014). The independent variable is the practice environment, and the work engagement is the dependent variable. In this study of Garganera (2023), the majority are between 31 and 40 years old, female, married, have a bachelor's degree, Filipino, and other nationalities working in the hospital, Staff Nurse 2 or senior nurse, came from the adult cardiology ward, and worked for 5 to 10 years. In terms of association, age and years in the current work unit show a weak correlation with work engagement, particularly in vigor and dedication (Garganera, 2023). Also, those aged 41 to 50 years have high dedication and absorption, and those aged 51 and above have high vigor in work engagement (Garganera, 2023). Then, staff nurse 1 or junior nurses have high vigor and dedication but show the same level of work engagement as staff nurse 2 or senior nurses (Garganera, 2023).

In Del Rosario's (2023) study, the demographic profile was found to have a weak relationship with the caring behaviors as perceived by patients and nurses, whereas the direct relationship between those variables is not particularly strong. Some findings from the study include that 69.2% of participants are female, indicating that women dominate the nursing staff; the age group 35-44 is composed of experienced nurses with honed skills in their work areas; and that qualified staff nurses have bachelor's degrees (Del Rosario, 2023).

In the study by Lim-Masaga (2023), the nurses' civil status shows a significant relationship with incident recording and evaluation. Such results are supported only by studies involving married participants, indicating that married participants show better teamwork and commitment to safety. Thus, to be safe at work and have better teams, most staff must be married.

Relationship of Professional Practice Environment to Turnover Intention

Regarding retention studies, the professional practice environment and its relationship to turnover intention are the most frequently studied topics (Al Sabei et al., 2020). Also, according to Sheng et al. (2023), studies on the work environment and turnover intention have become a focus for nurse administrators. In Lee and Lee's (2022) study, a negative correlation was found between the nursing work environment and turnover intention. Then, Ying et al. (2021) found that a disadvantageous practice environment is a strong predictor of the intention to leave among critical care nurses. Thus, a healthy environment will encourage nurses to remain in their current positions and may encourage other nurses to join their workforce (Ying et al., 2021). In the study by Wan et al. (2018), the work environment is positively associated with lower turnover intention, suggesting a significant direct effect on turnover intention. In simpler terms, the work environment is a factor in nurses' turnover intentions (Wan et al., 2018). Further, the work environment negatively predicts turnover intention among nurses: when they have an impoverished work environment, they are more likely to leave their work organization; similarly, a better work environment is associated with lower turnover intention (Sheng et al., 2023). In the study of Tan et al. (2024), it was found that the nursing practice environment has a positive association with intent to stay in

long-term care nursing, which is in accordance with other previous studies (Aiken, 2008; Cortelyou-Ward et al., 2010; as cited in Tan et al, 2024). In the study by Li et al. (2019), a high-level nursing work environment was found to be positively associated with lower turnover intention, whereas a nurse work environment was negatively associated with higher turnover intention. In the study by Alenazy et al. (2023), the nursing practice environment is a predictor of turnover intention, consistent with previous studies (Rashid et al., 2016; Papathanassoglou et al., 2012; Georgiou et al., 2017, as cited in Alenazy et al., 2023). According to the study by Al Sabei et al. (2020), the professional practice environment is not a significant predictor of turnover intention.

Relationship of Organizational Commitment to Turnover Intention

Organizational commitment is considered one of the distinct criteria for turnover intention (Alamri and Al-Duhaim, 2017; Nei et al., 2015; Silva and Dias, 2016; Wei et al., 2021). Committed employees improve their performance and reduce their intentions to leave their organizations. (Mathieu and Zajac, 1990; Kim et al., 2017) According to Lu et al. (2013, as cited in Wei et al., 2021), nurses with high organizational commitment have lower turnover intentions. The same goes with Alamri and Al-Duhaim (2017) and Silva and Dias (2016), who found that organizational commitment has a negative relationship with turnover intention. It also aligns with the meta-analytic study by Pagilagan (2017) and the study by Ramalho Luz (2018), which found that organizational commitment is negatively correlated with turnover intentions. Further, according to Özkan (2021), among studies on information technology personnel, organizational commitment is the most significant antecedent of turnover

intention. Then, among nursing personnel, organizational commitment negatively affects nurses' turnover intentions (Han et al., 2015; Rawasdeh and Tamimi, 2020; Wei et al., 2021). Further, organizational commitment promotes exceptional performance in nursing care and employee work retention (Ahmad et al. 2010; Halter et al., 2017; Wei et al., 2021). On the other hand, if organizational commitment is low, it will result in poor working consequences like low-quality nursing care, ungiven nursing care, and a high turnover rate (Gillet et al., 2018; Rose, 2016; Wei et al., 2021). According to the study by Guzeller and Celiker (2020), there is a moderate negative relationship between organizational commitment and turnover intention. Still, with this data, it can be said that employees or staff who did not make an attachment to the organization remain vulnerable to leaving. Further, the systematic review or meta-analysis by Cohen (1991) states that the relationship between organizational commitment and turnover intention is stronger in early career stages than in later career stages. Thus, newly employed individuals face a crucial phase in which they may have the intention to leave, as this aligns with their attitude and commitment towards their organization (Guzeller and Celiker, 2020).

However, according to Ibrar (2015) and Tnay et al. (2013), organizational commitment and turnover intention are unrelated in either direction, and the same holds for Uludag et al. (2011). However, Carbery et al. (2003) report that organizational commitment has a negative relationship with turnover intention; the part of continuance commitment does not. Such data will suggest that there is some indistinctness in the relationship between organizational commitment and turnover intention (Guzeller and Celiker, 2020).

Relationship of Demographic Profile to Professional Practice Environment

In the study by Javier (2021), demographic variables such as age, sex, educational attainment, total monthly income, work tenure, length of hospital service, and nurse-to-patient ratio are not significantly related to the gross nursing work environment. However, the Nurse-Patient ratio is significantly related to Nurse Manager Ability, Leadership, and Support of Nurses, and Staffing and Resource Adequacy. Then, according to Lee and Lee (2022), the working environment shows significant differences in age, gender, mean annual salary, and clinical work experience. Further, in Navarro's (2022) study, the demographic profile of the respondents (age, gender, marital status, educational attainment, area of assignment, and years of clinical experience in the hospital) shows significant differences and associations in their practice environment. This aligns with other similar studies (Feliciano et al., 2019; Ozdemir, 2019, as cited in Navarro, 2022). In the study by Huet (2022), the demographic profile (age, work experience, gender, and educational attainment) does not show a significant relationship with the work environment. Also, in the study by Ying et al. (2021), the demographic profile did not influence perceptions of the nursing practice environment. In the study by Jabonete et al. (2023), there is no significant difference in perceptions of the practice environment across age, gender, civil status, educational attainment, and involvement in a committee. However, there is a significant difference in the practice environment across groups defined by length of professional practice as a nurse, nurse designation, and work assignment (Jabonete et al., 2023). According to the study by Zhao et al. (2024), gender, educational attainment, position at work, and length of work experience directly influence the nursing practice environment. In Choi and Boyle's (2014, as cited in Jabonete, 2023) study, the nurse practice environment has been suitable across all

types of work areas. However, there has been a significant difference between pediatric and medical-surgical areas, with pediatric areas considered most fitting and the latter considered disadvantageous.

Relationship of Demographic Profile to Organizational Commitment

According to the study by Opinion (2021), females have greater commitment than males; however, in this study, there are more females than males who participated and have more than 4 years of service in their work organization, making their organizational commitment stronger. This is supported by the study by Mrayyan and Al Faouri (2008, as cited in Opinion, 2021), which found that female nurses are more committed than male nurses. In the study by Panganiban-Noel (2020), there is no significant relationship between gender and organizational commitment, nor is there a significant relationship between gender and its subsidiary. On age, Opinion (2021) found that it is positively correlated with organizational commitment, such that as age increases, organizational commitment also increases. Further, such findings were also seen in other studies (Steers, 1977; Mathieu & Zajac, 1990; Angle & Perry, 1981; De Gieter et al., 2011, as cited in Opinion, 2021). Further, according to Labrague (2018, as cited in Opinion, 2021), individuals aged 40 and above have greater organizational commitment than those aged 20 to 29. However, a study of faculty members in a private tertiary educational institution found that age does not affect organizational commitment among such employees (Quiambao & Nuqui, 2017, as cited in Opinion, 2021). In the study by Panganiban-Noel (2020), age within age groups does not have a significant association with organizational commitment and its subsidiary.

Regarding educational attainment, Opinion (2021) observed that those with a bachelor's degree in nursing have higher commitment than those with a master's degree or higher, and that those with a master's degree or higher have the lowest organizational commitment. Regarding staff nurse designation, Opinion (2021) found that senior staff nurses have marginally greater organizational commitment than those in lower ranks. Positional tenure as a registered nurse did not result in a high level of organizational commitment (Opinion, 2021). Further, Timalsina (2015, as cited in Opinion 2021) found that nurse tenure in position does not increase organizational commitment. Further, in the study by Panganiban-Noel (2020), position and tenure do not have a significant relationship with organizational commitment and its subsidiary. However, tenure and continuance commitment are associated with each other (Panganiban-Noel, 2020). Then, tenure and normative commitment are negatively related (Panganiban-Noel, 2020). On the area of work assignment, Opinion (2021) shows that the majority have a moderate mean score of organizational commitment, except in the Staff Health Clinic, Endoscopy unit, and Pediatric Intensive Care Unit, wherein the previous two have higher composite scores, and the latter has a lower composite score, which may be attributed to the work environment of their unit. In years of being a registered nurse, Opinion (2021) showed that those with early nursing experience have lower organizational commitment, whereas those with 31 to 40 years of work experience have higher organizational commitment. Timalsina (2015, as cited in Opinion, 2021) found that the length of nursing work experience does not predict organizational commitment. In the study by Panganiban-Noel (2020), marital status shows a significant relationship between organizational commitment and its subsidiary.

Relationship of Demographic Profile to Turnover Intention

According to Al Sabei et al. (2020), there are inconsistencies in nurses' demographics and turnover intentions. In terms of education, nurses with master's degrees are less likely to have turnover intention than those with bachelor's degrees, and they are also more likely to have higher organizational commitment (Labrague, McEnroe-Petitte, et al., 2018). However, in the studies by Ayalew et al. (2015) and El-Jardali et al. (2013), those with a master's degree have a higher turnover intention. According to Lee and Lee (2022), there is a significant difference in turnover intention by gender, together with clinical work experience. Also, clinical work experience has a direct influence on turnover intention (Choi and Lee, 2017, as cited in Lee and Lee, 2022) in which according to Lee and Lee (2022) that those who have 12 months or less work experience are less likely to have turnover intention, and those who have 13 months or more will be more likely to leave and change work.

Furthermore, gender affects turnover intention (Lee & Lee, 2022; Almaki et al, 2012, as cited in Lee and Lee, 2022). However, according to Choi and Lee (2017, as cited in Lee and Lee, 2022), gender does not affect turnover intention. Further, studies have shown that having a baccalaureate degree in nursing reduces turnover intention on a nursing unit, whereas having a master's degree in nursing increases turnover intention in an intensive care unit; however, those with a lower educational background are less likely to stay. (Kovner, et al., 2009; Fitzpatrick et al., 2010; Kovner et al., 2016; DiMattio and Spegman, 2019) Further, nurses who work on rotational shifts and have less than 5 years of work experience are likely to have turnover intention (Kim et al., 2019). In the study by Alenazy et al. (2023), age, gender, civil status, classification as a nurse, highest educational attainment, and area of work assignment were not associated with turnover intention.

Synthesis

The study on the professional practice environment has not yet been fully explored in the country. According to Lake (2007), such studies originated in the United States in the 1990s and expanded significantly worldwide. However, it is not very prevalent in the country, and related studies are still scarce, according to Jabonete et al. (2023). It is much more evident in countries with adequate resources to address healthcare issues, such as Australia, Belgium, Canada, Germany, South Korea, the United Kingdom, and the United States of America (Paguio and Yu, 2020). The most remarkable studies in the country show that many healthcare institutions forced nurses to work abroad due to an impoverished professional practice environment (Labrague et al., 2017a; Labrague et al., 2018a; Labrague et al., 2018b; Castro-Palaganas et al., 2017; as cited in Labrague, 2020). In recent years, studies on the professional practice environment have been a focus for nurse administrators (Sheng et al., 2023). Such studies highlighted the importance of studying the professional practice environment, and this paper can contribute to the body of knowledge examining it in nursing in the country and worldwide.

There have been inconsistencies in the relationship between the variables. In the relationship between demographic profile and the practice environment, Navarro (2022) shows that the demographic profile has a significant association with the practice environment. However, Huet (2022) shows that the demographic profile is not significantly related to the practice environment. Furthermore, Al Sabei et al. (2020) noted inconsistencies in nurses' demographics and turnover intentions. Then, on professional practice environment and organizational commitment, Su et al. (2022) said that professional practice environment is a predictor of organizational commitment. However, in the study by Asseeri and Seesy (2019), the subscales of the

professional practice environment, such as nurse participation in hospital affairs, nurse manager's ability, leadership and support of nurses, and collegial nurse-physician relations, did not influence organizational commitment. Then, in the professional practice environment and turnover intention, Lee and Lee (2022) show that there is a negative correlation between the two. However, Al Sabei et al. (2020) said that the professional practice environment is not a predictor of turnover intention. Thus, through this research, it is expected that such relationships may occur, but may also not, and the researcher's enthusiasm is to find out.

Some research shows that organizational commitment and turnover intention are unrelated. (Ibrar, 2015; Tnay et al., 2013; Uludag, et al., 2011) This makes some inconsistent with the previous statements that there is a relationship between organizational commitment and turnover intentions. Further, studies that do not report relationships between organizational commitment and turnover intentions are not from the healthcare industry but from the hotel (Uludag et al., 2011) and manufacturing industries (Ibrar, 2015; Tnay et al., 2013). On the other hand, the study by Freire and Azevedo (2023), conducted after the pandemic, focused on nurses working in private and public hospitals. It found that those who work in private hospitals have higher turnover intention than those who work in public hospitals. Furthermore, those who work in public hospitals have a low perception of transformational leadership and organizational commitment. Specifically, those nurses with turnover intention in the public hospital have high normative commitment, which has a negative influence, while high affective commitment also has a negative influence on turnover intention among nurses who work in private hospitals. Such inconsistency can serve as a basis for this research to examine whether these statements are factual in the research setting.

Theoretical Framework

This study will use Job Embeddedness Theory as its main theoretical framework. It presents a comprehensive collection of the financial, psychological, and social impacts on employee retention (Mitchel et al., 2001; Yao et al., 2004, as cited in Zhang et al., 2012). Such impacts are present both inside and outside their work environment, forming a web or net that keeps them stuck in their work organization (Mitchel et al., 2001). Thus, if a worker or employee has many components attached to the web, it will be burdensome for him or her to leave the work organization (Zhang et al., 2012). Zhang et al. (2012) stated that the Job embeddedness theory was introduced by Mitchell et al. (2001), as cited in Ngo-Henha (2017). The theory assumes that workers in an organization have many different connections and linkages within their organization and their communities. It leads to seamless integration with their professional and socio-cultural environment, in which workers realize they do not want to sacrifice such connections and/or linkages for possible new, unknown work or an unfamiliar environment (Zhang et al., 2012; as cited in Ngo-Henha, 2017).

Job embeddedness has three domains: links, fit, and sacrifice. It is consolidated with the employee's work organization and the community surrounding him or her outside of work (Mitchel et al., 2001). Links refer to the scope of people who are connected to others and their ventures (Mitchel et al., 2001). Then, fit refers to the extent to which a worker's work or community fits the physical and psychological environment of the worker (Mitchel et al., 2001). Then, sacrifice refers to the circumstance wherein the links can be separated effortlessly – the things that the worker may be giving up when they opt to leave the work organization (Mitchel et al., 2001). In deeper terms, the following information explains the domains of the theory: The links are the connections with people and organization that surrounds the worker may it be formal or informal

(Mitchell et al., 2001) To be embedded, links must be go together with the employee and his or her family in a financial, psychological, and social network which involves co-workers, friends outside work, per group and the community they are living (Mitchel et al., 2001.) This makes the professional and community links of the employee. The more connections and/or linkages, the more the worker is attached to their work and organization (such as their manager, and entities such as teams and committees) (Mitchell et al., 2001; Lee et al., 2004; as cited in Zhang et al., 2012). Fit refers to the worker's awareness of their compatibility or comfort with their work organization and the community that surrounds them. (Mitchell et al., 2001; Lee et al., 2004; as cited in Zhang, 2012) In this domain, it is assumed that workers' core values, career aspirations, and plans must be appropriate to their work organization's culture and the requirements of their job. (Mitchel et al., 2001; Zhang et al., 2012) Likewise, according to Zhang et al. (2012), it includes community factors (lifestyle activities such as religious convictions, outdoor recreation, political environment, and entertainment and amusement) and environmental factors (weather and climate). Thus, the theory assumes that if the worker is well fit to the organization and the community, the worker will be intrinsically linked to the work organization (Mitchell et al., 2001; Lee et al., 2004, as cited in Zhang et al., 2012). Sacrifice refers to the employee's intuition to leave his or her work organization and community, with psychological, social, and material costs (Mitchell et al., 2001; Lee et al., 2004; as cited in Zhang et al., 2012). Losses that may occur in the job are closely tied to workmates, engaging programs and projects, and advantageous fringe benefits, to name a few (Mitchell et al., 2001; Zhang et al., 2012). Losses in the community may include a trouble-free commute, flexible time to go home, fellow members in an association, and quality daycare facilities (Mitchell et al., 2001; Zhang et al., 2012). Through these possible losses, the

employee would realize that if he or she gives up such things, it will be more burdensome for him or her to leave the organization (Shan et al., 1998; as cited in Mitchell, 2001)

In summary, the theory of Embeddedness applies to employees who remain in their work organization as they recognize that they are still embedded in their professional practice and socio-cultural environments. Otherwise, they will be more likely to think about and express turnover intentions toward their current work organization (Ngo-Henha, 2017). This theory will aid in answering the research questions on professional practice environment, organizational commitment, and turnover intentions. This theory may explain why nurses are staying or plan to leave the organization through turnover intention, in terms of their perceptions of the professional practice environment and organizational commitment.

The theory of Structural empowerment by Kanter (1993, as cited in Larkin et al., 2008) will support the theory above, which entails that empowerment is nurtured in the professional practice environment by providing members of the workforce with information, available resources, support, and opportunities to learn and develop. Further, to be empowered, workers must have access to the information and knowledge needed to accomplish their work, complemented by information about their working organization. Then, support can be obtained from their colleagues, superiors, and subordinates. Then, access to available resources for the workforce entails the capability to acquire the commodities, funds, and benefits needed to fulfill their work demands. Thus, structural empowerment occurs when the professional practice environment enables workers to access favorable conditions for learning and professional and personal development (Borrego et al., 2022). Those who are empowered are then committed to the work organization (Degner, 2005; as cited in

Larkin et al., 2008). Thus, structural empowerment is a strong positive predictor for organizational commitment (Fragkos et al., 2020; Orgambidez et al., 2022; Zhang et al., 2018; as cited in Borrego et al., 2022). This theory is applied extensively in professional nursing practice, in which structural empowerment provides access to resources that enable nurses to perform their work-relevant tasks in the workplace (Kluska et al., 2004; Siu et al., 2005; Mangold et al., 2006, as cited in Larkin et al., 2008). This theory is suitable for the study, as it attempts to address nurses' working conditions in the workplace and is considered appropriate according to Laschinger (1996; as cited in Miller et al., 2001). Further, this theory will aid in answering the study's research questions by providing information on nurses' workplace knowledge and perceptions of the professional practice environment, organizational commitment, and turnover intentions. With this information, this theory may reveal reasons why they are more or less committed to the organization in their professional practice environment, which may lead to staying or turnover intentions.

Conceptual Framework

Figure 2.1. Conceptual Framework of the Study.

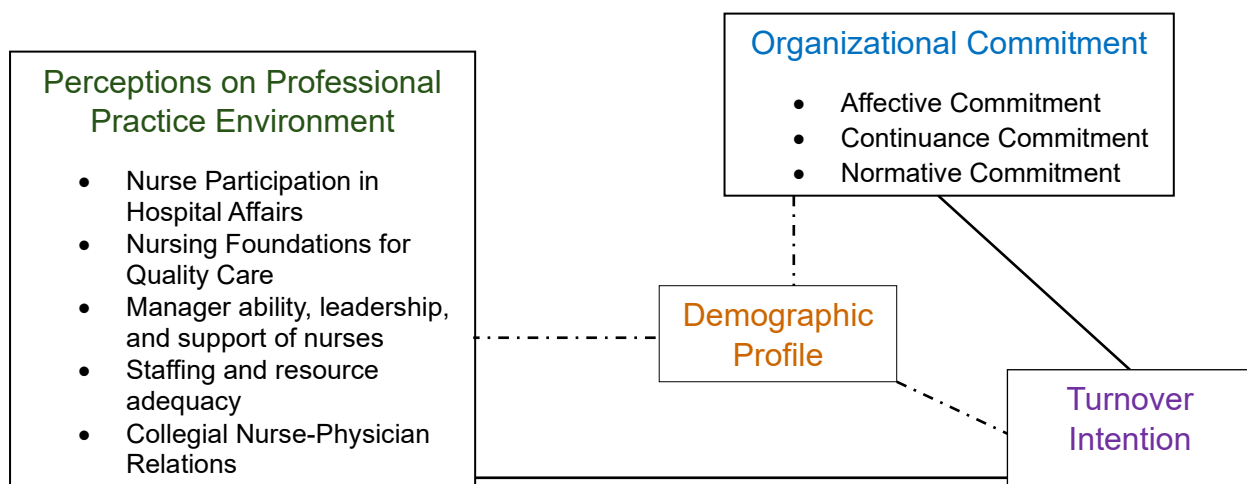


Figure 2.1 exhibits the conceptual framework of the study. The variables, along with their domains, have their own kinds depending on the hypotheses of the study: the Perception on Professional Practice Environment and Organizational Commitment are considered to be the independent variables, the Demographic Profile is considered to be the mediating variable, and the Turnover intention is considered to be the dependent variable. The Professional Practice Environment and Organizational Commitment will be seen to be in effect with Turnover Intention; then, the Demographic Profile will be seen to be in the process that relates to the Professional Practice Environment and Organizational Commitment with Turnover Intention. Further, because the lines that connect them lack arrows, this indicates that associations may be observed but do not imply causality. The study will use a Descriptive Correlational Design to determine the associations among Demographic Profile, Perceptions of Professional Practice Environment, Organizational Commitment, and Turnover Intentions using correlational statistics. The perceptions of staff nurses in the Professional Practice Environment and their Organizational Commitment are expected to be associated with turnover intention. However, some studies do not align with these findings, and this paper will also examine whether this will occur. Using tools for those variables, data can be gathered and generated from the respondents, who are staff nurses at the selected study site. The study seeks to provide evidence that will contribute to the art of retaining nurses in the work organization using the four variables of this study.

Operational Definition of Terms

Demographic profile – this is the composition of the respondents' characteristics, including: gender, age, educational attainment, duration as a registered nurse, years of work experience in the present organization, marital status, and area of assignment. Data is collected using a Demographic Information questionnaire, which is presented in the first part of the tool.

Age – measured in the number of years of existence of the respondent

Gender - sexual awareness about himself or herself.

Educational attainment - the level of education attained by the respondents at the tertiary level.

Duration as a registered nurse - the total number of years the respondents have been working as professional nurses.

Years of work experience in the present organization - the respondents' total number of years of work in the research setting.

Marital status - the respondents' civil status.

Area of assignment - the area where the respondent has been assigned to work in the research setting.

Professional Practice Environment – known as the work environment. It is the environment in which the professional performs his or her tasks at work that may influence or threaten the success of his or her professional services.

Perceptions of Professional Practice Environment – these are the realizations of what respondents experience at the workplace regarding their work environment, measured through the five subscales of the Practice Environment Scale of the Nursing Work Index (PES-NWI) on a 4-point Likert scale.

Table 2.1.

Perception of Professional Practice Environment Interpretation Range

Score	Interpretation
3.25 – 4.00	Strongly Agree
2.50 - 3.24	Agree
1.75 – 2.49	Disagree
1.00 – 1.74	Strongly Disagree
Overall Mean \geq 2.50	Agree and Favorable working environment (Lake, 2002)
Overall Mean $<$ 2.50	Disagree and unfavorable working environment (Lake, 2002)

Nurse Participation in Professional Affairs - the first subscale of the PES-NWI. It is the hospital's privilege to participate in broad areas, such as, but not limited to, making policies and joining committees. This will be measured using the PES-NWI on the Nurse Participation in Professional Affairs section, on a four-point Likert scale.

Nurse Foundation of Quality Care - the second subscale of PES-NWI. It is a model of exemplary nursing care. This will be measured using the PES-NWI on the Nurse Foundation of Quality Care section, on a four-point Likert scale.

Nurse Managers' Ability, Leadership, and Support of Nurses - the third subscale of PES-NWI. It shows the nurse manager's leading role and how they support the staff. This will be measured using the PES-NWI on the Nurse Managers' Ability, Leadership, and Support of Nurses section, on a four-point Likert scale.

Staffing and Resource Adequacy - the fourth subscale of PES-NWI. It shows sufficient nursing and support staff to deliver quality care to every patient. This will be measured using the PES-NWI on the Staffing and Resource Adequacy section, on a four-point Likert scale.

Collegial Nurse-Physician Relations - the fifth subscale of PES-NWI. It shows the interprofessional relationship between nurses and physicians. This will be

measured using the PES-NWI on the Collegial Nurse-Physician Relations section, on a four-point Likert scale.

Organizational commitment – it is the perception of the respondents to their organization when it comes to their attachment to it, causing them to stay for any amount of time. It is measured using the Organizational Commitment Scale. It has three significant parts: Affective commitment, Continuance commitment, and Normative commitment, each on a five-point Likert scale.

Table 2.2.

Organizational Commitment Interpretation Range (Saclolo, 2019)

Level of Commitment	Composite Mean Score
Strongly Not Committed	1.00 – 1.80
Moderately Not Committed	1.81 – 2.60
Fairly Committed	2.61 – 3.40
Strongly Committed	3.41 – 4.20
Extremely Committed	4.21 – 5.00

Affective commitment – a commitment by the employee to their organization that reflects their affection, emotion, and wanting to be part of such an organization. This will be measured using the Organizational commitment scale, focusing on the affective commitment part, on a five-point Likert scale.

Continuance commitment – a commitment shown by the employee when he or she realizes what the cost or expenses will be when leaving the work organization for good. Thus, he or she needs to work for that organization rather than merely want to. This will be measured using the Organizational commitment scale, focusing on continuance commitment, on a five-point Likert scale.

Normative commitment – it is the commitment that the employee shows by obligating himself or herself to give back or reciprocate what the work organization has given to him or her. This will be measured using the Organizational commitment scale, focusing on the normative commitment part, on a five-point Likert scale.

Turnover - the voluntary action of the staff or personnel to leave the organization for good.

Turnover intention – the thinking of the staff or personnel that he or she want to leave the company for good for a specific period. It is measured using the Turnover Intention Scale, a 5-point Likert scale questionnaire.

Table 2.3.

Interpretation of Turnover Intention

Total score < 18	Desire to stay in the organization
Total score ≥ 18	Desire to leave the organization

Statement of Hypotheses

The following hypotheses are meant to examine the correlation between the variables, including perceptions on professional practice environment, demographic profile, organizational commitment, and turnover intention of staff nurses:

Ho1: There is no significant relationship between perceived professional practice environment and turnover intention.

Ho2: There is no significant relationship between organizational commitment and turnover intention.

Ho3: There is no significant relationship between perceived professional practice environment and demographic profile.

Ho4: There is no significant relationship between organizational commitment and demographic profile.

Ho5: There is no significant relationship between turnover intention and demographic profile.

Chapter III

RESEARCH METHODOLOGY

Research Design

A descriptive correlational, cross-sectional research design was used in this study. It describes the relationship between variables without concluding that these variables cause a result in each other (Polit and Beck, 2018). According to Sousa et al. (2007), a descriptive correlational design expresses the variables of the study and their association with each other in terms of their actual occurrence. Furthermore, Hall (2018) cited the study by Bailey et al. (2010), which found that a descriptive correlational research design is suitable for expressing relationships between the variables being studied. A cross-sectional design refers to collecting data at one point in time (Polit and Beck 2018). Then, according to Labrague (2020), such a design is economical and does not need follow-ups. Thus, these research designs are suitable for this study, as they will examine the relationships between perceptions of professional practice environment, organizational commitment, and turnover intention. Ultimately, these research designs will help address the study's research questions.

Sampling Technique

The study utilized convenience sampling. Convenience sampling is a non-probability sampling method that gathers data for researchers that is convenient for them to acquire from a portion of the population that is not undisturbed (Battaglia, 2008). Knechel (2019) and Heyward (2021) mentioned that convenience sampling design involves utilizing available participants during the study's implementation. It is advantageous to be cost-effective and timesaving, in short, economical. (Laerd

Statistics, 2013; Heyward, 2021) Furthermore, participants who can conveniently participate in the study at their own time and availability will be chosen or included (Polit and Beck, 2018). Furthermore, convenience sampling involves simply asking respondents who are present at the research site during the study's implementation to participate in the research study (Galloway, 2005).

Due to the unpredictable number of nurses leaving the hospital, for which the totality cannot be generalized, this sampling design will be utilized. Thus, to elicit responses from the ever-changing staff nurse workforce at the selected research site, where respondents change monthly, resulting in a varying population, convenience sampling will be employed. Finally, having this sampling design will help the researcher to gather responses in a short span of time and with limited resources.

The population of staff nurses in the research setting is approximately 885 as of February 2025, excluding staff nurses in the Outpatient Division and diagnostics. By using Slovin's Formula and Yamane's Formula, the sample size will be 276. Thus, this study will utilize a sample of at least 276 respondents. For ruminating on attrition, the study will overestimate the attrition rate by 20% of the total sample size, resulting in a total of 332 sample respondents.

Such sampling methodology (i.e., Convenience sampling) has been seen as unscientific (De la Rey, 1978, as cited in Jacobs, 2005). However, the greater benefit of stratified random sampling is that the difficulties will be anticipated in the actual implementation of the study:

1. The staff nurses' schedules shift on every unit, and they have a different set of schedules every two days. Majority of the nurses may be present in day one in the morning then they will be present on the evening the next day then they will have succeeding two days off in which if the

research assistant will be present in the research setting and the respondent is not present, the research assistant will wait for the staff nurse to be present when research is implemented. Thus, it will not be feasible to select a respondent and wait for them to be present in the research area, which will make the systematic nature of probability sampling somewhat ineffective.

2. The hospital operates continuously with a 12-hour shift from morning until evening and vice versa. Thus, day and night staff nurses will have the opportunity to participate in the study with a systematic timing for when the research assistant will gather data. Every unit will be included, provided that it meets the inclusion criteria, which will ensure the whole is representative of the selected population.
3. It will be impossible for the researcher and their research assistant to have an endless amount of time and resources to distribute and collect questionnaires, and to remind the systematically selected respondents to answer them, if probability sampling is to take place.

The researcher's assistant disseminated a self-administered questionnaire online for respondents to complete from April 15, 2025, to June 30, 2025, at a time that is convenient for the respondents, whether during the day or night. The researcher's assistant gave a website link with some remarks of the study's questionnaires to the social media of the staff nurse of the unit in the inclusion criteria with the use of a QR code (and giving them a leaflet of a QR code with the remarks of this research, it was kept posted on the nurse's lounge on the duration of the study) then let that staff nurse disseminate on their "group chat" feature of the social media messaging services. If the staff nurse does not have access to social media, the

research assistant lend a mobile phone with the link to the questionnaire for them to answer. Furthermore, the research assistant provided respondents with a link to the questionnaire, which was available on the leaflet, and they may use a computer to complete the poll. The poll includes a cover letter informing the respondent about the study, and there will be one checkbox to indicate whether they consent to participate voluntarily in the study. If they are willing to answer, it will direct them to the poll; if not, it will include a cover letter instructing them to close the survey form.

Then, the research assistant gave a continuous reminder at least twice a day on the first three days and once a day thereafter until the minimum sample size had been reached. The respondents must meet the inclusion criteria to be eligible to answer the questionnaire. Finally, every staff nurse included in the inclusion criteria were encouraged to answer the questionnaire.

Inclusion Criteria

- a. Registered staff nurse of the hospital.
- b. Willing to give a response or consent to answer the tools.
- c. Has been working at the hospital for at least six months.
- d. Must be working on Clinical (wards), Special and Critical areas (Cardiac Catheterization Laboratory, Medical ICU, Pediatric ICU, Surgical ICU, Coronary Care Unit, Renal Unit, Emergency Room, Bagong Urgent Care and Ambulatory Service (BUCAS) Center, and Operating Room) of the hospital.

Exclusion Criteria

- a. Staff nurses who do not handle direct bedside or patient care and
- b. who are not included in Clinical, Special, and Critical areas, or who work in other areas of the hospital.
- c. Registered Nurses who are in management, supervisory, and executive positions.
- d. Staff nurses who are on leave for a specific period of time when the study is launched into the research setting.

Research Setting

The selected tertiary specialty government hospital in Quezon City, Metro Manila, Philippines, was established by law that mandates providing cardiovascular care services to the Filipino people and the global community. It is a government-owned and controlled corporation. It has a 462-bed capacity with a bed occupancy rate of 80.35% in 2019. (Department of Health - Health Facility Development Bureau, 2020) Moreover, it has a bed occupancy rate of 82.10% as of 2023.

Furthermore, it is accredited by the Department of Health at Level 3, which entails that it can provide consultations, intensive care units, dialysis, and training for physicians, among other services. (Department of Health - Health Facility Development Bureau, 2020) It is ISO 9001:2015 certified, which entails meeting customer requirements and satisfaction, as well as the requirements of regulatory bodies by following the quality management standard. (International Organization for Standardization, n.d.) Furthermore, it is accredited by Accreditation Canada at the Diamond Level based on its Qmentum Accreditation Program. It entails the highest

award for organizations that focus on the quality and safety of their services by effectively using evidence-based practices and continuously monitoring their outcomes, which entails safe and effective care (Accreditation Canada, 2021).

The hospital has a program that promotes nursing retention for two years from the time of hire, as outlined in a written contract. After two years, the nurses have no obligations to render and are free to stay at any time they want. During their stay, they are nurtured and receive training to be prepared as critical care nurses. They are initially assigned to clinical areas and progress to become critical care nurses after several years, depending on their career plan, which is determined in accordance with the staffing matrix (training and staffing plan) and the staff's career movement. When they become critical care nurses, they may be assigned to special and critical areas after several years. Continuous training will then be provided to become a nurse practitioner, and further training will be offered to become a nurse manager.

Organizational commitment among nurses is a key factor in research settings, as it is one of the competencies considered when staff nurses are promoted to higher positions within the Nursing Services of the research setting. There are no training programs that enable them to possess such competency. The staff nurses develop it during their hospital stay. It entails an employee's preference to stay in their organization, acceptance of the organizational goals, and their willingness to remain in that organization. (Meyer and Allen, 1991; as cited in Borhani et al, 2014) Those who get promoted have developed such competencies as they secure a permanent position and stay in the hospital for an extended period, serving as staff nurses. This entails having a relevant, satisfying, and zealous career in their work (Kolodinsky et al., 2017; as cited in Afsar, 2018), as well as in nursing, where they provide care to

patients. The organizational commitment of these nurses will be measured using the Organizational Commitment Scale.

The present trend of staff nurse turnover in the research setting has increased over the past three years, as of this writing, based on data from the Nursing Service Office of the setting. Data wherein last 2021, the total turnover was seventy three (73), then it increased for more than 190% which is one hundred thirty nine (139) in the year 2022, then, it was 178% higher in 2023 compared to 2021 which is one hundred thirty (130), and it was 127% higher in 2024 compared to 2021 which is ninety three (93). Turnover intention is a direct predictor of turnover, according to studies, and is one of the primary goals in research settings to establish its existence using the Turnover Intention Scale.

The most common reasons for staff nurses' turnover in the hospital are that they want a better working environment, they desire better career development opportunities elsewhere, and they seek better compensation to support their families. Additionally, they often need to reconnect with their families abroad. Those staff nurses who are leaving soon after being hired often cite health-related considerations as their most common reason. Through such reasons, the work environment has been one of the factors contributing to their decision to leave the hospital. Further, this issue can be addressed by the nurse administrators of the hospital, and this may give a way for thinking that there may be a problem on work environment as said on studies that having an impoverished professional practice environment will make nurses to leave the organization and it makes a factor for the nurse to work overseas which actually happens in the country (Labrague et al, 2017a; Labrague et al, 2018a; Labrague et al, 2018b; Castro-Palaganas et al, 2017; as cited in Labrague, 2020). Therefore, examining possible reasons within the professional practice environment will pave the

way for conducting this research. The measure used for this is the Perception of Professional Practice Environment Scale.

Furthermore, the researcher observed that there is currently no available evidence on promoting a healthy and positive professional practice environment, organizational commitment, and preventing turnover intention among nurses in the research setting. Ultimately, all of this information is crucial for implementing such research and evaluating the retention status of staff nurses in the hospital.

Data Collection

Step 1: Submit the thesis proposal to the technical committee and the Institutional Ethics Review Board (IERB) of the selected study site for evaluation and approval to implement the study in the research setting.

Step 2: Once approved by the technical committee and the IERB (See Appendix E), have a courtesy call and get permission from the Deputy Executive Director for Nursing Services of the selected tertiary hospital (See Appendix D). Furthermore, obtain permission to determine the total number of staff nurses employed in the hospital, particularly in clinical, critical, and special areas, to anticipate how many will complete the questionnaires. Furthermore, if necessary, present the study tool to the nursing director.

Step 3: The researcher's assistant rolls out the link to the tool on the social media communication (messaging feature) of every unit in the hospital that meets the inclusion criteria and allows staff nurses to access the tool conveniently at their earliest convenience. The link was shared with the staff nurses of the unit by having a QR code through a leaflet (See Appendix G), which will be left in the staff's lounge and let him or her disseminate it in the legitimate "group chat"

of the unit. Every unit is observing this kind of communication at the moment of this writing. If not possible to those who do not have a social media account, there will be a provision of a mobile phone with the link of the questionnaire to be brought by the research assistant, also the QR code will be shown to the respondents to scan or the copy the link to the poll through the leaflet to be provided and let them answer on their own mobile phones. Moreover, it may also be accessed by computer internet browsers.

Step 4: Every staff nurse will be encouraged to complete the questionnaire and will be informed about the study through the cover letter included in the first part of the questionnaire, as well as the potential benefits for staff nurses who remain in the organization. The research assistant will ask the charge nurse of the unit who the staff nurses are and confer with them for at least five to ten minutes, so that they can understand what the study is about and what to answer.

Step 5: The research assistant will personally remind every unit's staff nurse at the time of the day between 9:00 am and 4:00 pm for the first three days by telling them that the QR code is on the lounge or ensuring that the whole tool is accomplished on those who used the mobile phone of the research assistant or by the paper questionnaire. Every item on the poll must be answered; otherwise, it will not be transferred to the next question. The poll will include a cover page that contains informed consent, allowing respondents to make a checkmark if they have given such consent (if required by the institutional ethics review board or if they request to waive written and verbal informed consent). The tool will ensure the respondents' anonymity, as their identities will not be requested or disclosed.

Step 6: The study implementation will commence on April 15, 2025, and is expected to conclude on June 30, 2025. The online poll will be open from April 15, 2025, to June 30, 2025, or until a sufficient number of respondents have answered the questionnaire or the minimum sample frame has been reached. Answering the tool may take at least 10 minutes.

Step 7: After ten days, when the poll has been conveyed to the hospital areas, the researcher's assistant will remind the concerned areas to answer the poll for those who did not respond and are still willing to do so. The QR code will remain on the nurse lounge.

Step 8: After June 30, 2025, or if the sample frame has been reached, the poll will be closed. Heyward (2021) closed the survey poll when enough data were received. The research assistant will remove the QR codes left in every unit.

Step 9: The researcher collated the data, cleaned it, and ran it through statistical software for results and data analysis, with the aid of a statistician. Only the researcher will handle the raw data. The data will be securely stored for up to two years in a password-protected file on the researcher's computer, located in the research folder, and will be deleted afterward.

Research Instruments

There are three parts of the questionnaire or tools (See Appendix B) to be used in this research, which are:

The Demographic Profile Questionnaire

It is a questionnaire that includes age, gender, civil status, academic degree attained, length of experience working in the setting, duration as a professional nurse, designation as staff nurse, and area of assignment.

The Perception of Professional Practice Environment Scale

This questionnaire will assess the perceived Professional Practice Environment among nurses in the workplace. It is called the Practice Environment Scale of the Nursing Work Index (PES-NWI), which was derived from interviews conducted with nurses from magnet hospitals in 1986 regarding their perceptions of their work environment. Its scoring is based on references to the original and present Magnet-designated hospitals (Lake, 2007). Such a tool is considered to be used to evaluate the effectiveness of nurses on the accreditation standards of the Joint Commission International (previously Joint Commission for Accreditation of Hospitals (The Joint Commission, 2009; as cited in Amaral et al., 2012)). It is a standardized tool. It will be measured on a four-point Likert scale. The higher the points, the desirable the professional practice environment. It is scored in reverse to determine which are highly agreed upon. Then, the mean, which is 2.5, will be the midpoint of every subscale, making it the reference point of every subscale, as the actual mean of every subscale will be the one considered rather than the actual score. This is because every subscale has a different number of items, which complicates comparisons of the total score of each subscale, rather than using the mean. The total "composite" score is the sum of

all means of the subscales, which distribute weights on the subscales instead of the items per subscale. Having a total composite score of more than 2.5 on the four or five out of five subscales entails a favorable professional practice environment, 2.5 on three or two out of five subscales entails a mixed professional practice environment, and 2.5 on only one subscale is unfavorable (Lake & Friese, 2006; as cited in Ali, 2023). The tool has a Cronbach's alpha of 0.98 in terms of reliability (Dela Cruz et al., 2017: as cited in Ali, 2023). Permission to use the scale developed by Lake (2002) has been sought for this research (See Appendix A).

The Organizational Commitment Scale

This scale will measure the organizational commitment of the respondents. It is a standardized scale. It will measure the three components of organizational commitment: affective commitment, continuance commitment, and normative commitment. This tool has been developed by Meyer and Allen (1990) and was revised later on by the same authors in 1993 as there has been similarity towards the whole organizational commitment (which is the affective commitment), reviewers seen an issue on the reliability and validity of the continuance commitment, and decided to enhance the scale when testing for multi-dimensional testing of the whole organizational commitment (when revising for normative commitment) (Bonds, 2017). Furthermore, according to Meyer and Allen (2004), such revision will merely reveal a specific change in normative commitment, which highlights the focus on the previous obligation, while the feeling of obligation is reflected in the revised questionnaire. However, the researcher will use the one that has not been revised, as it contains eight questions on every domain of organizational commitment. It is measured using a seven-point Likert scale, and Meyer and Allen (2004) suggest that a five-point Likert scale can also be used; therefore, the researcher will use the five-point Likert scale.

There are reverse key questions to indicate a lower level of commitment, which are scored as follows: 1 = 5, 2 = 4, and so on. The scores on each part of organizational commitment (affective commitment, continuance commitment, and normative commitment) are obtained to calculate the mean for each part. The possible scores range from 1 to 5, and the higher the mean, the higher the commitment. To be more specific, point scoring by Saclolo (2019) will be adopted to interpret the level of commitment of the respondents:

Table 3.1.

Organizational Commitment Point Scoring Interpretation

Level of Commitment	Composite Mean Score
1 Strongly Not Committed	1.00 – 1.80
2 Moderately Not Committed	1.81 – 2.60
3 Fairly Committed	2.61 – 3.40
4 Strongly Committed	3.41 – 4.20
5 Extremely Committed	4.21 – 5.00

Further, Meyer and Allen (2004) consider this scale to be "well-validated." Permission to use the scale, as described by Meyer and Allen (2004), has been sought for this research (See Appendix A).

Turnover Intention Scale

This scale will measure the respondents' intention to turn over. It is a standardized scale. It consists of six items that will be measured on a five-point Likert scale. Previously, Jacobs and Roodt (2008) published a fifteen-item questionnaire for professional nurses (Bonds, 2017). Then, Bothma and Roodt (2013) revised it to six items and called it TIS-6, which was derived from the previously developed scale. Achieving a total score of 30 across the entire scale will indicate a predisposition to leave the work organization. The midpoint considered is 18, which has been derived from the scale of 3 multiplied by 6. Thus, a score of 18 or higher will also indicate a

predisposition to leave the work organization, while a score lower than 18 will indicate a predisposition to stay in the work organization. Furthermore, it is a reliable tool, with a Cronbach's α of 0.80, and is valid for determining the respondents' turnover intention. (Bothma and Roodt, 2013) Furthermore, such a tool can predict turnover. (Bothma and Roodt, 2013) Permission to use the scale, as described by Bothma and Roodt (2013), has been sought for this research. Such a questionnaire must be addressed to Roodt (2004) when the permission has been sought (See Appendix A).

Table 3.2.

Turnover Intention Score Interpretation

Total score < 18	desire to stay in the organization
Total score \geq 18	desire to leave the organization

Data Analysis and Interpretation

Table 3.3.

Analysis and Interpretation of gathered data

Research Question	Variable	Level of Measurement	Statistical Treatment
	Socio-demographic features of the respondents:		
1. What is the demographic profile of the respondents of the study in terms of: 1. Age 2. Civil Status 3. Educational attainment 4. Duration as a Registered Nurse 5. Length of Service in the hospital 6. Staff Nurse designation 7. Unit assignment	Age	Ordinal	Descriptive statistics
	Civil Status	Nominal	
	Educational attainment	Nominal	
	Duration as a Registered Nurse	Ordinal	
	Length of Service in the hospital	Ordinal	
	Staff Nurse designation	Ordinal	
	Unit assignment	Nominal	
2. What are the respondents'	Perception on Professional Practice Environment:		

Research Question	Variable	Level of Measurement	Statistical Treatment
perceived levels of professional practice environment in terms of: 1. Nurse Participation in Hospital Affairs 2. Nursing Foundations for Quality Care 3. Manager ability, leadership, and support of nurses 4. Staffing and Resource Adequacy 5. Collegial Nurse-Physician Relations	<ul style="list-style-type: none"> ● Nurse Participation in Hospital Affairs ● Nursing Foundations for Quality Care ● Manager ability, leadership, and support of nurses ● Staffing and Resource Adequacy ● Collegial Nurse-Physician Relations <p>Tool: The Practice Environment Scale of the Nursing Work Index (PES-NWI)</p> <p>Type: Standardized</p> <p>What it measures: It will measure the perceived Professional Practice Environment of the nurses in the workplace.</p> <p>How it will be accomplished: Online, through a 4-point Likert scale.</p> <p>Scoring and Interpretation: The scoring is in reverse order to determine which items are highly agreed upon. Then, the mean, which is 2.5, will be the midpoint of every subscale, making it the reference point of every subscale, as the actual mean of every subscale will be the one considered rather than the actual score. This is because every subscale has a different number of items, which complicates comparisons of the total score of each subscale, rather than using the mean. The total "composite" score</p>	Ordinal	Descriptive statistics

Research Question	Variable	Level of Measurement	Statistical Treatment
	is the sum of all means of the subscales, which distribute weights on the subscales instead of the items per subscale. Having a total composite score of more than 2.5 on the four or five out of five subscales entails a favorable professional practice environment, 2.5 on three or two out of five subscales entails a mixed professional practice environment, and 2.5 on only one subscale is unfavorable (Lake & Friese, 2006; as cited in Ali, 2023)		
3. What are the respondents' levels of organizational commitment in terms of: <ul style="list-style-type: none"> • Affective commitment • Continuance commitment • Normative commitment 	<p>Organizational Commitment</p> <ul style="list-style-type: none"> • Affective commitment • Continuance commitment • Normative commitment <p>Tool: Organizational Commitment Scale</p> <p>Type: Standardized</p> <p>What it measures: It assesses the three components of organizational commitment, specifically affective commitment, continuance commitment, and normative commitment.</p> <p>How it will be accomplished: Online, through a 5-point Likert scale.</p> <p>Scoring and Interpretation: The scores on each part of the organizational commitment (affective commitment, continuance commitment, and normative</p>	Ordinal	Descriptive statistics

Research Question	Variable	Level of Measurement	Statistical Treatment
	<p>commitment) are obtained to calculate the mean for each part. The possible scores range from 1 to 5, and the higher the mean, the higher the commitment.</p> <p>In a more specific manner, the point scoring approach to organizational commitment, as proposed by Saclolo (2019), will be implemented in the study. It will determine the level of commitment with the mean composite score:</p> <p>Strongly not committed: 1.00-1.80</p> <p>Moderately not committed: 1.81-2.60</p> <p>Fairly committed: 2.61-3.40</p> <p>Firmly committed: 3.41-4.20</p> <p>Extremely committed: 4.21-5.00</p>		
4. What is the respondents' level of turnover intention?	<p>Turnover intention</p> <p>Tool: Turnover Intention Scale</p> <p>Type: Standardized</p> <p>How it will be accomplished: Online, through a 5-point Likert scale.</p> <p>Scoring and Interpretation: Achieving a total score of 30 across the entire scale will indicate a predisposition to leave the work organization. The midpoint considered is</p>	Ordinal	Descriptive Statistics

Research Question	Variable	Level of Measurement	Statistical Treatment
	18, which has been derived from the scale of 3 multiplied by 6. Thus, a score of 18 or higher will also indicate a predisposition to leave the work organization, while a score of 18 or lower will indicate a predisposition to stay in the work organization.		
5. Is there a correlation between perceived professional practice environment and turnover intention?	Mean of Professional Practice Environment	Ratio	Correlation (through Chi Square)
	Mean of Turnover Intention	Ratio	
6. Is there a correlation between organizational commitment and turnover intention?	Mean of Organizational Commitment	Ratio	Correlation (through Chi Square)
	Mean of Turnover Intention	Ratio	
7. Is there a correlation between perceived professional practice environment and demographic profile?	Mean of Professional Practice Environment	Ratio	Correlation through Spearman ρ or Kendall τ
	Demographic profile	Nominal and Ordinal	
8. Is there a correlation between perceived organizational commitment and demographic profile?	Mean of Organizational Commitment	Ratio	Correlation through Spearman ρ or Kendall τ
	Demographic profile	Nominal and Ordinal	
9. Is there a correlation between the turnover intention and demographic profile?	Mean of Turnover Intention	Ratio	Correlation through Spearman ρ or Kendall τ
	Demographic Profile	Nominal and Ordinal	

For research questions 1 to 4, descriptive statistics will be used to describe the data, including tables, percentages, and graphs. For research questions 5 to 7, a correlation analysis is needed to determine the relationships between the variables. According to Bonds (2017), multiple linear regression is the most suitable statistical

analysis for evaluating relationships with many independent variables and dependent variables. However, the data that will be collected will be represented as ordinal variables, as well as a combination of nominal and ordinal variables in the demographic data. Thus, using Spearman's correlation is the most suitable statistical analysis for determining whether a relationship exists between the variables (Laerd Statistics, 2018). In Labrague's (2018) study, inferential statistics, including multiple linear regression and Pearson's r coefficient, were applied to determine the relationship between Organizational commitment and Turnover intention. According to Mendenhall (2020), the relationship of ordinal variables can usually be evaluated by Spearman's ρ and Kendall's τ . To ensure conciseness in statistical analyses, the researcher will seek expert advice from a statistician.

Data Management

The study was conducted online, utilizing a survey tool. The survey tool was hosted on Google Forms and the internal data was accessed only by the researcher and was password-protected. No names were included on the questionnaire, and the use of email was solely to prevent double entry of information in the online survey tool. The recording of such emails will not be saved in the online database after the study is conducted. This procedure complied with the country's data privacy law, known as Republic Act 10173, also referred to as the Data Privacy Act of 2012. Further, strict adherence to confidentiality will be implemented throughout the study.

Data processing was conducted using a spreadsheet or Microsoft Excel and a statistical tool, such as the Statistical Package for the Social Sciences (SPSS) and Stata. The statistician and the researcher jointly interpreted the results. Only the

researcher handles the raw data, and it should not be shared with anyone else. Results were communicated throughout this study without any raw data.

All data were stored digitally on the researcher's computer for two years after the study was approved. It would be encrypted with a password key that only the researcher can encode. Then, after two years, all the raw data gathered will be deleted without any backup.

Ethical Considerations

The manuscript was submitted for ethical review and approval before the commencement of the study. It was reviewed and approved by the Philippine Heart Center Institutional Ethics Review Board with the identification number PHC.IERB.06.25.29 (See Appendix E). The study was conducted at the selected study site. Then, when approved, the researcher made a courtesy call to the nursing service office (nursing director) to discuss the implementation of the research protocol. Then, a list of hospital areas that are focused on (wards, special, and critical areas) and the total number of nurses per area will be secured to determine how many nurses are possible to participate. The identification of approval was placed on the informed consent form for the respondents to see if it conveys ethical considerations in conducting research.

Informed consent was attached at the beginning of the evaluation tools to help respondents understand what this paper is about, in a language that can be easily understood. It is composed of one page with some paragraphs explaining and informing them that they consent to the study and that they will be anonymous as respondents. Further, the tool was online [on a Google form], and if the respondent participates in the study, he or she must click the icon for participation, then it navigates

the respondents to the research tool to be answered. If the respondent did not participate in the study, an icon would be available for clicking, and a prompt would direct them to another site page, expressing gratitude for their decision not to participate. Respondents are encouraged to participate voluntarily and are assured to be free from coercion.

Furthermore, voluntary withdrawal will be offered as an option at any time without any drawbacks. Thus, the voluntary nature and liberty to withdraw are emphasized in this study. Finally, if they consented to the study, their work performance would not be affected by performance evaluation, and they would not be disciplined for not participating.

Confidentiality is maintained by ensuring that the completed tools are only handled by the researcher. Information gathered was not to be given to any entity. Anonymity is maintained by excluding any questions that reveal the respondents' identities or are otherwise identifiable. Only their demographic profile, the area they are designated for, and the research questions that pertain to the variables are the ones they must answer. Upon the dissemination of the research study, completed questionnaires were not available. Furthermore, completed questionnaires will be destroyed after two years, once the study has been completed.

No compensation was given to the respondents, and just a simple act of gratitude will be shown after the tool has been completed (See Appendix C). There would be no risk as the respondents will only answer a set of questionnaires. The respondents did not receive any monetary benefits or tokens upon completion of the study. Finally, the researcher did not receive any funding from any organization for the whole study.

Chapter IV

RESULTS AND DISCUSSION

Data gathered from the respondents are presented in this chapter, along with the interpretations of such data. Furthermore, data will be presented in accordance with the research questions presented in Chapter 1. Then, in accordance with Chapter 3, advice from the statistician has been sought to determine the best statistical methods for presenting and conveying information regarding the respondents' responses. The use of descriptive statistics, including tables to present the data and scatter plots, has also been employed to illustrate the correlation between variables in this chapter graphically. The null hypotheses were rejected at the $\alpha = 0.05$ level of significance. All the statistical tests were two-tailed, as the direction of the effect of the variables was unknown and needed to be determined. The statistical software STATA 13.1 was used for data analysis.

This study is the first of its kind in the research setting, examining the professional practice environment to determine if there is a relationship between organizational commitment and turnover intention. Along with the demographic profile, the said variables will be analyzed to determine if they may have a relationship with one another. The same applies to the study by Al Sabei et al. (2020), which investigated the professional practice environment and its relationship to turnover intention, perceived quality of care, and burnout in Oman.

A total of 355 respondents participated in this study. They have completely answered all the questions voluntarily and without any hesitation. The number of respondents is relatively higher when compared to the studies of Ali (2023), Alrefaei

et al. (2022, as cited in Ali, 2023), and Garganera (2023). In which they had a nurse respondent sample of 343 through total enumeration, 330 nurse respondents through convenience sampling, and 117 nurse respondents through total enumeration, respectively.

Table 4.1.
Demographic Profile of the respondents

Total n = 355		Frequency (%)
Age		
	19-23	13 (3.66)
	24-28	93 (26.20)
	29-33	49 (13.80)
	34-38	137 (38.59)
	39-43	48 (13.52)
	44 and above	15 (4.23)
Sex		
	Male	136 (38.31)
	Female	219 (61.69)
Civil Status		
	Single	223 (62.82)
	Married	129 (36.34)
	Widow	1 (0.28)
	Separated	2 (0.56)
Educational attainment		
	Bachelor's degree	337 (94.93)
	Master's degree	17 (4.79)
	Doctorate degree	1 (0.28)
Duration as a Registered Nurse		
	1 – 2 years	81 (22.82)
	3 – 4 years	38 (10.70)
	5 – 6 years	23 (6.48)
	Above 6 years	213 (60)
Length of Service in the Hospital		
	6 months – 12 months	35 (9.86)
	1 – 2 years	80 (22.54)
	3 – 4 years	67 (18.87)
	5 – 6 years	23 (6.48)
	7 – 8 years	38 (10.70)
	9 – 10 years	38 (10.70)
	Above 10 years	74 (20.85)
Staff Nurse Designation		
	Nurse I	28 (7.89)
	Nurse II	146 (41.13)

Total n = 355		Frequency (%)
	Nurse III	144 (40.56)
	Emergency Nurse (COS)	37 (10.42)
Unit Assignment		
	Adult Female Service Ward	7 (1.97)
	Adult Male Service Ward	6 (1.69)
	Adult Pay Ward 1	6 (1.69)
	Adult Pay Ward 2	11 (3.10)
	BUCAS	10 (2.82)
	CV-Lab	10 (2.82)
	Children Service Ward	10 (2.82)
	Coronary Care Unit	14 (3.94)
	Emergency Room	25 (7.04)
	MICU 1	8 (2.25)
	MICU 2	10 (2.82)
	Operating Room	31 (8.73)
	PICU	11 (3.10)
	Petal 3A	9 (2.54)
	Petal 3B	6 (1.69)
	Petal 3C	10 (2.82)
	Petal 3D	12 (3.38)
	Petal 3E	6 (1.69)
	Petal 3F	12 (3.38)
	Petal 4A	4 (1.13)
	Petal 4B/Short Stay Unit	13 (3.66)
	Petal 4D	10 (2.82)
	Petal 4E	8 (2.25)
	Petal 4F	8 (2.25)
	Petal 4G	4 (1.13)
	Petal 5A	3 (0.85)
	Petal 5B	4 (1.13)
	Petal 5C	7 (1.97)
	Renal Hemodialysis Unit	9 (2.54)
	SICU 1	24 (6.76)
	SICU 2	24 (6.76)
	SICU 3	17 (4.79)
	SICU 4	6 (1.69)

The Demographic Profile

Age

In terms of age, many who answered came from the 34-38 years old age bracket (38.59%), followed by 24-28 years old (26.2%), and the least came from 44 and above years old (4.23%) and 19-23 years old (3.66%). According to Cocson (2021), those hired at the hospital from 2017 to 2020 were aged 26 to 30 years old (42.15%), followed by 21-25 years old (38.37%) and 31-35 years old (19.48%). Further, many of them had prior employment experience, and those who had just graduated were given the least priority for hiring but were still given the opportunity (Cocson, 2021). There had also been an increase in the rate of retirees from 2016 to 2020 (Cocson, 2021). The respondents' ages were also considered in the working-age group in the country, where those already working begin at age 15 (Mapa, 2020). Furthermore, according to Debczak (2025), the current age range of the respondents with reference to their generations in 2025 was:

Generation X	: 45 to 60 years old
Generation Y (Millennials)	: 29 to 44 years old and
Generation Z	: 13 to 28 years old

Table 4.1 shows that there has been a mix of generations in the setting. There were 4.22% who belonged to Generation X, 65.92% in Generation Y (the Millennials), and 29.86% in Generation Z; as such, the majority were Millennials. Not as visible in the setting are those above Generation X, which were the Baby Boomers (but there were some, as there was only a choice of 44 and above), who were already at their retirement age (Hussein, 2019; as cited in Wakefield, 2023). At present, Generations X and Y are predominant, accounting for two-thirds of the nursing workforce worldwide, and Generation Z is beginning to increase (Uçar et al., 2024). According to

Eycan (2023), Generation X has a high positive attitude towards the nursing profession, in which they have higher dedication to the profession (Yılmaz & Özdil, 2018; as cited in Eycan, 2023) and have a high professional attitude (Şenol & Uğurlu, 2019; as cited in Eycan, 2023). Generation X, who are still in the workforce, are dedicated to staying in their profession and working until they retire. According to Rutledge et al. (2024), Millennials are the most likely generation to have turnover intention, as they experience low meaning and joy at work, lower resilience, high acute fatigue, low inter-shift recovery, and high burnout and emotional exhaustion, especially during the pandemic. Also, regarding the lower actual percentage of Generation X in this study, many of them left because they were no longer happy at the same age as the Millennials (Rutledge et al., 2024). According to Pawlack et al. (2025), Generation X prioritizes patient safety, exhibits higher avoidance behaviors than the other two generations, and shows lower acceptance. The latter Generation Z has diverse views, customs, morals, and expectations of the earlier generations (Shaw, 2024; as cited in Uçar, 2024), which may be rooted in a stable orientation towards change and communication styles (Stevanin et al., 2018; as cited in Pawlak et al., 2025). According to Jeong et al. (2025), Generation Z nurses emphasize work-life balance and the meaningfulness of their work rather than job stability. Further, they may experience a "transition shock phase" in the early stages of their career. It is expressed as a disparity between expectations and real-life clinical scenarios, which in turn may lead to more stress, lower work satisfaction, and eventually turnover intention (Jeong et al., 2025). Thus, when Generation Z's expectations were not met at work, they felt more profound shocks that may lead to turnover intention (Jeong et al., 2025). In turn, Generation Z experiences greater intergenerational differences, which in turn lead to more stress than those of the two earlier generations (Pawlack, 2025). Studies on

generations may influence discernment of leadership and their practice environment (Stevanin et al., 2020; Lamasan & Oducado, 2019; Navales et al., 2021, as cited in Navarro, 2022).

Gender

The respondents did not indicate their gender-specific identity when given the chance and may have reported their sex at birth. The majority of the respondents were females (61.69%). The same holds for Del Rosario's (2023) study. In this setting, only female nurses may care for pediatric patients (except in BUCAS, ER, and SICU 3). In the country, Nursing and Midwifery was one of the top three science and technology occupations for females (Arguelles, 2022). Females have dominated the nursing profession for two centuries, and lately, males are finding roles in the profession (Lapitan, 2023). Florence Nightingale envisioned nursing as the profession most suited to women (Cho & Jang, 2021; Holton, 1984; Ross, 2017; Sasa, 2019, as cited in Prosen, 2022). Further, Nightingale views nursing as a supplement to mothering and sees females as the most suitable for caring; however, this view must be considered in the context of her time, when gender-specific roles were set, as gender and its roles transition over time (Prosen, 2022). At present, males think less of nursing as a career in the whole world (Prosen, 2022). In accordance, male nurses were underrepresented in the past 40 years (Caagbay et al., 2024). In the country, although women were still dominant in the nursing profession, male nurses never felt they had been discriminated against in the academic and professional fields (Caagbay et al., 2024). The main reasons they joined the nursing profession were influence from relatives, support from peers, and economic considerations (Caagbay et al., 2024). Further, male nurses have the advantage of their physical capabilities or strengths that

women cannot have in clinical practice, as they provide physical support, lift and transfer patients, and perform cardiopulmonary resuscitation, which are very advantageous in specialized clinical areas (Caagbay et al., 2024).

Civil Status

Regarding the respondents' civil status, the majority were single (62.82%), followed by married individuals (36.34%). Very few were widowed (0.28%) or separated (0.56%). According to Cocson (2021), the predominant employees of the setting were singles. According to Mapa (2023), among the Filipino population, 39.7% were single, 39.2% were married, 4.5% were widowed, and 1.9% were divorced/separated/or annulled. According to Ali (2023), married nurses prefer working abroad and bringing their families with them. Furthermore, married individuals exhibit better teamwork dynamics and a greater commitment to safety (Lim-Masaga, 2023).

Educational Attainment

Regarding respondents' educational attainment, the majority have a bachelor's degree (94.93%), and a few have graduate degrees, such as a master's (4.79%) or a doctorate (0.28%). The result aligns with Navarro's (2022) study, in which those with a bachelor's degree (85.2%) are much higher than those with a master's degree (3.7%) and a doctorate (1.2%). Also, in the study by Cocson (2021), those with a bachelor's degree (87%) are much higher than those with graduate degrees (13%). In the country, before a nurse can practice, he or she must complete a bachelor's degree in nursing, which is a prerequisite for taking the licensure examination for nurses and passing it. Then, pursuing graduate degrees depends on a nurse's interests,

professional needs, and career advancement goals. The bachelor's degree is the minimum requirement for staff nurses in this setting. Nurses who pursued graduate education encountered drawbacks such as an unstable employment schedule, ineffective time management, and economic burden, but they also identified opportunities such as professional growth, career advancement at work, and career change or specialization (Akmadul & Agga, 2023).

Duration as a Registered Nurse

The majority of those who passed the nurse licensure exam and practice as registered nurses (60%) had been practicing for more than 6 years since passing. It was followed by newly registered nurses (22.82%). Those who have three to four years (10.78%) and five to six years (6.48%) of experience as a registered nurse have the fewest respondents. This trend shows that many nurses are already leaving the country or the hospital (among registered nurses who were three to four years and five to six years), and newly passed registered nurses are often hired to fill vacancies. The minimum requirement to be a nurse abroad was to have at least two to three years as a registered nurse with clinical practice. The majority who had been registered nurses for more than six years indicated that they were hired based on their prior work experience and had practiced as professional nurses elsewhere, as reported by Cocson (2021). Further, even though there were new registered nurses in the country, those who left the country did so much more quickly, and it will take time to replace the vacated positions (Cocson, 2021).

Length of Service in the Hospital

The majority of those who answered had been in the hospital for 1 to 2 years (22.54%), followed by those with over 10 years (20.85%) and 3 to 4 years (18.87%). Then, down to seven to eight years (10.70%) and nine to ten years (10.70%), and fewer who came from six to twelve months (9.86%) to five to six years (6.48%). Those who were 1 to 2 years old were in the process of honing their skills. Those over 10 years old had committed to staying in the hospital, as they were already settled in the country. Those who stay for three to four years, five to six years, seven to eight years, or nine to ten years indicate they have honed their skills and may already have plans to leave the hospital and work abroad. Those aged 6 to 12 months show that few nurses were hired, a finding also reported by Garganera (2023). Based on years of service at the hospital, respondents' competencies can be classified using Patricia Benner's Novice-to-Expert theory. Those who are advance beginner who work at least six months to one year (Golson, 2024) were composed of 9.86%, those who were competent whom worked in the hospital for one to two years (Golson, 2024) were composed of 22.54%, those who were proficient who worked for three to four years (Golson, 2024) were 18.87% and the experts who have worked in the hospital for five years and more (Golson, 2024) were 48.73%. According to Navarro (2022), proficient were 34.5% and competent were 22.5%. The majority of those experts were already assigned to the hospital's specialized areas and were seen as senior nurses. The acuity of care, patient length of stay, and advances in healthcare technology depend on nurses' expertise and experience (Ozdemir, 2019; as cited in Navarro, 2022). Further, the length of service in the hospital, type of work and design, and working conditions give bearing in the competencies of the nurse as well as their retention and

turnover (Lee & Kang, 2018; Feliciano et al., 2019; Chamanga et al., 2020; as cited in Navarro, 2022).

Staff Nurse Designation

In line with the length of service, the respondents' nurse designations are also shown. The Emergency Nurse or Contract of Service (COS) was a newly hired nurse who was in the probationary period. After that, they will be tenured nurses in regular positions called Nurse I, Nurse II, and Nurse III. The lowest tenure was Nurse I, then Nurse II, and finally Nurse III. They are promoted from Emergency Nurse to Nurse I to Nurse III in a step-by-step manner, through systematic deliberation and evaluation, and depending on the availability of plantilla positions. Their salaries were also dependent on their designation; the higher the designation, the higher the salary level. Further, the higher the designation, the greater the acuity of care the nurse may be responsible for. The most significant number of respondents came from the Nurse II (41.13%) and Nurse III (40.56%), who were tenured nurses, and the least came from the Emergency Nurse or contract of service (COS) (10.42%) and Nurse I (7.89%). This indicates that a low number of nurses were hired, which aligns with Cocson (2021), and that many were already in the junior (Nurse II) and senior (Nurse III) positions within staff nursing. Nurses II were seen as competent, and Nurses III were seen as proficient to expert in accordance with Benner's Novice to Expert theory. In this setting, the Novice-to-Expert theory was used as a framework for nurses' career pathways. Everyone was considered a novice, including newly hired staff, those with the COS, and perhaps the Nurse I. Although some may already have prior work experience and the skills, they will be new to the setting and need to adapt to the system's policies and procedures, but they may advance on this and move to another stage. The novice was

considered to have at least 1 to 2 years' stay in the setting, and their skills were being developed through training. The next stage was the Advanced beginner with a two to three-year stay in the setting. The staff nurse designations at this stage range from Nurse I to Nurse II. Their leadership skills are being developed at this stage. The Competent stage was seen to have three to five years of stay in the setting, and their self-confidence was built on this stage. This stage was mainly for the designations of Nurse II and Nurse III. The proficient stage reflects five to seven years of work experience in the setting, and their innovation and creativity have been enhanced. The expert stage refers to those who have been in the setting for 7 years or more. Their skills in analysis and planning were enhanced at this stage. The proficient and expert stages were mainly described in the Nurse III designation. As they remain experts in the clinical setting, they have the opportunity to advance to the nurse manager position (Nurse V).

Unit Assignment

The unit assignment reveals the respondents' assigned area. All the units have been given the chance to answer. The areas with the most respondents were the Operating Room (8.73%), the Emergency Room (7.04%), and the Surgical Intensive Care Unit 1 (6.76%) and Surgical Intensive Care Unit 2 (6.76%). These data indicate that many nurses are assigned to work on such. These were high-acuity areas according to Wakefield et al. (2023), such as the emergency room, intensive care units, and operating room. Such areas have high patient acuity, which is a reason why many nurses are assigned to areas such as intensive care units, as patients are in critical clinical situations (McGahan et al., 2011; Ferreira et al., 2017, as cited in Banda et al., 2022). The movement of staff nurses begins in the wards (or petals), where

their skills are nurtured to become critical care nurses, and from there, they are assigned to their preferred specialty area. Those on the wards were composed of COS, Nurses I and II; those on the specialty areas were Nurses II and III. As nurses leave the specialty areas, those on the wards will fill the vacant positions. No newly hired staff nurse may go to specialty areas, except in the operating room, as the hospital advocates for more nursing personnel in that area to cater to more surgical cases. Thus, newly hired staff nurses may only be assigned to wards (or petals) and must progress through the critical and specialty areas. According to Wakefield et al. (2023), if fresh graduate nurses are assigned to specialized and critical care areas with high care acuity, they will leave the hospital. Thus, they need to be equipped with skills, have a structured program, and have a preceptor who will make them feel they belong and are accepted in their professional development until they become confident enough to care for high-acuity patients.

Perception in Professional Practice Environment

Table 4.2.1.

Nurse Participation in Hospital Affairs

Nurse Participation in Hospital Affairs	Mean (\pm SD)	Interpretation
Career Development or clinical ladder opportunity	3.29 (\pm 0.71)	Strongly Agree
Opportunity for staff nurses to participate in policy decisions	2.83 (\pm 0.88)	Agree
A chief nursing officer who is highly visible and accessible to staff	2.83 (\pm 0.91)	Agree
A chief nursing officer equal in power and authority to other top-level hospital executives	2.97 (\pm 0.78)	Agree
Opportunities for advancement	3.18 (\pm 0.73)	Agree
Administration that listens and responds to employee concerns.	2.74 (\pm 0.89)	Agree
Staff nurses are involved in the internal governance of the hospital (e.g., practice and policy committees)	2.86 (\pm 0.84)	Agree
Staff nurses have the opportunity to serve on hospital and nursing committees	3.16 (\pm 0.70)	Agree
Nursing administrators consult with staff on daily problems and procedures	2.81 (\pm 0.88)	Agree
OVERALL	2.96 (\pm 0.65)	Favorable working environment

Table 4.2.1 presents the nurses' participation in hospital affairs in the setting, as well as the first subquestion of the second research question. It reflects nine items as listed in the table. The overall mean score of 2.96 ± 0.65 indicates that the respondents agree with the practice environment subscale. Such a score was perceived by the respondents as indicative of a preferable or sought-after work environment, which aligns with the study by Ali (2023). Career Development or clinical ladder opportunity is the only item with strong agreement among respondents, as they see the hospital's career planning during their stay in the setting, which they call the training matrix, and the movement of staff nurses from wards to critical and specialized areas. This subscale is vital for creating a healthy professional practice environment

through a creative, cost-effective approach to retain nurses and ensure workplace satisfaction (Ali, 2023). However, this subscale was also associated with turnover intention and emotional exhaustion (Al Harbi, 2020; as cited in Ali, 2023). Regarding the study of Alenazy (2023) wherein this subscale has been low with a mean of 2.83 ± 0.47 compared to its overall mean and other subscales of the PES-NWI which was 2.89 ± 0.44 , also on the study of Labrague et al. (2022) in which the subscale is 2.808 ± 0.537 but was the second lowest among the subscales with the overall mean of 2.894 ± 0.413 and much lower on the study of Labrague (2022) which was 2.227 ± 0.597 entails the need to have programs and practices to improve the scores by involving the nurses in the affairs of their units and the hospital (Ali, 2023). In the study by Jabonete et al. (2023), the mean was $3.23 (\pm 0.64)$, which was slightly higher than in this study. On the whole, this subscale had the second-lowest score; thus, there was a need to improve this scale by creating the said activities, as these will improve their work satisfaction and emotional well-being and lessen their turnover intention (Ali, 2023). The same goes in the study of Alharbi et al. (2020, as cited in Alkorbi et al., 2022), which states that this subscale relates to emotional exhaustion and workplace satisfaction of nurses. Further, in the study of Al Sabei et al. (2020), if the mean of the nurse participation in hospital affairs were high, the burnout of nurses would then decrease, as this may enhance their autonomy, which may also lessen turnover intention (Hayes et al, 2012; as cited in Al Sabei et al., 2020). The lowest three in the subscale are the Administration that listens and responds to employee concerns with the mean 2.74 ± 0.89 , followed by Nursing administrators consult with staff on daily problems and procedures with the mean 2.81 ± 0.88 , together with Opportunity for staff nurses to participate in policy decisions with the mean $2.83 (\pm 0.88)$ and A chief nursing officer who is highly visible and accessible to staff 2.83 ± 0.91 . In the first two

components, the need for support and being heard by their managers is essential for staff nurses to perform well (Sodeify et al., 2013; as cited in Garganera, 2023). Then, on the last component, through Garganera's (2023) study, having a nursing director who promotes compelling and influential nursing presence in the hospital, is openly communicative, and utilizes participative leadership can be associated with a professional practice environment that has autonomy and independence in the nursing practice (Hinshaw, 2002; as cited in Almuhsen et al., 2017). Thus, addressing these components may improve this subscale, promote work satisfaction and emotional well-being, and lessen turnover intention. On the study of Brady et al. (2025) wherein levels of nurse staffing, skill mix proportion from staff nurse to nursing assistants has been introduced together that their nurse manager in the unit will not do patient care results to an increase on the mean of the collegial nurse and physician relations (from 2.37 (± 0.46) to 2.61 (± 0.52)) and on that action. Such a proportion was also observed in the setting, which may explain the actual result of this subscale. In terms of Nurse Participation in Hospital Affairs, when considered alongside the theoretical framework, Job Embeddedness theory, it aligns with the 'fit' domain of the theory. They stay because they see the physical and psychological environment as amenable to them.

Table 4.2.2.*Nursing Foundations for Quality of Care*

Nursing Foundations for Quality of Care	Mean (\pm SD)	Interpretation
Active staff development or continuing education programs for nurses	3.38 (\pm 0.66)	Strongly Agree
High standards of nursing care are expected by the administration	3.30 (\pm 0.68)	Strongly Agree
A clear philosophy of nursing that pervades the patient care environment.	3.10 (\pm 0.70)	Agree
Working with nurses who are clinically competent.	3.26 (\pm 0.65)	Strongly Agree
An active quality assurance program.	3.02 (\pm 0.75)	Agree
A preceptor program for newly hired RNs	3.37 (\pm 0.69)	Strongly Agree
Nursing care is based on a nursing, rather than a medical model.	3.16 (\pm 0.71)	Agree
Written, up-to-date nursing care plans for all patients.	3.09 (\pm 0.71)	Agree
Patient care assignments that foster continuity of care, i.e., the same nurse cares for the patient from one day to the next.	2.86 (\pm 0.83)	Agree
Use of nursing diagnoses.	3.13 (\pm 0.72)	Agree
OVERALL	3.17 (\pm 0.55)	Favorable working environment

Table 4.2.2 presents the Nursing Foundations for Quality of Care in the setting and the second subquestion of the second research question. The overall mean of 3.17 (\pm 0.55) indicates that respondents agree that the work environment is preferable or sought after on this subscale. Compared to studies, it was higher than Labrague (2022) at 2.237 (\pm 0.59), Labrague et al. (2022) at 3.016 (\pm 0.44), and Lucas et al. (2023) at 2.90 (\pm 0.50). It was slightly lower in the study by Jabonete et al. (2023), where the mean was 3.21 (\pm 0.68). In the study by Alkorbi et al. (2022), the mean was 2.06 (\pm 0.45), which was the lowest on the subscale. Further, the study by Lucas et al. (2023), which examined the practice environment, quality of care, and patient safety,

found that the nursing foundations for quality care received one of the best ratings in the practice environment, which aligns with this study. Furthermore, Lucas et al. (2023) found that this subscale is related to the quality-of-care rating, such that higher subscale scores are associated with higher quality-of-care ratings. In the study by Al Sabei et al. (2020), it was found that a strong foundation of quality care would double the odds of burnout among nurses. It may be due to activities that pertain to hospital's accreditations and related works that can be stressful and may cause emotional exhaustion (Al Sabei et al., 2020) which may also be seen on the study of Costa et al. (2014, as cited in Al Sabei et al., 2020) wherein they have quality improvement projects and the staff view it dreary, creation of new tasks besides their present work, and hinder their accustomed practices. In the study by Marzuki et al. (2012; as cited in Ali, 2023), nurses expressed high regard for continuing education, as it provides lifelong, transformative learning in the profession (Ali, 2023). In this study, there were four strongly agreed components, which were active staff development or continuing education programs for nurses, high standards of nursing care are expected by the administration, working with clinically competent nurses, and a preceptor program for newly hired RNs, wherein the first one was the highest in the components. These components show that the nurses were prioritized for training and seminars to provide the best possible care. Also, no one was left behind, as preceptors were provided in each unit to guide the newly hired nurses and those who transitioned from one unit to another. With such guidance, staff nurses were expected to provide the best possible care to their patients. From there, every nurse sees the others as competent in the clinical field. Further, the framework, based on Benner's Novice to Expert, with stages indicating when to teach these skills depending on the nurse's years of experience in the setting, was developed and is known as the training matrix. The hospital also

retains its accreditations that advocate for patient safety and quality improvement, such as Accreditation Canada International Diamond Level and ISO 9001:2015 certification. In terms of Nursing Foundations for Quality of Care, when considered alongside the theoretical framework, Job Embeddedness theory, it aligns with the 'links' and 'fit' domains of the theory. They stay because they see the physical and psychological environment as amenable to them, and some people helped them meet their work-related needs.

Table 4.2.3.

Nurse Manager Ability, Leadership, and Support of Nurses

Nurse Manager Ability, Leadership, and Support of Nurses	Mean (\pm SD)	Interpretation
A supervisory staff that is supportive of the nurses.	3.05 (\pm 0.8)	Agree
Supervisors use mistakes as learning opportunities, not criticism	2.93 (\pm 0.81)	Agree
A nurse manager who is a good manager and leader	3.11 (\pm 0.83)	Agree
Praise and recognition for a job well done.	2.79 (\pm 0.85)	Agree
A nurse manager who backs up the nursing staff in decision making, even if the conflict is with a physician	3.09 (\pm 0.81)	Agree
OVERALL	3.01 (\pm 0.73)	Favorable working environment

Table 4.2.3 presents the Nurse Manager's Ability, Leadership, and Support of Nurses in the setting, addressing the third subquestion of the second research question. The overall mean of 3.01 (\pm 0.73) indicates that respondents agree that this subscale describes a preferable or sought-after work environment. Such a mean was much higher than the study of Ali (2023), which was 2.64 (\pm 0.65) and higher than Al Moosa (2020, as cited in Ali, 2023), which was 2.90 (\pm 0.60); but it was lower than the mean in the study of Javier (2021), which was 3.27 (\pm 0.76). This was the highest in

the local study by Jabonete et al. (2023), where the mean was 3.31 (± 0.63). The top three components were: a nurse manager who is a good manager and leader with mean of 3.11 (± 0.83), a nurse manager who backs up the nursing staff in decision making, even if the conflict is with a physician with mean of 3.09 (± 0.81), and a supervisory staff that is supportive of the nurses with a mean of 3.05 (± 0.8). Leadership styles exercise control over nursing practice to deliver top-level patient care, sustain evidence-based practices, and ensure quality care at all levels of management (Günlü, 2018, as cited in Smama'h, 2023). Utilizing a leadership style may reflect a nurse manager's capability to shape the practice environment and staff work performance (Körner et al., 2015, as cited in Smama'h, 2023). Further, those who lead in nursing may adopt leadership styles that align with their practice environment, leadership principles, and corporate culture (Al-Sawai, 2013, as cited in Smama'h, 2023). In the study by Jimenez-Caceres (2025), an integrative review, leadership styles were found to promote and reduce turnover intention. The leadership styles that reduced turnover intention were transformational leadership, authentic leadership, inclusive leadership, ethical leadership, and servant leadership (Jimenez-Caceres, 2025). Further, Magbity et al. (2020, as cited in Jimenez-Caceres, 2025) found that participative leadership may also lessen turnover intention. Further, studies emphasize that such positive leadership styles promote work satisfaction of the staff, sense of belongingness, emotional support, confidence, and agentic capabilities (Coomber & Barnibal, 2007; De Simone et al., 2018; Marufu et al., 2021; Chiu et al., 2009, as cited in Jimenez-Caceres, 2025). The leadership styles that promote turnover intention were abusive leadership, toxic leadership, and relationship-oriented leadership (Jimenez-Caceres, 2025). Also, in the study by Alsaleh et al. (2025), they found that passive-avoidant leadership, or a Laissez-Faire leadership style, promotes turnover intention. Pattali

(2024) recommends that nurse managers must focus on leadership styles to prevent turnover intention. Moreover, leadership styles and management prerogatives combined are essential for employee work satisfaction and retention (Ngabonzima et al., 2020, as cited in Mirzaei et al., 2024). Perceived competence of nurse managers, such as communication, decision-making, and emotional empathy, was key to fostering a dynamic professional environment (Choi et al., 2022, as cited in Mirzaei et al., 2024). Furthermore, managers' competencies, such as advocating for employee support and development, managing change and resources, supervision, quality assurance, and self-mastery, contribute to nurses' work satisfaction and reduce their turnover intention (Mirzaei et al., 2024). On the study of Tihako (2025), this subscale have a negative relationship on care quality and patient safety particularly on the item wherein the managers will be the one to solve problems in nursing care and mistakes in communication, and recommending their households and friends in the hospital if needing hospitalization; but there was a positive relationship on the feeling that the mistakes of the staffs were being held against them, and they rely on floaters, temporary personnel and staffs from another agencies. In the study of Gasparino et al. (2021), better outcomes for patients, which were safety climate and care quality, and the institution, which was turnover intention, contributed to better results of Nurse manager ability, leadership, and support of nurses. Gasparino et al. (2021) suggest that investing in leadership and adequate resources (human capital and materials) may promote quality of care and patient safety and lessen adverse events (Boamah et al., 2018, as cited in Gasparino et al., 2021).

The bottom two components on this subscale were supervisors' use of mistakes as learning opportunities, not as criticism (mean = 2.93 ± 0.81), and praise and recognition for a job well done (mean = 2.79 ± 0.85). A study by Navarro (2022) in this

setting found that managerial support for staff nurses was perceived as high. According to Al Ahmari et al. (2023), nurse recognition and empowerment are key to preventing turnover intention, improving job satisfaction, and accomplishing more assigned tasks. Furthermore, recognition supports nurses' mental health (Alahiane et al., 2023). According to studies, insubstantial managerial support is one of the reasons why nurses leave the country (WHO, 2013; Romualdez et al., 2011; Castro-Palaganas et al., 2017, as cited in Navarro, 2022), and such managerial support affects work satisfaction, work stress, and turnover intention of nurses (Labrague et al., 2018; Rodriguez et al., 2022, as cited in Navarro, 2022). According to Karga et al. (2011), nurses who make mistakes must be provided with a supportive atmosphere and handled constructively to strengthen their competence and error-correction strategies, which, in turn, may prevent further mistakes and enhance patient safety. Further, integrating the "Just Culture" when committing mistakes in practice in which removing the blame to the person and make the system be the one responsible on creating such mistakes results to no fear on consequences when reporting errors; and to be enabled for it to happen the practice environment must be blame free, there must be open communication resulting to learning, active participation of the nurse in analyzing the mistake without instilling fear or consequences to them (Glarcher & Vaismoradi, 2025). In terms of Nurse Manager Ability, Leadership, and Support of Nurses, when considered with the theoretical framework, which was the Job Embeddedness theory, it conforms to the 'links' domain of the theory. They stayed because there were people who helped and supported them in meeting their work-related needs.

Table 4.2.4.

Staffing and Resource Adequacy

Staffing and Resource Adequacy	Mean (\pm SD)	Interpretation
Adequate support services allow me to spend time with my patients	3.01 (\pm 0.73)	Agree
Enough time and opportunity to discuss patient care problems with other nurses	2.96 (\pm 0.76)	Agree
Enough registered nurses to provide quality patient care	2.38 (\pm 0.96)	Disagree
Enough staff to get the work done	2.35 (\pm 0.92)	Disagree
OVERALL	2.68 (\pm 0.69)	Favorable working environment

Table 4.2.4 conveys the Staffing and Resource Adequacy of Nurses in the setting and the fourth subquestion of the second research question. The overall mean of 2.68 (\pm 0.69) indicates that respondents agree that the work environment is preferable or sought after on this subscale. Among the subscales, this subscale had the lowest mean. The components that made it low were the scarcity of nurses in the workplace, which makes the work somewhat difficult to carry out, and the respondents' interpretation of this as a disagreement when asked about the adequacy of such personnel. These may also depend on the patient's care acuity and the availability of personnel on each shift. There may be times when personnel are absent, reducing staffing on that shift, particularly among staff nurses. The solutions other than hiring nursing personnel were to "recall" the scheduled on-call nurse for the time of duty, look for a qualified available nurse from another unit/s, and let the nurse extend the time of duty for another shift (which results in twenty-four hours of duty) as the last alternative. This subscale reflects the shortage of nurses in the hospital, which leaves staff nurses feeling burdened in their professional practice environment. This had become one of the reasons for nurses leaving the setting. The result of this subscale aligns with the study by Al Moosa et al. (2020), in which their mean for this subscale was 2.60

(± 0.70). In Javier's (2021) study, the lowest mean for this subscale was 2.95 (± 0.665). In his study, he found that with more staffing and resources, nurses would exert less effort (Javier, 2021). It was also the lowest in the local study by Jabonete et al. (2023), where the mean was 2.76 (± 0.71). In the study by Alenazy (2023), this subscale was one of the lowest, with a score of 2.88 (± 0.47). In his study, he found that with more staffing and resources, there would be higher job satisfaction and lower turnover intention (Alenazy, 2023). The same goes for specific studies, the studies on job satisfaction and staffing, wherein there was an association with each other (Akien, 2024, as cited in Brady, 2025), and low staffing results in escalating job dissatisfaction (Shin et al., 2018; Wyendaele et al., 2019, as cited in Brady, 2025). In the study by Ali (2023), the mean on this subscale was 2.29 (± 0.68), indicating a limited perception of or unfavorable practice environment, which was also lower in the study by Al-Refaei et al. (2022), where the mean was 2.35 (± 0.65). The studies by Alenazy (2023), Ali (2023), and Al-Refaei et al. (2022) were conducted in Saudi Arabia. In accordance with this, Alsufyani et al. (2020, as cited in Al-Refaei et al., 2022) stated that Saudi Arabia faces problems in nursing practice, including a shortage of nurses and reliance on nurses from overseas. Further, AL-Dossary (2020, as cited in Ali, 2023) supports the findings of those studies in Saudi Arabia, and in his study, the nurses were more concerned about how many nurses would be needed to meet the demands of nursing practice. There was increasing evidence that a smaller number of nurses and staff in healthcare settings results in serious adverse events such as falls, nosocomial infections, medication incidents or errors, and inpatient mortality (Audet et al., 2018; Mitchell et al., 2018, as cited in Ali, 2023). In the study by Swiger et al. (2017), this subscale was also the lowest across hospitals that were Magnet-certified, aspiring Magnet, and non-Magnet-certified facilities, and this finding confirms the study by

Warshawsky and Havens (2011). Further, Warshawsky and Havens (2011) conducted their study worldwide through a comprehensive search, identifying 40 studies; the staffing and resource adequacy subscale was the lowest across the entire subscale. The same holds for the study by Lee and Jang (2023), and this subscale was the most concerning and has been reported in other studies (Mihdawi et al., 2020; Li et al., 2019; Zhao et al., 2019, as cited in Huang et al., 2020). Also, the same applies locally to the studies by Tamayo et al. (2022) and Barandino and Soriano (2019).

According to Barandino and Soriano (2019), such result reflects the country's problem on the shortage of nurses and may affect the performance of care to patients and lack of nurses may create heavy workload resulting to errors, adverse events, complaints, wound infection, and patient death (Cho et al., 2016; Unruh, 2003; Al-Kandari & Thomas, 2018; Liang, 2012, as cited in Barandino and Soriano, 2019). The use of nursing hours per patient day may be used to determine the actual number of nurses needed in the unit, as it is a valid, evidence-based staffing strategy (Kalisch et al., 2011, as cited in Tamayo et al., 2022). Also, longer nursing hours may lead to missed nursing care (Schubert et al., 2009, as cited in Tamayo et al., 2022). In the study of Gasparino et al. (2021), better outcomes for patients, which were safety climate and care quality, and for nurses, which were work satisfaction and emotional depletion, were attributed to better results of Staffing and resource adequacy. Gasparino et al. (2021) suggest that investing in adequate human resources promotes patient safety and work satisfaction and lessens emotional exhaustion. Further, excessive workload and exhausting work processes, a shortage of workforce and materials, and disrespectful relationships would directly affect the quality of life of nurses (Lake et al., 2019, as cited in Gasparino et al., 2021). Studies also show that the quality of care will be affected by staffing and resource adequacy, but not by the

nurse-to-patient ratio (Al Sabei et al., 2020; Yu et al., 2021, as cited in Wang et al., 2025). In terms of Staffing and Resource Adequacy, when considered alongside the theoretical framework, Job Embeddedness theory, it aligns with the 'links' and 'sacrifice' domains of the theory. They stayed because there were people who helped and supported them in meeting their work needs and who developed positive ties with them.

Table 4.2.5.

Collegial Nurse-Physician Relations

Collegial Nurse-Physician Relations	Mean (\pm SD)	Interpretation
Physicians and nurses have good working relationships	3.08 (\pm 0.64)	Agree
A lot of team work between nurses and physicians.	3.10 (\pm 0.70)	Agree
Collaboration (joint practice) between nurses and physicians	3.08 (\pm 0.70)	Agree
OVERALL	3.08 (\pm 0.64)	Favorable working environment

Table 4.2.5 conveys the Collegial Nurse-Physician Relations and the fifth subquestion of the second research question. The overall mean of 3.08 (\pm 0.64) indicates that respondents agree that this subscale describes a preferable or sought-after work environment. The mean was slightly lower than the study by Javier (2021), which was 3.13 (\pm 0.570), and slightly higher than the study by Ali (2023), which was 3.06 (\pm 0.50). It was also lower than the study by Jabonete et al. (2023), which reported 3.27 (\pm 0.63). It was the second-highest in the lineup in terms of the mean on every subscale of the PES-NWI in this study. The staff nurses coordinate with the physician assigned to each floor and are called Fellows on-duty (which include cardiologists, pulmonologists, pediatric cardiologists, pediatric pulmonologists, anesthesiologists, and surgeons), hospitalists, and consultants, depending on the patients' choice. They

work together for better patient outcomes, and when a crisis arises. According to Schmalenberg and Kramer (2009), 20,000 nurses described five types of nurse-physician relationships: collegial relationships, collaborative relationships, student-teacher relationships, friendly strangers, and hostile or adversarial relationships. Focusing on collegial relationships entails having equivalent confidence, authority, and respect for one another and seeing each other as peers (Schmalenberg & Kramer, 2009). Thus, they rely on each other without any hesitation. On the study of Brady et al. (2025) wherein levels of nurse staffing, skill mix proportion from staff nurse to nursing assistants has been introduced together that their nurse manager in the unit will not do patient care results to an increase on the mean of the collegial nurse and physician relations (from 2.75 (± 0.47) to 2.93 (± 0.43)) and on that action. Such a proportion is also observed in the setting, which may explain the actual result of this subscale. Further, it will be lower if there were greater staffing workloads, which may hinder communication among nurses and physicians (Burns, 2011, as cited in Brady et al., 2025). In the study by Tlhako et al. (2025), this subscale is associated with adverse events, particularly medication errors, falls, and nosocomial infections, resulting in a negative relationship. In the study by Huang et al. (2021), this subscale has a large direct effect on nurses' perceived quality of care, and, accordingly, an ambience of impartiality, respect, and teamwork was found to be the best indicator of quality care. In the study of Gasparino et al. (2021), better outcomes for nurses, which were work satisfaction and emotional depletion, and the institution, which was turnover intention, were attributed to better results of collegial nurse-physician relations. The findings of Gasparino et al. (2021) suggest that implementing appropriate resources and fostering collegial physician-nurse relations may promote work satisfaction and reduce emotional depletion. In the study by Tarhan et al. (2021), in which respondents

were fresh nursing graduates, views shared that independent nursing roles and responsibilities were key to better interdisciplinary collaboration among health professionals and that relationships with physicians were somewhat hierarchical. Also, in other studies the nurses view such hierarchical relationship to the physician to be low-moderate level (Amsalu et al., 2014; Boev & Xia, 2015; Hosny & Sabra, 2021; Tang et al., 2017; Migotto et al., 2019; Brown et al., 2015, as cited in Tarhan et al., 2021) and such fresh graduates that have weak professional identity, as they were new to the profession view themselves to be inferior to the physicians and shows low self-esteem in communicating to them that they cannot create hierarchical relationships (Tang et al., 2018, as cited in Tarhan et al., 2021). Those who are seasoned nurses, who have high autonomy in practice and profession, view themselves as highly collaborative with physicians (Parizad et al., 2021; Georgiou et al., 2017, as cited in Tarhan et al., 2021). Based on the data from this study, many were experienced nurses in the setting, which may have contributed to the mean value of this subscale. According to Jacobs (1999, as cited in Kangasniemi et al., 2024), collegiality does not necessarily mean collaboration; it is more than that. Collaboration was defined as the process of active participation, communication, and coordination among professionals to achieve their specified goal; the goal was to reach unanimity and handle conflict to ensure the goal was achieved (Kangasniemi et al., 2024). Then, the goal of nurse-physician collegiality was to enhance communication, aid to create decisions (Gasparino et al., 2021; Thorpe & Kalischuk, 2003; Laugesen et al., 2022, as cited in Kangasniemi et al., 2024), establish collaborative learning, perform sharing of knowledge (Koskenranta et al., 2022; Laugesen et al., 2022, as cited in Kangasniemi et al., 2024) and empower collegial mentoring (Gulla et al., 2019; Koskenranta et al., 2022; Laugesen et al., 2022, as cited in Kangasniemi et al.,

2024). Thus, collegiality has been defined as a process of working together unanimously (Broadbent and Moxham, 2014, as cited in Kangasniemi et al., 2024), and it involves a shared affinity among two or more professionals who have common work goals and are respectful of their cultural diversity in the workplace. In terms of Collegial Nurse-Physician Relations, when considered alongside the theoretical framework, Job Embeddedness theory, it aligns with the 'links' and 'sacrifice' domains of the theory. They stayed because there were people who helped and supported them in meeting their work-related needs and may have created positive ties with those people.

Table 4.2.

<i>Perception in Professional Practice Environment</i>	
	Mean (\pm SD)
Perception in Professional practice environment	2.98 (\pm 0.57)
Staffing and Resource Adequacy	2.68 (\pm 0.69)
Nurse Participation in Hospital Affairs	2.96 (\pm 0.65)
Manager ability, leadership, and support of nurses	3.01 (\pm 0.73)
Collegial Nurse-Physician Relations	3.08 (\pm 0.64)
Nursing Foundations for Quality Care	3.17 (\pm 0.55)

The second row of Table 4.2 presents the overall mean for the perceived professional practice environment. Then, the subscales under it were displayed in a rising order from Staff and Resource Adequacy to Nursing Foundations for Quality Care to show where improvement was needed. According to Lake (2002), the nurses' participation in hospital affairs and in Nursing foundations for quality care reflected the hospital environment as a whole, whereas the remaining three reflected the hospital's units. The total composite score for this study was 2.98 (\pm 0.57), which indicates that the hospital has a favorable working environment (Lake, 2002). Further, according to Lake and Friese (2006, as cited in Ali 2023), a mean of more than 2.50 on the

subscales, resulting in a total composite score in this study, indicates a favorable working environment. Therefore, this hospital has a conducive professional practice environment as perceived by the staff nurses.

Such total composite score and means of the subscales were identical to the hospitals in the United States of America that have Magnet® designation, were military hospitals, aspiring Magnet hospitals, and civilian hospitals with no Magnet designation which were having means of more than 2.5 and viewed such hospitals to be favorable working environment and seen that such hospitals were models of excellence in the professional practice environment (Patrician et al., 2022). In a local study by Jabonete et al. (2023) in a tertiary hospital, the overall composite score was 3.15 (± 0.59), indicating a favorable working environment, as reflected in the corresponding subscales. In the study of Ali (2023), the overall composite mean was 2.71 (± 0.47), and had a subscale that had an unfavorable environment, which was staffing and resource adequacy, with a mean of 2.29 (± 0.68), which needs to be improved. Overall, it was still seen to have a favorable professional practice environment. In the study by Yanarico et al. (2020), the overall composite mean was 2.54 (± 0.50), and the study identified two subscales as unfavorable practice environments: staffing and resource adequacy (mean of 2.23 [± 0.66]) and nurse participation in hospital affairs (mean of 2.37 [± 0.70]). These subscales need to be improved and regard their professional practice environment to be mixed (in accordance with Lake and Friese (2006, as cited in Ali, 2023) as it still had some favorable work environment subscales. Finally, this study's finding overturns that of Lansiqout et al. (2012, as cited in Swiger et al., 2017), which reported a mean of 2.03, an unfavorable score in their professional practice environment as perceived by nurses in the Eastern Caribbean, when paired with nurses' turnover intention. According to the job embeddedness theory, perceptions of

professional practice environment connections and linkages led nurses to stay in their work organizations. In terms of links, the nurse manager's ability, leadership, and support of nurses; nursing Foundations for Quality of Care; staffing and resource adequacy; and collegial nurse-physician relations were considered. In terms of fit, the nurse's participation in hospital affairs and the nursing foundations of quality care were considered. Finally, in terms of sacrifice, staffing and resource adequacy, and collegial nurse-physician relations were considered.

The Organizational Commitment

Table 4.3.1

Affective Commitment

Affective commitment	Mean (\pm SD)	Interpretation
I would be very happy to spend the rest of my career with this organization.	3.07 (\pm 1.09)	Fairly Committed
I enjoy discussing my organization with people outside it.	3.48 (\pm 1.17)	Strongly Committed
I really feel as if this organization's problems are my own.	3.01 (\pm 1.07)	Fairly Committed
I think that I could easily become as attached to another organization as I am to this one (Reversed).	2.96 (\pm 1.02)	Fairly Committed
I do not feel like 'part of the family' at my organization (Reversed).	3.44 (\pm 1.13)	Strongly Committed
I do not feel 'emotionally attached' to this organization (Reversed).	3.34 (\pm 1.11)	Strongly Committed
This organization has a great deal of personal meaning for me.	3.52 (\pm 1.10)	Strongly Committed
I do not feel a strong sense of belonging to my organization (Reversed).	3.49 (\pm 1.13)	Strongly Committed
OVERALL	3.29 (\pm 0.60)	Fairly Committed

Table 4.3.1 presents the respondents' affective commitment and the first subquestion of the third research question. It is the only component of the Organizational commitment that have 'strongly committed' means such as I enjoy discussing my organization with people outside it with mean 3.48 (± 1.17), I do not feel 'emotionally attached' to this organization (Reversed) with mean 3.34 (± 1.11), and This organization has a great deal of personal meaning for me 3.52 (± 1.10), I do not feel a strong sense of belonging to my organization (Reversed) with mean 3.49 (± 1.13). Those that have a reversed item had already been converted to its actual scale and interpretation. The nurses in this hospital loved to talk to other people, such as friends, family, acquaintances, and the like, about what it was like in their workplace. Also, they felt they were part of this hospital, were emotionally attached, and truly felt they belonged. According to Opinion (2021), such nurses were proud of the prestige of their work organization or hospital, as they shared in its triumphs. Then, the lowest mean for this component was "I think I could easily become as attached to another organization as I am to this one" (Reversed), which was 2.96 (± 1.02). This was on the fairly committed side, according to Oyzer (2010, as cited in Opinion, 2021), with the respondents being happy when they were members of the organization. In accordance, the overall mean for this component was 3.29 (± 0.60), indicating that the respondents were pretty committed to the hospital organization they worked for. This is just above the not committed side, where there is a need to improve this subscale. However, this was the highest among the three components, indicating that the respondents were emotionally attached to the hospital in which they were involved. This result overturned the study by Digonis (2023), in which their respondents reported the lowest score on this component and reported no emotional bonds in the organization they were working in. Further, this component was important for the

nurses, as it helped them stay in the organization due to the emotional investment made in them (Arbabisarjou et al., 2016; Orgambídez, 2018, as cited in Dignonis, 2023). In the study by Mon et al. (2022), affective commitment also had the highest mean, other than the two, and, according to Meyer and Allen (2007, as cited in Mon et al., 2022), this was the most advantageous component of organizational commitment. The study by Elased (2020), in which their affective commitment was low, imitated the leadership style used (which was also evident in the study by Nunes and Gaspar, 2017, as cited in Elased, 2020) and the support given to them. Further, when low, it increases turnover intention, as evidenced in the study by Gaudenz et al. (2017, as cited in Elased, 2020). According to the job embeddedness theory, connections and linkages within the organization contributed to nurses' organizational commitment, leading them to stay in their work organization. In terms of 'links' and 'fit' domains, the affective commitment was considered. It entails that the staff nurses were compatible with and connected to the organization through the people around them.

Table 4.3.2.*Continuance Commitment*

Continuance commitment	Mean (\pm SD)	Interpretation
I am not afraid of what might happen if I quit my job without having another one lined up. (Reversed)	3.17 (\pm 1.23)	Fairly Committed
It would be very hard for me to leave my organization right now, even if I wanted to.	3.20 (\pm 1.17)	Fairly Committed
Too much in my life would be disrupted if I decided I wanted to leave my organization now.	3.10 (\pm 1.11)	Fairly Committed
It wouldn't be too costly for me to leave my organization now (Reversed).	3.17 (\pm 1.15)	Fairly Committed
Right now, staying with my organization is a matter of necessity as much as desire.	3.43 (\pm 1.20)	Fairly Committed
I feel that I have too few options to consider leaving this organization.	2.99 (\pm 1.12)	Fairly Committed
One of the few serious consequences of leaving this organization would be the scarcity of available alternatives.	3.11 (\pm 1.19)	Fairly Committed
One of the major reasons I continue to work for this organization is that leaving would require considerable personal sacrifice - another organization may not match the overall benefits I have here.	3.37 (\pm 1.18)	Fairly Committed
OVERALL	3.19 (\pm 0.65)	Fairly Committed

Table 4.3.2 presents the respondents' continuance commitment and the second subquestion of the third research question. It placed second overall, with a mean of 3.19 (\pm 0.65). The respondents' responses were fairly committed, resulting in an overall response that was also fairly committed. This result was just above the 'not committed' side and needs further improvement to increase nurses' commitment at this hospital. The top three statements in terms of the mean were: Right now, staying with my organization is a matter of necessity as much as desire with a mean of 3.43 (\pm 1.20), One of the primary reasons I continue to work for this organization is that leaving would require considerable personal sacrifice—another organization may not match the overall benefits I have here with a mean of 3.37 (\pm 1.18), and It would be tough for me to leave my organization right now, even if I wanted to with a mean of

3.20 (± 1.17). Such findings support the statement on the studies that nurses were committed to the hospital that they were working, as of the moment, because they do not see any opportunities outside the hospital that they would benefit more from what they presently getting (Arbabisarjou et al., 2016; Orgambídez, 2018, as cited in Digonis, 2023; Taing et al., 2011; as cited in Opinion, 2021) locally, or they were patiently waiting for their turn to get opportunities abroad. Further, personal sacrifice has hit the respondents with the mean of 3.37 (± 1.18) entails that their sacrificing what they achieved on the organization (workmates or colleagues, career or professional development, pleasurable assignments, and stable employment) and community (supportive environment) that may be lost through cost and psychological advantage if they leave the organization (Mitchell, 2001, as cited in Opinion, 2021). In the study by Khan et al. (2021), nurses' continuance commitment may also depend on their tenure in the organization, with many having been in the organization for 3-4 years or more. This may be incongruent with the studies of Saleh et al. (2014, as cited in Al-Haroon and Al-Qahtani, 2020) and Al-Haroon and Al-Qahtani (2020) that got the highest mean on the three components, as the study happened in Saudi Arabia and their respondents were Saudi nationals and non-Saudi citizens, wherein mostly these non-Saudi citizens had the highest mean than those with Saudi nationals. Further, in the study by Neves et al. (2022), they reported a high mean for this component, indicating that nurses perceived fewer alternative work opportunities than they had, which may lead them to remain in the organization. Thus, being in a fairly committed position entails that nurses may be committed to staying, but if there is an opportunity, they will leave the organization. According to the job embeddedness theory, connections and linkages within the organization contributed to nurses' organizational commitment, leading them to stay in their work organization. In the 'sacrifice' domain,

continuance commitment was considered. It entails the costs and benefits that staff nurses have to trade if they leave the organization.

Table 4.3.3.

Normative Commitment

Normative commitment	Mean (\pm SD)	Interpretation
I think that people these days move from company to company too often.	3.06 (\pm 1.05)	Fairly Committed
I do not believe that a person must always be loyal to his or her organization (Reversed).	3.15 (\pm 1.16)	Fairly Committed
Jumping from organization to organization does not seem at all unethical to me (Reversed).	2.89 (\pm 1.14)	Fairly Committed
One of the major reasons I continue to work for this organization is that I believe that loyalty is important and therefore feel a sense of moral obligation to remain.	3.21 (\pm 1.17)	Fairly Committed
If I got another offer for a better job elsewhere, I would not feel it was right to leave my organization.	2.89 (\pm 1.15)	Fairly Committed
I was taught to believe in the value of remaining loyal to one's organization.	3.29 (\pm 1.15)	Fairly Committed
Things were better in the days when people stayed with one organization for most of their careers.	3.14 (\pm 1.13)	Fairly Committed
[I do not think that wanting to be a 'company man' or 'company woman' is sensible anymore (Reversed).	3.00 (\pm 1.01)	Fairly Committed
OVERALL	3.15 (\pm 0.54)	Fairly Committed

Table 4.3.3 presents the Normative commitments of the nurses at this hospital and addresses the third subquestion of the third research question. All of the items answered fall on the 'fairly committed' interpretation. The top three items of this component were: I was taught to believe in the value of remaining loyal to one's organization with a mean of 3.29 (\pm 1.15), One of the primary reasons I continue to work for this organization is that I believe that loyalty is important and therefore feel a sense of moral obligation to remain with a mean of 3.21 (\pm 1.17), and I do not believe that a person must always be loyal to his or her organization (Reversed) with a mean

of 3.15 (± 1.16). Based on the top three findings, loyalty was the key factor in respondents' commitment to the organization. According to Abdi et al. (2020), normative commitment depends on respondents' loyalty and morals, and higher loyalty and morals are associated with greater organizational commitment. Further, normative commitment was also developed through socialization, leading the employee to feel more obligated, and loyalty may be expressed based on what others have shown in the organization. Thus, such commitment occurs when it is demanded by those who choose to stay in the organization. The lowest were: If I got another offer for a better job elsewhere, I would not feel it was right to leave my organization, with a mean of 2.89 (± 1.15), and jumping from organization to organization does not seem at all unethical to me (Reversed), with a mean of 2.89 (± 1.14). From these lowest agreement findings, the respondents feel that some things keep them with the organization, but they do not limit themselves to one organization and give themselves the chance to find one if needed. The study by Gambino (2010, as cited in Rodríguez-Fernández, 2024) found that this subscale was a powerful indicator of intention to stay among nurses and was linked to their age, suggesting that normative commitment should be reinforced among younger nurses in the organization. According to Ashari et al. (2005, as cited in Abdi et al., 2020), people with high normative commitment were aware of how others perceived them if they left the organization.

The overall mean of 3.15 (± 0.54) indicates that respondents are fairly committed to this component. Further, this mean was among the lowest of the three components. This goes with the study of Neves et al. (2022), wherein their mean on this subscale was the lowest but below the midpoint value, and in the study of Nunes and Gaspar (2017, as cited in Neves et al., 2022), wherein they also got a low value of their mean on their subscale. The result of this study was also congruent with the

result of Mon et al. (2021) wherein they got the lowest mean of this component and seen the reason of why they got the result as there was no personal and professional or work-life balance and less perception of support from their organization; and nurses stay may be due to scarce opportunity elsewhere and their living expenses. In turn, when the organization shows support and provides benefits to its employees, employees will reciprocate by becoming loyal to the organization (Allen and Meyer, 1990, as cited in Mon et al., 2021). The result of this study overturns that of Das et al. (2020), in which their normative commitment had the highest mean among the three components. This may depend on respondents' cultural differences in how they perceive such commitment (Das et al., 2020). According to Tsai (2015, as cited in Abdi et al., 2020), employees who have high normative commitment exhibit punctuality, productivity, meet targets, and are highly performing; but those who have low normative commitment show frequent absenteeism, are less motivated, have high turnover intention, and experience increased turnover. Further, this study was incongruent with the findings of Albasal et al. (2022), wherein their normative commitment was their highest, which may be due to their nurse participants being at a senior level, wherein they reflect on the mission of their organization, being responsible for acting on it, and may have ethical responsibility towards their patients. According to the job embeddedness theory, connections and linkages within the organization contributed to nurses' organizational commitment, leading them to stay in their work organization. In terms of the 'fit' domain, the normative commitment was considered. It entails that respondents' work values are compatible with the work organization.

Table 4.3.

Organizational Commitment of the respondents

	Mean \pm SD
Organizational commitment	3.21 \pm 0.44
Affective commitment	3.29 \pm 0.60
Continuance commitment	3.19 \pm 0.65
Normative commitment	3.15 \pm 0.54

Table 4.3 summarizes the components and conveys the study's overall organizational commitment. The components have been arranged in decreasing order to identify areas for further improvement. Nevertheless, all components and the overall mean of organizational commitment in this study were interpreted as indicating fairly committed individuals. This suggests that the respondents were committed but needed support to remain in the organization. If the mean scores are compared with other studies from different countries, they may differ due to the diverse scales used and cultural differences in perceptions of organizational commitment (Labrague et al., 2018). In the local study of Manaloto et al. (2022), their affective commitment had a higher mean, and they say that nurses give value to the work and organization and see that the nurses were satisfied with their job, which makes them stay in the organization (Hee and Kyung, 2016, as cited in Manaloto et al., 2022). This was in line with the study by Riono et al. (2023), which found that to increase organizational commitment, employees' work satisfaction must be increased to encourage them to remain in their work organization. Further, on the study of Hovee (2018, as cited in Yazıcı and Akkaya, 2024), those with high affective commitment also have high work satisfaction, deeper job and professional attachment, lesser stress at work, and glad to be a part of the organization; and those who were fresh graduates have low organizational commitment as they did not felt support from their co-workers, managers, and physicians, had disappointment on their current work, and

encountered complex cases. In the study by Gassas and Salem (2022), they found that those with 5 years of work experience show higher organizational commitment. In accordance, this study has respondents with 5 years of experience as registered nurses (66.48%) and 48.73% who have worked in the hospital for 5 years or more. More or less than half of the respondents have the duration, which made them the least fairly committed in the organization, and such respondents already have seniority, profound knowledge of the policies and procedures, and familiarity with the job situation (Gassas & Salem, 2022). In Sepahvand's (2017, as cited in Gassas and Salem, 2022) study, it was found that work shifts affect continuance commitment, especially on night shifts, holidays, and rotational work schedules. The respondents' work schedules vary; typically, on the first day, they may have the day shift, the following day an evening shift, and two days off, then repeat. This may have affected their results, leading to some level of commitment to the organization in terms of continuance commitment. In the study of Ali et al. (2024), they found that nurses, as their respondents, have low commitment to their healthcare organizations, which may be due to less engagement in decision-making processes, a lack of communication channels with their managers, a need for an affective bond in their organization, and a lack of work experience. In the study by Wei et al. (2020, as cited in Yazıcı, and Akkaya, 2024), nurses who show decisive leadership increase their staff's work performance and organizational commitment, reduce burnout, and ultimately prevent turnover intentions. According to the job embeddedness theory, connections and linkages within the organization contributed to nurses' organizational commitment, leading them to stay in their work organization. In terms of links, the affective commitment was considered. In terms of fit, affective commitment and normative commitment were considered. Finally, in terms of sacrifice, continuance commitment

was considered. Together with the theory of Structural empowerment, wherein they got the resources they needed to become committed in the organization through the three components affective, continuance, and normative commitments, will enhance their commitment in the organization and make them more empowered to be committed to such.

The Turnover Intention

Table 4.4.

Turnover Intention of the respondents

	Mean \pm SD	Interpretation
Turnover Intention	19.34 \pm 4.57	High desire to leave the organization

Table 4.4 presents the Turnover intention of respondents in the research setting and addresses the fourth research question. Upon analyzing the overall mean total score of 19.34 (\pm 4.57), it indicates that the staff nurses desire to leave the organization. The result was higher than Alenazy (2023), who reported 17.34 (\pm 4.94) for critical care nurses in Saudi Arabia, who expressed a desire to remain in the organization. In the study by Aljawarneh et al. (2025), in which their respondents were nurses from the United Arab Emirates, the result was 17.81 (\pm 4.82), indicating their desire to stay in the organization. Locally, the study of Cruz et al. (2022), which focuses on the teaching and non-teaching personnel of a private college institution, reported a mean of 14.67 (\pm 4.40), which was also lower than the actual result of this study, which indicates they intend to stay in their college. This turnover intention scale directly predicts turnover among nurses (Bothma & Roodt, 2013), indicating that whenever there is an opportunity to leave the hospital, they will do so without hesitation. It was supported by Memisevic and Ibralic (2025, as cited in Alshmemri, 2025). This was

evident in the setting, with new nurses being hired and staff nurses moving quickly from wards to special and critical areas. To replace nurses who leave the wards, the hospital will hire new staff nurses, and to compensate nurses in the special and critical areas, they will transfer staff nurses from the wards. Mostly, the nurses who left went abroad, and many of those who stayed had plans to follow, or already wanted to go abroad, and may mainly be aiming for financial stability. However, Alshmemri (2025) found that salary does not predict turnover intention, but rather nurses' quality of life, younger age group, single status, and Saudi nationality. However, the typical causes of turnover intention were low salary, heavy workload, inadequate professional development, and low support from their organizations (Mafula et al., 2025; AbdELhay, 2025, as cited in Alshmemri, 2025). Despite that, in the study done by Almubark et al. (2025), they found out that nurses want to leave their organization because they see the same work but higher salaries in other countries, they referred to Filipinos, as they want to go to European and Canadian countries (Almonsour, 2017, as cited in Almubark et al., 2025).

On the study of Mehra et al. (2024), when the COVID-19 pandemic came, half of their participants express their turnover intention which was incongruent on the studies of Chen et al. (2021, as cited Mehra et al., 2024) and Urooj (2020, as cited Mehra et al., 2024) whose respondents were nursing students and novice nurses. However, it was congruent with the studies of Bayer et al (2021, as cited (Mehra et al., 2024), De Los Santos (2022, as cited Mehra et al., 2024), and Gong et al. (2021, as cited Mehra et al., 2024) wherein their participants were the healthcare professionals, nurses, and nursing and medicine students that have expressed their turnover intention from moderate to extreme. It was also consistent with the study by Dangol Shrestha et al. (2025), in which more than half of their respondents reported turnover

intention. Further, Dangol Shrestha et al. (2025) found that work satisfaction of nurses was associated with turnover intention. In the study by Lopez (2025), nearly half of the respondents who worked after the recent pandemic reported turnover intentions, with some indicating they intended to stay and others to leave. Further, Lopez (2025) found that those who intend to stay would perceive more duty to care than those who want to leave. In the study of Jimenez-Caceres et al. (2025), they found that leadership styles have an association with turnover intention; those with positive associations were abusive, relationship-oriented, and toxic leadership styles, and those with negative associations were authentic, ethical, inclusive, transformational, and servant leadership styles. In the study of Poku et al. (2025), they found that resilience and work engagement have a negative relationship, with resilience mediating between work engagement, making not only work engagement but also resilience predict turnover intention. According to Salem et al. (2016, as cited in Alenazy, 2023), organizational commitment and work satisfaction of nurses were the most important indicators for turnover intention and work productivity; then work satisfaction increases when the professional practice environment is favorable for the nurses (Alenazy, 2023). On the study of Patrician et al. (2022) comparing United States hospitals which were military and civilian (wherein civilian were Magnet®, aspiring-Magnet, and non-Magnet), the military hospitals have highest turnover intention and followed by the non-Magnet, aspiring-Magnet, and the least the Magnet® hospital as the control of management in preventing turnover intention that was high in such hospitals was low, especially the military hospitals (Breckenridge-Sproat et al., 2017, as cited in Patrician et al., 2022). Through the job embeddedness theory, there were no connections and linkages that occurred in the turnover intention that made the nurses want to leave their work organization. Through such details, there were sufficient resources, such as

situations, and they may have seen the whole picture of the organization they were working in, which made them empowered through the theory of structural empowerment to have turnover intention.

Relationship of Professional Practice Environment and Turnover Intention

Figure 4.1. Relationship between professional practice environment and turnover intention.

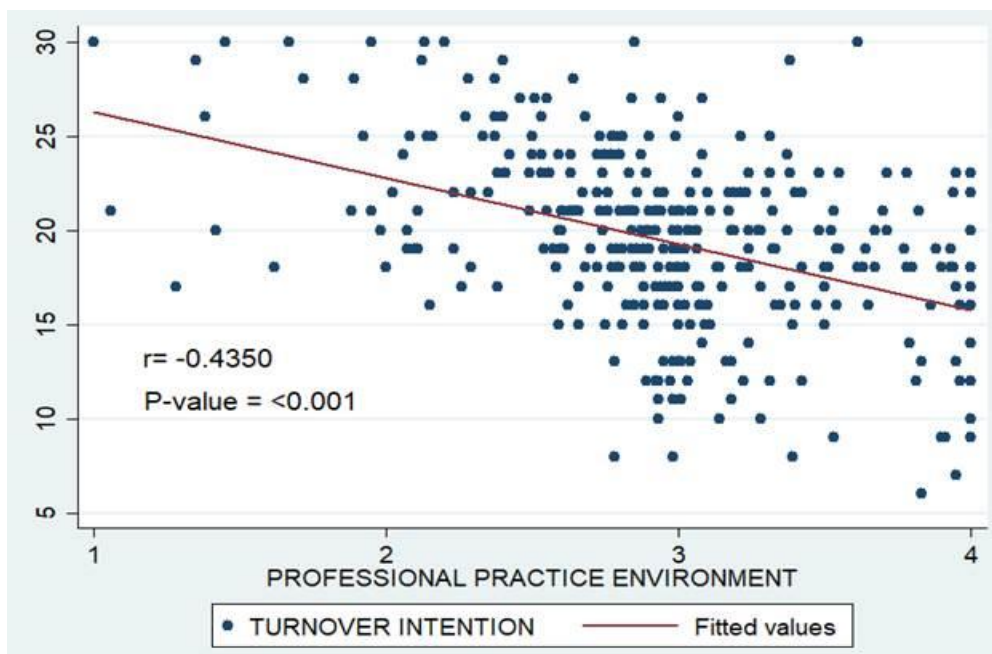


Figure 4.1 conveys the correlation between the Professional Practice Environment and Turnover Intention through a scatter plot. It answers the fifth research question: Is there a correlation between perceived professional practice environment and turnover intention? and answers the first hypothesis: There is no significant relationship between Perceived Professional Practice Environment and Turnover Intention. It shows that the perception in the professional practice environment has a relationship with turnover intention (p-value < 0.001). It entails that it has a moderate negative correlation with Pearson coefficient $r = -0.4350$, wherein when the Professional Practice Environment increases, the Turnover Intention decreases. It

answers the fifth research question and the first hypothesis, wherein there was a significant relationship between Perceived Professional Practice Environment and Turnover Intention. Thus, if the professional practice environment is at an optimum level, there will be a significant decrease in the turnover intention; then, if the professional practice environment is at its lowest, the turnover intention will also be at its highest. In the study of Alenazy (2023), they found out that the professional practice environment predicts turnover intention with a negative relationship which was also supported by Rashid et al. (2016, as cited in Alenazy, 2023), Papathanassoglou et al. (2012, as cited in Alenazy, 2023) and Georgiou et al. (2017, as cited in Alenazy, 2023). However, on the study of Aljawarneh et al. (2025) they found out that there has been no relationship between the professional practice environment and turnover intention as it may be due to alterations in the definition of the constructs of the professional practice environment, cultural and organizational diversity in the healthcare system of United Arab Emirates; but, they found out that professional practice environment predicts inversely the turnover intention. Then, on the findings of Al-Hamdan et al. (2017, as cited in Aljawarneh et al., 2025), they found an association between professional practice environment and turnover intention, which somehow supports the study of Aljawarneh et al. (2025) in terms of predicting turnover intention by the professional practice environment. In the study of Sheng et al. (2023), which was also congruent with this study, they also found that the professional practice environment has a direct influence on turnover intention, wherein nurses' turnover intention will be high if they have an unsatisfactory professional practice environment. Furthermore, if the professional practice environment had been improved in the organization, there would be better work satisfaction among nurses, fewer work stressors, the development of nurses' careers by having access to resources, and

providing wide-ranging care to patients, which may then influence turnover intention (Sheng et al., 2023). This study was also congruent with the findings of Cao et al. (2021) who studied new graduate nurses employed in a hospital, wherein the professional practice environment had significant and negative correlation with turnover intention and it had predicted turnover intention which were also similar to other studies (Kim and Yeo, 2019, 2021; Kim & Kim, 2021; Lavoie-Tremblay et al., 2016, as cited in Cao et al., 2021), and have mediation from transition shock on such correlation in which providing a positive practice environment may help such new graduate nurses in their socialization and transition on their work. Also, there was a finding on the study of Al Yahyaei et al. (2022) that the research of Al-hamdan et al. (2017) in professional practice environment has a positive correlation with the intention to stay wherein if their intention to stay increase of 3.6 points, there will be 1 unit increase on the mean of the professional practice environment as their respondents were Jordanian public hospital nurses, in which it was congruent with this study. This study was incongruent with Muharni et al. (2022), as they found that there was a relationship between professional practice environment and turnover intention, and they had a positive relationship. The result of Muharni et al (2022) may be due to the low number of participants, which was 85, and they used the Nurse Turnover Intention Scale as their measurement for turnover intention. Also, with the study Hae-na and Hyeong-un (2021), wherein they found no significant relationship between professional practice environment and turnover intention of nurses. The result of Hae-na and Hyeong-un (2021) may be due to different settings, as they got responses from three different tertiary hospitals in South Korea, even though they got 371 nurse respondents. Furthermore, on the study of Brady et al (2025), they did not capture the association of professional practice environment and turnover intention on their study

even if they have done pre and post-test observation on the respondents with the implementation of the framework for nurse staffing, skill mix in the adult medical surgical hospitals in Ireland (Department of Health, 2018, as cited in Brady et al., 2018). On the study of Park and Song (2023) who studied emergency room nurses in South Korea, their finding on the professional practice environment which was Nursing manager's ability, leadership, and support of nurses had a negative relationship to turnover intention wherein the more the nurse positively perceive their manager's ability and support the lesser they feel to leave their organization or hospital, which may be due to respect that the nurses show and feeling that they owe camaraderie on their manager that may be of aid to develop a strategy in dealing with patients (Luthar et al., 2000, as cited in Park and Song, 2023). On the study of Pabico (2024) they found out that the professional practice environment was a predictor for nurses in the frontlines to stay in their organization, and the higher the composite score or the overall mean of the perceived professional practice environment the higher their perception to stay in their organization than to have turnover intention which was consistent with other studies (Lake et al., 2019; Nowrouzi et al., 2017; Kutney-Lee et al., 2016; Wilson et al., 2015; Friese & Himes-Ferris, 2013; Lin et al., 2011, as cited in Pabico, 2024). Further, they would stay more if they had better pay and benefits, appropriate staffing of nurses, and deepest respect from the management (AACN 2021, as cited in Pabico, 2024). Finally, through the job embeddedness theory, there were connections and linkages that occurred in the perception of the professional practice environment that made the nurses stay in their work organization. In terms of links, the nurse manager's ability, leadership, and support of nurses, nursing Foundations for Quality of Care, staffing and resource adequacy, and collegial nurse-physician relations were considered. In terms of fit, the nurse's participation in hospital affairs, the nursing

foundations of quality care were considered. In terms of sacrifice, staffing and resource adequacy, and collegial nurse-physician relations were considered. With accordance to theory of Structural empowerment, which was the supporting theory of this study, entails that the nurses have the resources and information that would empower them why would they leave or stay the organization and it was for them to weigh it to have such decisions of staying or leaving the organization.

Relationship of Organizational Commitment and Turnover Intention

Figure 4.2. Relationship between organizational commitment and turnover intention.

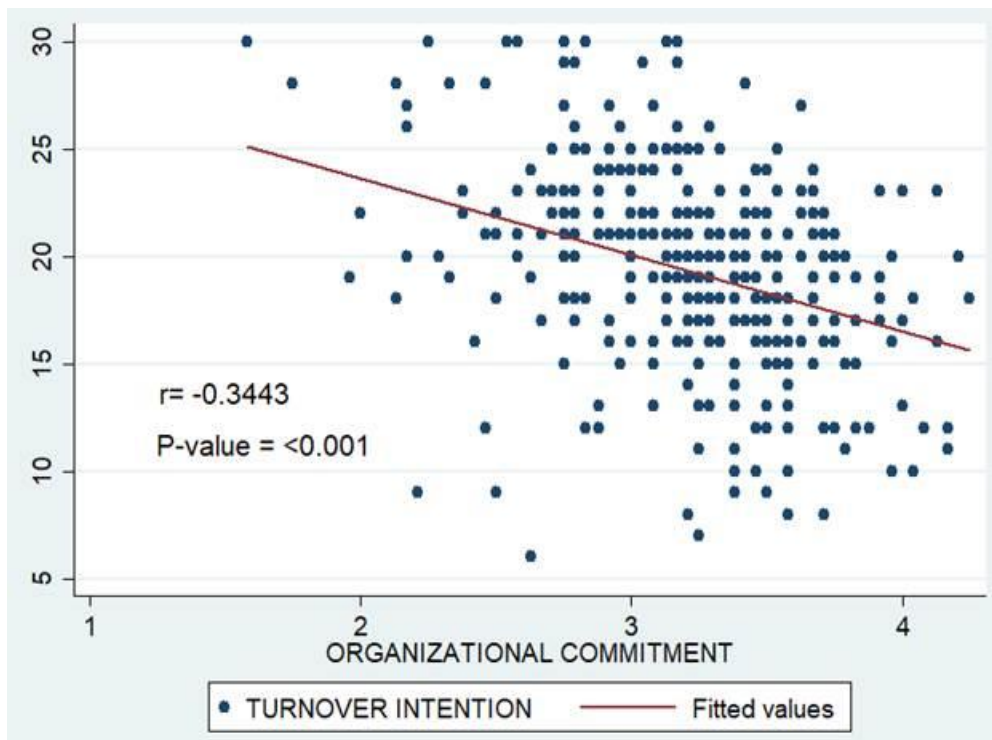


Figure 4.2 conveys the correlation between Organizational Commitment and Turnover Intention through a scatter plot. It shows that Organizational Commitment has a relationship with Turnover Intention ($p\text{-value} < 0.001$). It entails that it has a moderate negative correlation with Pearson coefficient $r = -0.3443$, wherein when the Organizational Commitment increases, the Turnover Intention decreases. It answers

the sixth research question and the second hypothesis, wherein there was a significant relationship between Organizational Commitment and Turnover Intention. Thus, if the Organizational Commitment was at an ideal level, there would be a significant decrease in the turnover intention; if the Organizational Commitment was at its lowest, the turnover intention would also be at its highest.

The result of this study was parallel to the study of Binkanan et al. (2024), wherein they found that organizational commitment has a significant relationship with turnover intention, with a strong negative correlation with each other, among the respondents, who were wound care staff in Saudi Arabia. In the study of Wang et al. (2022), they found that the three components of organizational commitment and the whole have a negative association with turnover intention of intensive care unit nurses, which was also in line with the study of Labrague (2018). Further, the study was also congruent with the local study of Labrague et al. (2018), wherein they found that organizational commitment has a reverse correlation with turnover intention, and they suggested that those who were more committed were contented and satisfied with the work they had and would like to stay more in their current employment. This was consistent with previous studies of Yasmin and Marzuki (2015, as cited in Labrague et al., 2018) and Sato et al. (2015, as cited in Labrague et al., 2018) wherein the affective and normative commitment have an impact on turnover intentions of nurses. The same goes with the study of Xia et al. (2023) wherein the organizational commitment has a negative correlation with turnover intention in which a nurse with high organizational commitment will have a low turnover intention, which was also congruent with the studies of Neves et al. (2022 as cited in Xia et al., 2023), Calado et al. (2023, as cited in Xia et al., 2023) and Labrague (2018); and they have found out that organizational commitment may partially mediate on workplace bullying and turnover intention in

which they lessen the effect of workplace bullying to promote turnover intention. It was also consistent with the study of Wang et al. (2021), wherein the organizational commitment and its components had a negative correlation with turnover intention of the intensive care unit nurses, which shows that if there is high organizational commitment, there will be low turnover intention. The same goes for the study of Ibrahim Alzamel et al. (2020), wherein the organizational commitment has a significant relationship and negative correlation with the turnover intention and shows that the more committed the nurse, the more loyal they are to their organization, which will make them stay more in such an organization. Further, Ibrahim Alzamel et al. (2020) found that organizational commitment mediates partially in a negative manner between quality of work life and turnover intention, wherein a unit increase in organizational commitment will have a 0.234 more negative effect on quality of life to turnover intention, resulting in a greater effect to reduce turnover intention with the better quality of life. Further, on the study of Mothoa (2016, as cited in Ibrahim Alzamel et al., 2020) and Lee et al. (2011, as cited in Ibrahim Alzamel et al., 2020), organizational commitment is a predictor of turnover intention, wherein organizational commitment has the potential to lessen the turnover intention of nurses. Callado et al. (2023) also found the same relationship between organizational commitment and turnover intention of nurses who work in primary healthcare, wherein it has a negative correlation, which was also congruent with the studies of Han et al. (2015, as cited in Callado et al., 2023) and Brunetto et al. (2016, as cited in Callado et al., 2023). Further Callado et al. (2023) suggest nurses who were in the management position to emanate approaches or plans to keep inspired and committed nurses in their work organization as organizational commitment plays a role in turnover intention such as promote better professional practice environment through reformation of their work services

(Shacklock, 2014, as cited in Callado et al., 2023), utilization of conceptual frameworks in the nursing practice to match the demands of their patients (Kitson, 2013, as cited in Callado et al., 2023), open access to continuous professional development and feedback (Aiken et al., 2013; McCabe and Sambrook, 2013, as cited in Callado et al., 2023), and access to fun and engaging activities, practice of autonomy and making decisions, provision of support to meet excellence in nursing practice (Aiken et al., 2013, as cited in Callado et al., 2023). The findings of this study overturn the study of Sangkong et al. (2024), wherein they found a positive relationship between the three components of organizational commitment, which were affective commitment, continuance commitment, and normative commitment, and the turnover intention, in which high affective commitment, continuance commitment, and normative commitment will result in high turnover intention of nurses in Malaysia. According to Sangkong et al. (2024) those who have high emotional connection on their organization still look forward to leave such organization, those who thinks that there was a high cost when they leave their own organization still looks for opportunities outside their organization which may be due to higher offers to be given by other organization, and those who have high sense of obligation to stay due for repayment of their tuition fees as the nurses were supported in their further studies were their observation on their findings and needs to be further explored. Finally, through the job embeddedness theory, there were connections and linkages that occurred in the organizational commitment that made the nurses stay in their work organization. In terms of links, the affective commitment was considered. In terms of fit, affective commitment and normative commitment were considered. In terms of sacrifice, continuance commitment was considered. Through the supporting theory of structural empowerment, wherein they were given opportunities and resources to work in the

organization, the staff nurses were more empowered to achieve their goals at work, resulting in their commitment to the organization.

Relationship Between Demographic Profile to Professional Practice Environment, Organizational Commitment and Turnover Intention

Table 4.5.

Comparison of demographic profile in terms of professional practice environment, organizational commitment, and turnover intention

Demographic Profile	Professional Practice Environment		Organizational Commitment		Turnover Intention	
	<i>F</i>	<i>p</i>	<i>F</i>	<i>p</i>	<i>F</i>	<i>p</i>
Age	3.75	0.003	1.64	0.149	0.45	0.815
Gender	-0.400 ^t	0.689	-3.128 ^t	0.002	0.144 ^t	0.886
Civil Status	1.32	0.269	1.95	0.121	1.68	0.172
Educational attainment	0.17	0.847	5.03	0.007	0.30	0.739
Duration as a Registered Nurse	8.75	<0.001	2.18	0.090	0.31	0.822
Length of Service in the Hospital	3.08	0.006	1.39	0.218	1.29	0.261
Staff Nurse Designation	5.65	0.001	3.77	0.011	1.83	0.141
Unit assignment	2.81	<0.001	1.43	0.066	1.38	0.086

Note. One-way ANOVA was used for all demographic variables, except for Gender, which was analyzed using an independent samples t-test. Legend: p = p-value, F = F-value, t = t-value

The succeeding sections discuss the influence of the demographic profile on the Professional Practice Environment, Organizational commitment, and Turnover intention of nurses in the setting. It was described in Table 14 above. There was also particular information that would enhance and describe such influence.

Influence of Demographic Profile to Professional Practice Environment

Table 4.5 conveys the results and discussion of the seventh research question: Is there a correlation between perceived professional practice environment and demographic profile? and the third hypothesis: There is no significant relationship between Perceived Professional Practice Environment and Demographic Profile.

According to Takase et al. (2005, as cited in Sheng et al., 2023), nurses who have personal features interrelate with their professional practice environment. It was congruent with this study as the demographic profile has the most influence on the professional practice environment than the other two variables. Thus, it was a confounding variable in this study in terms of the Professional Practice Environment. Further, this study overturns the findings of Ying et al. (2021), wherein they found no influence between the demographic profile and the professional practice environment.

Age

Table 4.5 shows that there was a significant difference between the demographic profile in terms of age and the Professional Practice environment, with a p-value of 0.003, which was less than 0.05. Thus, the age influences the professional practice environment of the nurses in the setting. Particularly, Table 4.5.1 below shows that those aged 19-23 years old have the highest mean, which was 3.28 (\pm 0.34), and those aged 39-43 years old have the lowest mean, which was 2.74 (\pm 0.62). It was observed that those who were young nurses have high ideals about their perceptions and abide by what they know is good for them. The latter, those who were older, who have seen realities of life (and their professional practice environment), take into consideration what it takes to meet their professional goals. In the study of Tan and Chin (2023, as cited in Kanste et al., 2025), Generation Z nurses have known the

worth of work-life balance and have more workplace flexibility than those who were older. Further, according to Tussing et al. (2024), Millennials and Generation Z prioritize work-life balance, but it is more of a priority for those who were younger generations. Generation Z were socially adept and wanted to create transformation in their workplace and community (Biro, 2020; Schroth, 2019, as cited in Tussing et al, 2024), prefer collaboration in making decisions, specifically by making their own inputs from their work, and technologically adept to aid in their workplace productivity (Tussing et al., 2024). The most studied generations were the X and Y generations in the professional practice environment (Sanches et al., 2024). Those whose age was 39 to 43 years old were Millennials or Generation Y, wherein they like fair interactions with their managers and colleagues, special interaction with their managers as they depend and expect highly with them, they wanted to be appreciated and recognized (Dols et al., 2010, as cited in Campbel and Patrician, 2020), they want sufficient equipment and supplies (Whitmer et al., 2009, as cited in Campbel and Patrician, 2020), they value teamwork (Gordon, 2017; Anselmo-Witzel et al., 2017; Gordon, 2009, as cited in Campbel and Patrician, 2020), wanted better pay with corresponding benefits (Lipscomb, 2010; Gordon, 2017; Wieck et al., 2009, as cited in Campbel and Patrician, 2020). Further, Millennials want to help others unselfishly, prefer work-life balance, and prefer freedom to create selections on their own work schedule and movement from one unit to another within their own organization (Anselmo-Witzel et al., 2017, as cited in Campbell and Patrician, 2020). Hence, it is important to have an inclusive professional practice environment where such diverse generations may work pleasantly, resulting in better quality of care and successful professional goals (Sanches et al., 2024).

Table 4.5.1.

Age and the Professional Practice Environment

Age (in years)	Professional Practice Environment		
	Mean	SD	Frequency
19-23	3.28	0.34	13
24-28	3.10	0.51	93
29-33	2.91	0.54	49
34-38	2.98	0.59	137
39-43	2.74	0.62	48
44 and above	2.84	0.55	15
Total	2.98	0.57	355

Duration as a registered nurse

Further, Table 4.5 shows that there was a significant difference between the demographic profile in terms of duration as a registered nurse and the Professional Practice environment, with a p-value < 0.001, which was less than 0.05. Thus, the duration as a registered nurse influences the professional practice environment of the nurses in the setting. Particularly in Table 4.5.2 below, those who have 1-2 years of experience as a registered nurse had a mean of 3.24 (\pm 0.46). These nurses were on the transition of becoming experienced nurses as they had little to no experience in managing and taking responsibility for patients and were not acquainted with the hospital's policies, procedures, and devices (Benner, 1994, as cited in Lyu et al., 2024). Such a transition for them was difficult, according to van Rooyen et al. (2018, as cited in Lyu et al., 2024), and at least one year will make them comfortable and confident in working on their organization (Lyu et al., 2024). Being a fresh registered nurse entails that they are theoretically proficient but lack sound clinical skills. According to Oliveira et al. (2017, as cited in Lyu et al., 2024), when they were compared to experienced nurses, they were deficient in their clinical skills at the start of their career. Then, if they had a drastic workload and stress in their first year at work,

they would be dissatisfied with their work and have the intention to leave their profession (Lyu et al., 2022, as cited in Lyu et al., 2024). Through such transition, it was recommended to have a practice environment that favors such nurses, and not only that, according to Wang et al. (2024-1), initiative for professional growth and self-efficacy (or their belief that they could accomplish things at work) were also essential to have better work outcomes. Being adept at theoretical knowledge, they see what is ideal in the professional practice environment, and by having this input, coaching the positive practice environment was recommended for them to impart to the succeeding nurses in the setting.

Table 4.5.2.

Duration as RN and the Professional Practice Environment

Duration as RN (in years)	Professional Practice Environment		
	Mean	SD	Frequency
1-2	3.24	0.46	81
3-4	2.98	0.65	38
5-6	2.99	0.42	23
Above 6	2.87	0.57	213
Total	2.98	0.57	355

Length of Service in the Hospital

Further, Table 4.5 shows that there was a significant difference in the demographic profile between the hospital and the Professional Practice environment, with a p-value of 0.006, which was less than 0.05. Thus, the Length of Service in the hospital influences the professional practice environment of the nurses in the setting. This was congruent with the study of Jabonete et al. (2023). Particularly, in Table 4.5.3 below, those who stayed in the hospital for 6 to 12 months and 1 to 2 years, with means of 3.13 (± 0.56) and 3.14 (± 0.51), respectively, have the highest means in this category. It was observed that newly hired nurses seek an ideal professional practice

environment, and, according to Abrahams (2021), they expect a decent professional practice environment and supportive coworkers. Then, as they stay for more years, they come to understand the hospital's goals, policies, and procedures, which give them the complete picture of the hospital's professional practice environment and prompt reflection on what they have experienced during their stay. On the study of Wang et al. (2024) said that those who were newly hired nurses have moderate level of attitude in patient safety which was supported by the study of Li et al. (2020, as cited in Wang et al., 2024), Ünver et al. (2020, as cited in Wang et al., 2024), and Zhang et al. (2018, as cited in Wang et al., 2024), wherein there was a positive influence in the professional practice environment which was congruent with the study of Al Ma'mari et al. (2020, as cited in Wang et al., 2024), and there was a negative correlation with work stress which was also congruent with the study of Al Ma'mari et al. (2020, as cited in Wang et al., 2024), Yalçın and Aksoy (2021, as cited in Wang et al., 2024), Suptitz et al. (2020 as cited in Wang et al., 2024), and Wei et al. (2018, as cited in Wang et al., 2024). In accordance with the study by Wang et al. (2024), letting newly hired nurses acquire the ideals of the professional practice environment may increase their safety attitude, lessen their work-related stress, and make it a habit that can be passed on to succeeding nurses. According to Jabonete et al. (2023), those with more experience in the nursing profession were more skilled at distinguishing the preferable professional practice environment and nurturing it.

Table 4.5.3.*Length of service in the hospital and the Professional Practice Environment*

Length of service in the hospital	Professional Practice Environment		
	Mean	SD	Frequency
6 to 12 months	3.13	0.56	35
1-2 years	3.14	0.51	80
3-4 years	2.89	0.62	67
5-6 years	2.89	0.48	23
7-8 years	2.92	0.63	38
9-10 years	3.03	0.63	38
Above 10 years	2.82	0.49	74
Total	2.98	0.57	355

Staff Nurse Designation

Further, Table 4.5 shows that there was a significant difference in the demographic profile between Staff Nurse Designation and the Professional Practice environment (p -value = 0.001), which was less than 0.05. Thus, the Staff Nurse Designation influences the professional practice environment of the nurses in the setting. This was congruent with the study of Jabonete et al. (2023). In particular, in Table 4.5.4 below, the Emergency nurse (or contract of service) had the highest mean of 3.27 (\pm 0.46), and the least was those with the Nurse III designation, with a mean of 2.87 (\pm 0.56). These nurses were newly hired by the hospital, regarded as novices in the setting, and in transition to become experienced nurses, even though many already had prior work experience. Regarding the emergency nurse, it also reflects what has been stated in the hospital's length-of-service category. Thus, they prioritize the ideal professional practice environment. Further, according to Darkwah et al. (2024), newly hired individuals report that their work creates emotional strain and makes life-or-death decisions a crucial responsibility. These may be pernicious for them, but others see them as an opportunity to be more resilient in the situation. Their

stressors were the total number of patients, negative patient experience, and the perception of the senior nurses towards them. In response to such, they depend on their faith or religion, support from their families, and transactional relationships with their senior nurses (Darkwah et al., 2024). Thus, through their ideals, they see the importance of the positive professional practice environment. Then, on those with the Nurse III position, who were the most senior staff nurses, they have seen the process, policies, and nature of the organization, and perceive what the actual professional practice environment of the setting was for them. According to Jabonete et al. (2023), nurses in senior positions or ranks would better understand their professional practice environment than those in lower positions.

Table 4.5.4.

Staff Nurse Designation and the Professional Practice Environment

Staff nurse Designation	Professional Practice Environment		
	Mean	SD	Frequency
Nurse I	3.11	0.46	28
Nurse II	2.98	0.59	146
Nurse III	2.87	0.56	144
Emergency Nurse (COS)	3.27	0.46	37
Total	2.98	0.57	355

Unit Assignment

Further, Table 4.5 shows that there was a significant difference in the demographic profile between unit assignment and the professional practice environment ($p\text{-value} < 0.001$). Thus, the Unit Assignment influences the professional practice environment of the nurses in the setting. This finding was congruent with the study of Jabonete et al. (2023). In Table 4.5.5, those units with the highest mean were BUCAS with a mean of 3.49 (± 0.39), Petal 4F with a mean of 3.47 (± 0.39), Petal 3F with a mean of 3.43 (± 0.57), Adult Pay Ward 1 with mean of 3.41 (± 0.52), and Petal 4D with a mean of 3.40 (± 0.41). Then, those with the two lowest means were the Cardiac Catheterization Laboratory (CV-Lab) with a mean of 2.39 (± 0.65) and the Petal 4B/Short Stay Unit with a mean of 2.47 (± 0.61). Those with the highest mean reported a favorable perception of the professional practice environment, and it can be said that it was great to work on such units. Those two units with a mean below 2.5 had an unfavorable work environment, whereas the opposite was true for those with the highest mean.

Furthermore, those with a mean greater than 2.5 may also be a better place to work. These were perceived by the staff nurses in their own units. According to Jabonete et al. (2023), nurses' perceptions of the professional practice environment can be influenced by the unit to which they were delegated.

Table 4.5.5.*Unit Assignment and the Professional Practice Environment*

Unit Assignment	Professional Practice Environment		
	Mean	SD	Frequency
Adult Female Service Ward	3.17	0.33	7
Adult Male Service Ward	2.78	1.06	6
Adult Pay Ward 1	3.41	0.52	6
Adult Pay Ward 2	2.69	0.77	11
BUCAS	3.49	0.39	10
CV-Lab	2.39	0.65	10
Children Service Ward	2.89	0.64	10
Coronary Care Unit	2.95	0.47	14
Emergency Room	3.11	0.60	36
MICU 1	2.86	0.19	8
MICU 2	2.61	0.35	10
Operating Room	2.81	0.49	31
PICU	2.90	0.52	11
Petal 3A	2.76	0.55	9
Petal 3B	3.12	0.40	6
Petal 3C	2.93	0.32	10
Petal 3D	3.12	0.52	12
Petal 3E	3.29	0.24	6
Petal 3F	3.43	0.57	12
Petal 4A	3.11	0.43	4
Petal 4B/Short stay unit	2.47	0.61	13
Petal 4D	3.40	0.41	10
Petal 4E	3.21	0.46	8
Petal 4F	3.47	0.39	8
Petal 4G	2.94	0.05	4
Petal 5A	3.03	0.05	3
Petal 5B	2.87	0.58	4
Petal 5C	3.15	0.27	7
Renal Hemodialysis Unit	3.09	0.59	9
SICU 1	3.07	0.62	24
SICU 2	2.77	0.47	24
SICU 3	2.87	0.45	17
SICU 4	3.09	0.66	6
Total	2.98	0.56	355

Influence of Demographic Profile to Organizational Commitment

Involving Table 4.5, this section discusses the results and discussion of eighth research question: Is there a correlation between perceived organizational commitment and demographic profile? and the fourth hypothesis: There is no significant relationship between Organizational Commitment and Demographic Profile.

Gender

Table 4.5 shows a significant difference in the demographic profile between gender and organizational commitment (p -value = 0.002), which was less than 0.05. Thus, gender influences nurses' organizational commitment in the setting. Female nurses have the highest mean of 3.27 (\pm 0.41) as shown in Table 4.5.6 below. It indicated that female nurses were more committed to staying in the organization than males, as the nursing profession was initially seen as a role for females. Also, female nurses outnumber male nurses in the setting. But this does not mean that nursing practice depends solely on gender (Masibo et al., 2020). According to Woo (2022), male nurses do not want to remain in nursing or become advanced nurse practitioners. Then, gifted female nurses focus on careers that will provide salaries for their family planning (Schleger, 2022, as cited in Woo, 2022). According to Zuo et al. (2022), female nurses were more satisfied with their work, whereas male nurses earned less respect, had lower perceived social support from patients and patient's relatives, and lacked a sense of achievement, leading to burnout. Further, according to Tomaszewska et al. (2024) work satisfaction was closely related to professional practice environment and organizational commitment. According to Digonis (2023)

work satisfaction was directly related to organizational commitment. It was the most important aspect of the nurse's experience in the clinical setting as it impacts productivity, well-being, overall health, and total performance (Yasin et al., 2020; Leong et al., 2022; Suhaimi et al., 2023, as cited in Wong, 2024)

This study was consistent with Labrague et al. (2018), who found a significant gender difference in organizational commitment. Further, according to Labrague et al. (2018), female gender is associated with increased organizational commitment, which was also evident in this study. Although female nurses outnumbered males in this study, as females dominate this profession, Labrague et al. (2018) caution that caution is warranted, as the number of participants may affect the findings. In accordance, this study has overturned the findings of Almutairi and Bahari (2021) and Gassas and Salem (2022), which found that males have higher organizational commitment than females, even though they had more female participants than male participants. This study overturns the findings of Al-Haroon and Al-Qahtani (2020), Panchal et al. (2022), and Tang et al. (2022), which found that gender has no significant difference in organizational commitment. This may be attributed to cultural differences as these were taken in different countries.

Table 4.5.6.

Gender and the Organizational Commitment

Gender	Organizational Commitment		
	Mean	SD	Frequency
Male	3.12	0.48	136
Female	3.27	0.41	219
Total	3.21	0.44	355

Educational attainment

Furthermore, Table 4.5 reveals a significant difference in the demographic profile between educational attainment and organizational commitment, with a p-value of 0.007, which is less than 0.05. Thus, educational attainment influences nurses' organizational commitment in the setting. In particular, at Table 4.5.7 below, those with a Bachelor's degree have the highest mean of 3.23 (\pm 0.43). This study was consistent with Labrague et al. (2018), in which educational level was significantly associated with organizational commitment. Although Labrague et al. (2018) found that those with a master's degree have increased organizational commitment, this study found that those with a Bachelor's degree were more committed to their organization. Although those with Bachelor's degrees outnumber those with graduate degrees, as seen in the table, caution must be applied, as the number of participants may affect the findings. This study overturns the findings of Al-Haroon and Al-Qahtani (2020), Tang et al. (2022), and Gassas and Salem (2022), who found that educational background has no significant effect on organizational commitment. It may be due to cultural differences and the location of the settings.

Table 4.5.7.

Educational attainment and the Organizational Commitment

Educational attainment	Organizational Commitment		
	Mean	SD	Frequency
Bachelor's degree	3.23	0.43	337
Master's degree	2.89	0.53	17
Doctorate degree	3.00	0	1
Total	3.21	0.44	355

Staff Nurse Designation

Further, Table 4.5 shows that there was a significant difference in the demographic profile between staff nurse designation and organizational commitment (p -value = 0.011), which was less than 0.05. Thus, the Staff Nurse Designation influences nurses' Organizational Commitment in the setting. This study is consistent with the studies of Labrague et al. (2018) and Tang et al. (2022), which found a significant difference in organizational commitment based on rank or position. The Labrague et al. (2018) study shows that those with higher titles, specifically those in management positions, have higher organizational commitment than staff nurses, as they receive higher compensation and participate more in decision-making. In the study by Tang et al. (2022), various nursing positions were identified, including staff nurse, head nurse, and upper management, among others. However, this study focused only on staff nurses, and Table 4.5.8 below shows that newly hired staff nurses (or the Emergency Nurse) have the highest organizational commitment, as they need to stay for at least 2 years to have the best work experience, as stipulated in their signed contracts. The designation with the highest mean was Emergency Nurse (Contract of Service), with a mean of 3.40 (\pm 0.38), and the least was Nurse III, with a mean of 3.15 (\pm 0.42). At this time of employment, newly hired nurses were in the honeymoon phase, eager to try new things and willing to give their best of their abilities as they were excited about their new professional endeavors (Zhang et al., 2018, as cited in Baharum et al., 2023). According to Kaldal (2024), newly hired nurses were committed to their workplace because they were promised the best training and onboarding (or made to feel welcome in the organization); however, this does not guarantee long-term commitment to the organization, as there will be imperfections in training and onboarding. According to Baharum et al. (2023), newly hired nurses'

commitment increased because they received social and emotional support, a warm, welcoming, and supportive environment, gradual levels of patient difficulty assigned, and the chance to communicate and solve problems. Then, the more senior the staff nurse, the less their commitment, as they see more opportunities abroad, fewer opportunities to advance into management positions, and no obligation to remain in the organization.

Table 4.5.8.

Staff Nurse Designation and the Organizational Commitment

Staff nurse Designation	Organizational Commitment		
	Mean	SD	Frequency
Nurse I	3.31	0.41	28
Nurse II	3.19	0.47	146
Nurse III	3.15	0.42	144
Emergency Nurse (COS)	3.40	0.38	37
Total	3.21	0.44	355

Influence of Demographic Profile on Turnover intention

Connecting Table 4.5, this section conveys the results and discussion of the ninth research question: Is there a correlation between the turnover intention and demographic profile? and the fifth hypothesis: There is no significant relationship between Turnover Intention and Demographic Profile.

Table 4.5 shows that we did not find a significant difference between the demographic profile and turnover intention (p -value > 0.05). Hence, the demographic profile does not influence nurses' turnover intention in this setting. It was congruent with the study of Alenazy (2023) that the demographic profile, such as age, gender, educational attainment, nurse position, and unit assignment, does not have any association with turnover intention. It overturns the study by Lyu et al. (2024), which found that the demographic profile (such as age, level of education, years of work

experience, and professional designation) affects nurses' turnover intentions. It may be due to the respondents in Lyu et al. (2024) being newly graduated nurses, and to their research method, which was an integrative review. Also, in the study of Mehra et al. (2024), civil status influences turnover intention. It may be due to the time of the study, which was conducted during the COVID-19 Pandemic, wherein the nurses had to care for patients diagnosed with COVID, using a total enumeration as their method in collecting data, and they followed the specification of Strengthening the Reporting of Observational Studies in Epidemiology (STROBE). Further, it was not consistent with the studies of Gebregziabher et al. (2020, as cited in Mehra et al., 2024), Labrague et al. (2021, as cited in Mehra et al., 2024), and Mirzaei (2021, as cited in Mehra et al., 2024), wherein the gender, civil status, and rank influence turnover intention. In the study by Gebregziabher et al. (2020), the results may be due to the number of nurses who participated (148), the sampling plan (systematic random sampling), and the setting (a hospital in Ethiopia). Also, in the study by Labrague et al. (2021), conducted during the COVID-19 Pandemic, nurses, as respondents, cared for COVID-19 patients, and the study was conducted in the Central Philippines. Also, Mirzaei's (2021) study was descriptive-analytical, conducted during the COVID-19 Pandemic, and used a census to collect data. Further, it was not consistent with Alshmemri's (2025) study, which found that younger age groups and single individuals were more likely to have turnover intention. In the study by Alshmemri (2025), the design was a cross-sectional exploratory study that followed STROBE and was conducted after the pandemic. Their respondents were Saudi nationals and international nurses, and their study was conducted in Saudi Arabia.

Chapter V

SUMMARY, CONCLUSIONS, RECOMMENDATIONS

This chapter presents a summary of the findings, conclusions, and recommendations.

Summary of Findings

Based on the comprehensive analysis of the gathered and generated information, the following substantial findings were summarized.

The demographics of the respondents were mainly on the age brackets of 34-38 years old whom were Generation Y or Millennials, female gender, single, have bachelor's degree only, were more than six years as a registered nurse, were more than one to two years and over ten years working in the setting, and were on Nurses II and III designations. Areas with great participants included the Operating Room, Emergency Room, and Surgical Intensive Care Units 1 and 2. These units were special and critical areas of the hospital that had high patient care acuities, which entailed a higher workload for nurses.

The perception among staff nurses in the professional practice environment suggests that they have a favorable working environment. Through its subscales, which included Nurse Participation in Hospital Affairs, Nursing Foundations for Quality of Care, Nurse Manager Ability, Leadership, and Support of Nurses, Staffing and Resource Adequacy, and Collegial Nurse-Physician Relations, the study examined the favorable working environment. The score result indicates that these were ideal, which means it is a great place to work for nurses. Given these findings, it was stated that one of the main reasons nurses leave the organization is due to their professional

practice environment. However, such a result suggests that it was not the culprit. Furthermore when the job embeddedness theory had been harmonized with the professional practice environment, it shows that it got link (the nurse manager ability, leadership, and support of nurses, nursing foundations for quality of care, staffing and resource adequacy and collegial nurse-physician relations), fit (nurse participation in hospital affairs, nursing foundations of quality care), and sacrifice (the staffing and resource adequacy, and collegial nurse-physician relations) which made the staff nurses stay in the organization.

The organizational commitment of the staff nurses was fairly high, as they were somewhat generally committed to staying in the organization. Through the components of organizational commitment, which included affective commitment, continuance commitment, and normative commitment, the participants were also fairly committed, leading to the overall same finding. This shows that the staff nurses were committed to staying in the organization as they wanted to; however, they would leave if an opportunity arose for them to do so. Furthermore, through the job embeddedness theory, staff nurses tend to stay in the organization because they have links (affective commitment), fit (affective commitment and normative commitment), and sacrifice (continuance commitment). Additionally, with the aid of the supporting theory, which is the theory of structural empowerment, they gained opportunities and resources to fulfil their aspirations within the organization, thereby increasing their commitment to the organization.

The turnover intention of staff nurses in this hospital was high. Such respondents desire to leave the organization. If there is an opportunity to leave, they will leave immediately without second thoughts. However, the job embeddedness theory

suggests that there were no links, fit, and sacrifice seen by the staff nurses in the organization. Furthermore, they have seen the resources and the whole picture of the organization, which empowered them to leave the organization in accordance with structural empowerment theory.

This study found a relationship between the professional practice environment and turnover intention. It has a moderate negative correlation. It entails that when the professional practice environment is high, there will be a decrease in turnover intention and vice versa. Additionally, this study found a relationship between organizational commitment and turnover intention. It also has a moderate negative correlation. This also entails that when organizational commitment is high, the turnover intention will be low. But also, vice versa. Thus, such relationships will shed light on why nurses opt to leave the organization, particularly when they perceive the professional practice environment and organizational commitment to be inadequate, leading them to leave. This fully explains why nurses leave the organization.

In terms of the influence of the demographic profile, it influences the professional practice environment and organizational commitment. In the professional practice environment the demographic profile such as age (the youngest in the bracket), duration as a registered nurse (those who were newly licensed), length of service in the hospital (those who have 6 months to two years of stay in the hospital), staff nurse designation (those who were newly hired), and unit assignment were the things influences it. In the organizational commitment, demographic profiles such as gender (female), educational attainment (bachelor's degree), and staff nurse designation (newly hired nurses or those with a contract of service) influence it. This study did not find any influence of demographic profile on turnover intention.

Conclusions

This study examines the significant relationships between four variables: perception of the professional practice environment, organizational commitment, turnover intention, and the demographic profile of staff nurses in the selected tertiary hospital. The findings show that when the professional practice environment is high, turnover intention is low. The same applies to organizational commitment, wherein if it is high, the turnover intention will also be low. Thus, nurses will stay in the organization if they perceive their professional practice environment to be optimal and will not have a turnover intention. It is identical to their organizational commitment; if they are committed to the organization, they will have a lower intention to turn over. In terms of the demographic profile, female employees who are newly hired by the hospital are more committed and perceive their professional practice environment as conducive to work, which makes them more likely to stay with the hospital rather than leave. It shows that those who stay from the start of their career in this hospital the staff nurses already have the sense of perceiving better professional environment and being committed to the organization and bring it on towards their further stay in this setting; but, as they go along for succeeding years such perception on their professional practice environment and organizational commitment decreases. This may affect the nursing workforce in the long run, as there will be a higher likelihood that such staff nurses will leave the organization, resulting in a reduced workforce and increased workload for those who remain. Thus, a massive amount of support is needed from nurse managers to ensure that they still have the proper workforce in their own units. However, there is no significant impact, and accordingly, regardless of their demographic profile, on discerning turnover intention. Therefore, in this study, only perception in the professional practice environment and organizational commitment

are inversely related to turnover intention. Thus, the retention of nurses was already strong from the start, and as they stay and progress, they perceive a difference in what they experience in the setting, which leads to a low professional practice environment and organizational commitment, resulting in high turnover intention and ultimately, turnover.

Recommendations

Based on the findings and conclusions regarding the perceived professional practice environment, organizational commitment, and turnover intention among the nurses in the research setting, the following recommendations are offered:

Nurse administrators

As the forefront drivers of leadership among staff nurses, they may explore what the staff needs in terms of a professional practice environment and organizational commitment to enhance their intention to stay in the setting. Then, utilize what has been found on this research to create strategies that will enhance the perception of the staff nurses in a professional practice environment and organizational commitment specific on their setting that may then lessen the staff nurses' turnover intention and turnover such as designing retention initiatives, conducting regular assessments of professional practice environment, making the leadership training more available to all nurses, and ensure availability of the nurse managers on consulting for career progression. It is recommended to create retention policies that are effective, inspiring, and foster an environment that encourages staff nurses to remain in the organization. Furthermore, by demonstrating supportive leadership through staff recognition, providing access to support from managers, and offering assistance in their emotional and professional endeavours, staff nurses may also be encouraged to stay.

Additionally, constant interaction with staff nurses, especially those from Generation Y or millennials, who are often in Nurse II and Nurse III designations, is recommended. This is because they tend to stay in the organization longer, as they prefer continuous interaction with their leaders and recognition. Regarding staffing, it is suggested for the nurse administrators to optimize which nursing staffing system to use on their units for them to utilize proper nursing workforce rather than having overindulgent overtime and maximizing the limits of the staff nurses resulting to work dissatisfaction and exhaustion when there will be lack of workforce on their units such as but not limited to: safe staffing policy from England, nurse staffing committees from the seven states (Connecticut, Illinois, Nevada, Ohio, Oregon, Texas, and Washington) in the United States of America, and mandated minimum nurse-patient ratios from California to name a few (which can be seen on the study of Allen, 2025) and suggest to include work load indicators as it can be seen on the study of Nguyen et al. (2022). In turn, these may lead to safe nurse staffing, better occupational health for staff nurses, and improved work-life balance. Furthermore, as Generation Y and Z seek a work-life balance and the freedom to create flexible work schedules, it is suggested that nurse administrators adopt the concept of self-scheduling, make it a policy, and research its potential benefits within the hospital. It enhances nurses' flexibility between their work and personal life, which will contribute to a positive perception in the professional practice environment.

It is also suggested that they need to identify the root cause of the issue of high staff nurse turnover intention, especially regarding why they have a lesser perception of the professional practice environment and organizational commitment. Then, from there, possible interventions to enhance perception in the professional practice environment, increase organizational commitment, and reduce turnover intention can

be explored. Furthermore, they can devise policies that enhance the professional practice environment, organizational commitment, and reduce turnover intention, thereby creating management control over the enormous turnover of nurses in the setting. In particular, for the leadership ability of nurse administrators, it is suggested that they practice leadership styles that promote staff retention, such as transformational leadership, authentic leadership, ethical leadership, inclusive leadership, and servant leadership. They may study which leadership styles best reflect the interests of nurses, thereby making them stay worthwhile in the organization, and develop a policy for which leadership style to use. For the support of nurses, creating a policy regarding just culture can be adopted, allowing staff nurses to identify areas for improvement and move forward in addressing their shortcomings.

For nurses to feel a sense of participation in hospital affairs, nurse administrators may implement a policy that involves staff nurses in decision-making. The staff nurses may have a rotational assignment to participate in decision-making for the entire hospital or in their assigned unit, and have their voices, together with their names, documented to make it concrete, especially for the Nurse II and Nurse III designations. This may promote retention, engagement, and increased work satisfaction.

For meaningful collegiality in physician-nurse relations, it is recommended that fostering team collaboration through open communication, inclusivity, and respect promotes retention of nurses across all generations in any hospital unit. Furthermore, fostering inclusivity can enhance organizational commitment. Creating programs and policies that promote inclusivity and diversity may enhance employee belongingness and increase their organizational commitment. Furthermore, utilizing employee

surveys like People Insight (2022) and the BELONG survey may help to assess the inclusivity and diversity of the nurses.

Furthermore, to boost organizational commitment, nurse administrators are advised to assess the workload of nurses by establishing a policy on when to review and what actions to take regarding the staff's workload, such as assigning two nurses to a patient. Additionally, actively implementing surge protocols in the hospital's clinical areas are essential. This may boost organizational commitment as the staff may realize that they are being taken care of.

Nursing education

Nurse educators can utilize the findings of this research and integrate them into their curriculum and training programs. It is suggested that they may create a series of training programs that can be mandatory in nature to remind them of the philosophies of professional practice environment, organizational commitment, and turnover intention while the staff nurses are staying in their organization, especially of the Nurse II and Nurse III designations, but to include all the staff nurses. Thus, it may enhance staff nurses' understanding of such concepts and help them grasp the essence of staying in the organization they are in, thereby reducing the issues of leaving the organization. To further assess their proficiency on the topics of professional practice environment, organizational commitment, and turnover intention, a pretest and post-test must be conducted, and the results collated and analyzed using statistical software to determine if there is a significant difference in the effect of training programs. Further, it is suggested to let the topics on professional practice environment, organizational commitment, and turnover intention be included in the curriculum of basic nursing education specifically on the course or subject Nursing

Leadership and Management to inculcate such concepts to new graduate nurses for them not just have the goal to work abroad but to see the essence in staying on the local healthcare organizations that will cater their nursing skills and services and apply it on their future endeavours.

Gamification in healthcare education enhances the competencies of health professionals and improves professional practice environments, including skills, communication, collaboration, and decision-making. Thus, it is recommended that nurse educators gamify concepts related to professional practice and organizational commitment. One of the gamified concepts in the professional practice environment is the game ENVOLVER+ by Ribeiro (2025).

Nurses

The information produced by this study is also essential for them. These will give them the best idea of whether they should stay in their current organization and what to look for in their prospective organization, based on the concepts and findings of this study through self-assessment. They may realize the importance of having an ideal professional practice environment and organizational commitment, and reflect on whether they should have turnover intentions or not, as most nurses' goals are to move abroad to work and have the life they want, while also helping their families locally. In this study, participants will learn how to analyze and reflect on their own organization to determine if they have an ideal professional practice environment, contribute to their organizational commitment, and whether this contributes to having a turnover intention or not. Nurses may create a peer support group in their units or throughout the institution, as this can increase work satisfaction and retention among nurses in the hospital. For Generation Z nurses and newly hired nurses, it is

suggested that they be at the forefront or champions of efforts to promote a professional practice environment and organizational commitment, as they have the highest perception of such concepts. They may create committees, clubs, peer support groups, and research groups to address professional practice environment and organizational commitment within their units and the hospital-wide network. It is also recommended that they participate in a coaching program focused on a professional practice environment and organizational commitment to become champions for such concepts. This must be supported by approved written policies established by the hospital and nurse administrators.

Hospital

As they understand the factors why nurses are leaving the hospital through perceived professional practice environment and turnover intention, they may create more resilient nurses by making policies and benefits that may drive their attitude to stay through the philosophies of the professional practice environment and organizational commitment that may ensure that they deliver high-quality care to patients. Working hand-in-hand with nursing administrators, they can strategize better policies that promote nurse retention in their hospital.

Furthermore, the hospital may establish educational opportunity programs to share best practices for creating an optimal professional practice environment and organizational commitment among nurses through teleconferences, symposia, and gather speakers who can present talks on the ideal professional practice environment, organizational commitment, and reducing the intention of nurses to leave. They may also explore best practices in terms of professional practice environments, organizational commitment, and reducing turnover intention. They may have it

annually to ensure proper allocation of resources, effective time management, and timely updates. In this study, majority of the respondents were Generation Y or the Millennials and on the Nurse II and Nurse III designations, wherein they may perceive lower professional practice environment and higher turnover intention, it is suggested for the hospital to create supportive programs through creation of policies to be offered to such nurses that pertains to sufficient resources, supportive organizational structure, and high-quality and healthy workplace relationships.

For the hospital, it is recommended that they promote a professional practice environment. According to Paguio et al. (2020, as cited in Ribeiro, 2025), there were three approaches to promoting a professional practice environment: accreditation, educational schemes, and a hands-on (participatory) approach. In the educational scheme, the focus is on developing nursing competencies, such as performing the nursing process, communication skills, and leadership skills, through oral discourse, training workshops, and a modular approach, which were presented to nurse administrators (Paguio et al., 2020). In the accreditation scheme, the standards set by the accrediting agency were adopted, leading to changes in the system and processes of the professional practice environment throughout the hospital, which encompassed staff nurses and administrators (Paguio et al., 2020). In the hands-on approach, it examines the novelty or innovation in every unit that promotes process enhancement in providing nursing interventions, collaboration, communication, leadership, and self-determination (Paguio et al., 2020). Furthermore, the hands-on approach, as described by Paguio et al. (2020), was deemed the most effective. Then, it is recommended that they verify whether any of these are effective for them, whether through an assessment checklist or research agendas.

Research

This study contributes to the limited number of research studies conducted regarding the professional practice environment and its associated factors, such as organizational commitment and turnover intention, in the country. The researchers can aid nurse administrators in identifying the root cause of the issues of high turnover intention, low perception of the professional practice environment, and low organizational commitment. They may also assist nurse administrators in determining which leadership style to adopt within the hospital, thereby encouraging nurses to remain within the organization. Furthermore, it is suggested that future researchers explore other concepts and ideas that can contribute to and associate with turnover intention and turnover in the current setting and other research contexts. Furthermore, to explore the root causes of turnover intention, it is suggested to conduct a qualitative study with the main variables of professional practice environment and organizational commitment.

Furthermore, it is suggested that research be conducted on self-scheduling for Generation Y or Millennials and Generation Z, who value the concept of work-life balance, as well as for the flexibility and retention of nurses. Furthermore, it is suggested that a qualitative study be conducted to explore why nurses stay or leave the hospital, thereby triangulating with the findings of this study. Furthermore, it is suggested to conduct a qualitative study to determine the reasons behind the higher number of nurses with more than ten years of service in the hospital and how they manage to stay in this role for such a long time. Furthermore, it is suggested that nurses assigned to areas with the highest perception of professional practice environment and those with the lowest perception explore these differences.

It is suggested to conduct a qualitative study with staff nurses who are leaving the hospital or experiencing turnover to determine the root causes of their turnover intention, beyond the information that can be extracted from exit interviews. This study should also assess whether they perceive a low professional practice environment and organizational commitment. Furthermore, for Generation Z nurses and newly hired nurses, it is suggested that an exploratory and qualitative study be conducted to examine their outcomes from the proposed creation of peer group advocacy and practices in advocating for and promoting a professional practice environment and organizational commitment. Finally, it is suggested to benchmark findings or create a systematic review or meta-analysis if there will be ample resources on the topic of professional practice environment, organizational commitment, and turnover intention of nurses in the country to determine if there is a trend wherein, at present, there is still a shortage of nurses in the country.

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Appendices

APPENDIX A

Permission from Authors for the Questionnaires



Darles Goze <darles.goze@gmail.com>

Request for permission to use the practice environment scale of nursing work index

Barol, Andrea L. <ajb@nursing.upenn.edu>
Kay: Darles Goze <darles.goze@gmail.com>

Mayo 30, 2024 nang 12:26 AM

Dear Darles Goze,

Thank you for your email to Dr. Lake. Enclosed, please find the instrument, scoring instructions, an article containing PES-NWI scores for ANCC Magnet hospitals from 1998 in Table 1, and a Warshawsky & Haven article you may find useful. These materials are sent to everyone who makes the request.

Dr. Lake's permission is not needed as the instrument is in the public domain due to its endorsement by the National Quality Forum most recently in December 2022, having been endorsed continuously since 2004 (<http://www.qualityforum.org/QPS/QPSTool.aspx?m=1129&e=3>). However, if you prefer to have Dr. Lake's permission, this email serves as her permission.

Please direct any reply to Dr. Eileen Lake at elake@nursing.upenn.edu . If you need anything else, feel free to write to us again.

All the best,







Andrea Barol

Research Center Coordinator

Center for Health Outcomes and Policy Research University of Pennsylvania School of Nursing

[Nakatago ang tekstong may panip]

6 mga nakalakip

-  01_PES-NWI subscales and scoring.doc
28K
-  02_Practice Environment Scale of the Nursing Work Index.doc
68K
-  03_Warshawsky & Havens 2010_NursingResearch PES NWI.pdf
214K
-  04_Lake.Sanders.Riman.Schoenauer.2019.A_Meta_Analysis_of_the_Associations_Between_the.98468.pdf
322K
-  05_Lake.Rosenbaum.Sauveur.Buren.Cho.2023.Translations of the Practice Environment Scale of the Nursing Work Index A.pdf
2945K
-  06_Lake.Gil.Moronski.Mchugh.Aiken.Lasater.2024.Validation of a short form of the practice environment scale.pdf
881K



Darles Goze <darles.goze@gmail.com>

Request for Organizational Commitment questionnaire for use in research

John Peter Meyer <meyer@uwo.ca>
Kay: Darles Goze <darles.goze@gmail.com>

Enero 10, 2024 nang 7:26 PM

Hello,

Thank you for your interest in using the Three-Component Model (TCM) Employee Commitment Survey in your research. You can get information about the measure, a Users' Guide, and the measure itself at:

<http://employeecommittment.com/>

For academic / research purposes, please choose the Academic Package. (There is no charge for this package.)

I wish you well with your research!

Best regards,

John Meyer

Request for TIS-6 scale for use in research

roodtg8@gmail.com <roodtg8@gmail.com>
Kay: Darles Goze <darles.goze@gmail.com>

Enero 10, 2024 nang 4:27 PM

Dear Darles

You are welcome to use the TIS for your research (please accept this e-mail as the formal permission letter). For this purpose please find the TIS-15 attached for your convenience. The TIS-6 (version 4) consists of the first six items high-lighted in yellow. You may use any one of these two versions.

In general, longer instruments yield more reliable scores.
The TIS is based on the Theory of Planned Behaviour.

The only two conditions for using the TIS are that it may not be used for commercial purposes (only **for post graduate research**) and second that it should be properly referenced as (Roodt, 2004) as in the article by Bothma & Roodt (2013) in the SA Journal of Human Resource Management (open access).

It is easy to score the TIS-6. Merely add the item scores to get a total score. The midpoint of the scale is 18 (3 x 6). If the total score is below 18 then it indicates a desire to stay. If the scores are above 18 it indicates a desire to leave the organisation. The minimum a person can get is 6 (6 x 1) and the maximum is 30 (5 x 6). No item scores need to be reflected (reverse scored) for the TIS-6. Please note that there are items that need to be reverse scored for the TIS-15 (indicated by an R before the item number).

It is recommended that you conduct a CFA on the item scores to assess the dimensionality of the scale. We found that respondents with a matric (grade 12) tertiary school qualification tend to understand the items better and consequently a uni-dimensional factor structure is obtained.

If you wish to translate the TIS in a local language, you are welcome to do so. It is recommended that a language expert is used in the translate - back translate method. I wish you all the best with your research!

Best regards

Gert

Prof Dr Gert Roodt

APPENDIX B

Research Tool

COVER LETTER

Dear Participant,

You are hereby invited to answer the survey for the study entitled Perceived Professional Practice Environment, Organizational Commitment, and Turnover Intention Among Nurses in a Tertiary Government Hospital in Metropolitan Manila, Philippines. It has been approved by the Institutional Ethics Review Committee (IERB) of the Philippine Heart Center. The study aims to determine factors and gaps that influence the stay of staff nurses and likewise to serve as a reference for enhancing their stay in this hospital.

You must be a staff nurse who has been working in this hospital for at least six months.

Your participation is purely voluntary. You have the right to refuse and withdraw anytime without any consequences. If you do not want to participate, you may close this form.

You need to use your Google account to answer the survey; but, your account will not be documented. You may respond to the whole survey only once.

Your responses will be kept anonymously and will not contain any identifying information about you. The risk for compromising anonymity, confidentiality, and privacy are “less than minimal.” Should you have any questions regarding this research, please contact either the researcher, Darles Louie Goze, at +63 917.854.78.02 or the IERB secretariat at local 3899.

You understand that by answering and submitting this whole survey form will involve your consent to participate and by ticking the box below.

I understand that I consent in answering this survey. Please direct me to the survey.

Profile

Please answer which corresponds to you:

Age (in years)

- 19-23 24-28 29-33 34-38 39-43 44 and above

Civil Status

- Single Married Others (Pls. specify _____)

Educational attainment

- Bachelor's degree Master's degree Doctorate degree

Duration as a Registered Nurse

- 1-2 years 3-4 years 4-5 years 5-6 years
 Above 6 years

Length of Service on the Hospital

- 6 months to 12 months 1-2 years 3-4 years 5-6 years
 7-8 years 9-10 years Above 10 years

Staff Nurse Designation

- Emergency Nurse Nurse I Nurse II Nurse III

Unit Assignment

Emergency Room Cardiac Catheterization Laboratory

Bagong Urgent Care and Ambulatory Service (BUCAS) Center

Coronary Care Unit Operating Room

Surgical Intensive Care Unit 1 Surgical Intensive Care Unit 2

Surgical Intensive Care Unit 3 Pediatric Intensive Care Unit

Adult Pay Ward Petal 3A Petal 3B Petal 3C
Petal 3D Petal 3E Petal 3F
Adult Male Service Ward Adult Female Service Ward
Children Service Ward Renal Unit
Petal 4A Petal 4B/Short Stay Unit Petal 4D
Petal 4E Petal 4F Petal 4G
Medical Intensive Care Unit 1 Medical Intensive Care Unit 2
Petal 5A Petal 5B Petal 5C

Perception on Professional Practice Environment (The Practice Environment Scale of the Nursing Work Index)

For each item, please indicate the extent to which you agree that the item is PRESENT IN YOUR CURRENT JOB. Please indicate the degree of your agreement or disagreement with each statement:

Questions	Strongly Agree 1	Agree 2	Disagree 3	Strongly Disagree 4
Adequate support services allow me to spend time with my patients.				
Physicians and nurses have good working relationships.				
A supervisory staff that is supportive of the nurses.				
Active staff development or continuing education programs for nurses.				
Career development/clinical ladder opportunity.				
Opportunity for staff nurses to participate in policy decisions.				
Supervisors use mistakes as learning opportunities, not criticism.				
Enough time and opportunity to discuss patient care problems with other nurses.				
Enough registered nurses to provide quality patient care.				
A nurse manager who is a good manager and leader.				
A chief nursing officer who is highly visible and accessible to staff.				
Enough staff to get the work done.				
Praise and recognition for a job well done.				
High standards of nursing care are expected by the administration.				
A chief nursing officer equal in power and authority to other top-level hospital executives.				
A lot of team work between nurses and physicians.				
Opportunities for advancement.				
A clear philosophy of nursing that pervades the patient care environment.				
Working with nurses who are clinically competent.				
A nurse manager who backs up the nursing staff in decision making, even if the conflict is with a physician.				
Administration that listens and responds to employee concerns.				
An active quality assurance program				
Staff nurses are involved in the internal governance of the hospital (e.g., practice and policy committees).				
Collaboration (joint practice) between nurses and physicians.				
A preceptor program for newly hired RNs.				

Questions	Strongly Agree 1	Agree 2	Disagree 3	Strongly Disagree 4
Nursing care is based on a nursing, rather than a medical, model.				
Staff nurses have the opportunity to serve on hospital and nursing committees.				
Nursing administrators consult with staff on daily problems and procedures				
Written, up-to-date nursing care plans for all patients.				
Patient care assignments that foster continuity of care, i.e., the same nurse cares for the patient from one day to the next.				
Use of nursing diagnoses.				

Organizational Commitment

With respect to your own feelings about the hospital for which you are now working, please indicate the degree of your agreement or disagreement with each statement:

Questions	Strongly Agree 5	Agree 4	Undecided 3	Disagree 2	Strongly Disagree 1
Affective Commitment					
I would be very happy to spend the rest of my career with this organization.					
I enjoy discussing my organization with people outside it.					
I really feel as if this organization's problems are my own.					
I think that I could easily become as attached to another organization as I am to this one. (R)					
I do not feel like 'part of the family' at my organization. (R)					
I do not feel 'emotionally attached' to this organization. (R)					
This organization has a great deal of personal meaning for me.					
I do not feel a strong sense of belonging to my organization. (R)					
Continuance Commitment					
I am not afraid of what might happen if I quit my job without having another one lined up. (R)					
It would be very hard for me to leave my organization right now, even if I wanted to.					
Too much in my life would be disrupted if I decided I wanted to leave my organization now.					
It wouldn't be too costly for me to leave my organization now. (R)					

Questions	Strongly Agree 5	Agree 4	Undecided 3	Disagree 2	Strongly Disagree 1
Right now, staying with my organization is a matter of necessity as much as desire.					
I feel that I have too few options to consider leaving this organization.					
One of the few serious consequences of leaving this organization would be the scarcity of available alternatives.					
One of the major reasons I continue to work for this organization is that leaving would require considerable personal sacrifice -another organization may not match the overall benefits I have here.					
Normative Commitment					
I think that people these days move from company to company too often.					
I do not believe that a person must always be loyal to his or her organization. (R)					
Jumping from organization to organization does not seem at all unethical to me. (R)					
One of the major reasons I continue to work for this organization is that I believe that loyalty is important and therefore feel a sense of moral obligation to remain.					
If I got another offer for a better job elsewhere, I would not feel it was right to leave my organization.					
I was taught to believe in the value of remaining loyal to one's organization.					
Things were better in the days when people stayed with one organization for most of their careers.					
I do not think that wanting to be a 'company man' or 'company woman' is sensible anymore. (R)					

Turnover Intention (Roodt, 2004)

The following section aims to ascertain the extent to which you intend to stay at this hospital you are working.

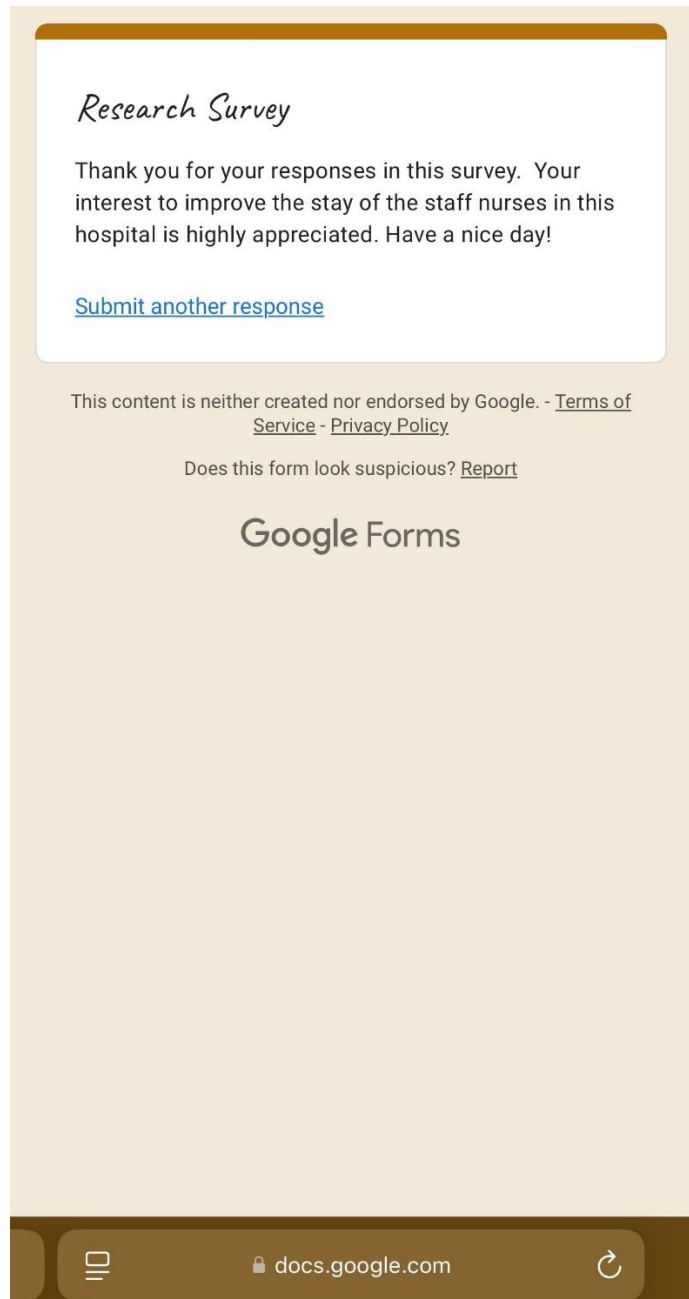
Please read each question and indicate your response using the scale provided for each question:

DURING THE PAST 6 MONTHS...

How often have you considered leaving your job?	1 Never	2	3	4	5 Always
How satisfying is your job in fulfilling your personal needs?	1 Very Satisfying	2	3	4	5 Totally Dissatisfying
How often are you frustrated when not given the opportunity at work to achieve your personal work-related goals?	1 Never	2	3	4	5 Always
How often do you dream about getting another job that will better suit your personal needs?	1 Never	2	3	4	5 Always
How likely are you to accept another job at the same compensation level should it be offered to you?	1 Highly unlikely	2	3	4	5 Highly likely
How often do you look forward to another day at work?	1 Always	2	3	4	5 Never

APPENDIX C

Closing Assertions After the Survey



APPENDIX D

Correspondences for Conducting Research

PHILIPPINE HEART CENTER
East Avenue, Quezon City

PHILIPPINE HEART CENTER
RECEIVED
MAY 09 2025
NURSING SERVICE OFFICE

09 May 2025

CRISSELLE M. GALANG, RN, DNM
Deputy Executive Director for Nursing *criselle galang*

C / 1/3/2025
cc: DMS, DCS, DSO, DSOB
May Research Lead

Dear Ma'am,

My research entitled "PERCEIVED PROFESSIONAL PRACTICE ENVIRONMENT, ORGANIZATIONAL COMMITMENT, AND TURNOVER INTENTION AMONG NURSES IN A TERTIARY GOVERNMENT HOSPITAL IN METROPOLITAN MANILA, PHILIPPINES" had been approved by the Philippine Heart Center Institutional Ethics Review Board (IERB) and Technical Review Committee for implementation. It is a partial requirement for fulfilling the degree Master of Arts in Nursing at the University of the Philippines Open University.

In line with this, I would like to seek for your assistance and support to disseminate the research questionnaire to the staff nurses of the Philippine Heart Center. This is to enrich the output of the responses of the participants, and the result of this study may aid the worthwhile stay of the staff nurses in this hospital through policy enhancement.

I am including the addendum for my research protocol: the Gender/sex in the demographic profile must be included in the objectives.

I have attached herewith are the following: email/consent from the owners of the questionnaires, Philippine Heart Center Institutional Ethics Review Board Approval, and the poster type leaflet to be posted on the Nursing Services' units.

I look forward for your utmost support in the ~~success~~ of this study.

Thank you very much.

Sincerely,

DARLES LOUIE V. GOZE, RN
Nurse III - Staff Nurse, Emergency Room

PHILIPPINE HEART CENTER
East Avenue, Quezon City

09 May 2025

EDGARDO C. MENDOZA, JR., RN, MAN
Training Specialist V, Nursing Academics Division

Dear Sir,

My research entitled "PERCEIVED PROFESSIONAL PRACTICE ENVIRONMENT, ORGANIZATIONAL COMMITMENT, AND TURNOVER INTENTION AMONG NURSES IN A TERTIARY GOVERNMENT HOSPITAL IN METROPOLITAN MANILA, PHILIPPINES" had been approved by the Philippine Heart Center Institutional Ethics Review Board (IERB) and Technical Review Committee for implementation. It is a partial requirement for fulfilling the degree Master of Arts in Nursing at the University of the Philippines Open University.

In line with this, I would like to seek for your assistance and support to disseminate the research questionnaire to the staff nurses of the Philippine Heart Center who have to undergo training in the Nursing Academics Division. This is to enrich the output of the responses of the participants, and the result of this study may aid the worthwhile stay of the staff nurses in this hospital through policy enhancement.

I have attached herewith the poster type leaflet that will be used for disseminating the study questionnaire through online link and QR-code.

I look forward for your utmost support in the success of this study.

Thank you very much.

Sincerely yours,

DARLES LOUIE V. GOZE, RN
Nurse III-Staff Nurse, Emergency Room

Noted by:


CRISSELLE M. ORLANG, RN, DNM
Deputy Executive Director for Nursing Services

CI's
kindly encourage
our staff to accept
first-time to
support getting of
data - pre-study.
SD 05/15/25

- SD 6.13 approved
direct bedside care
- D. Goze 05/09/25

APPENDIX E

Approval from Technical Review Committee and

Institutional Ethics Review Board



PHILIPPINE HEART CENTER
East Avenue, Quezon City

L-E-CRD-CTR-2024-239

24 APRIL, 2025

DARLES LOUIE V. GOZE, RN
Principal Investigator

Dear Mr. Goze.

The protocol entitled "PERCEIVED PROFESSIONAL PRACTICE ENVIRONMENT, ORGANIZATIONAL COMMITMENT, AND TURNOVER INTENTION AMONG NURSES IN A TERTIARY GOVERNMENT HOSPITAL IN METROPOLITAN MANILA, PHILIPPINES" with study number OR.R.001.25 had been approved by the Technical Review Committee and Institutional ethics Review Board of this Center. This study is now ready for implementation. Please refer to the attached Research Proposal Approval Form for your reference.

Thank you.

Truly yours,

ALEXANDER A. TUASON, MD
Department Manager III
Clinical Research Department

"A PHIC Accredited Health Care Provider"



RESEARCH PROPOSAL APPROVAL FORM

Study Number: OR.R.001.25

Date Submitted: 07 MARCH, 2025

Title: PERCEIVED PROFESSIONAL PRACTICE ENVIRONMENT, ORGANIZATIONAL COMMITMENT, AND TURNOVER INTENTION AMONG NURSES IN A TERTIARY GOVERNMENT HOSPITAL IN METROPOLITAN MANILA, PHILIPPINES

Principal Investigator: DARLES LOUIE VALDEZ GOZE

Advisors: ASST. PROF. RIA VALERIE D. CABANES, MAN, RN

Technical Review:

FLORIDO A. ANTONAGOS, MD *3/7/25*

Reviewer

Approved Disapproved

CHRISTOPHER D. ESTIAGO *3/7/25*

Reviewer

Approved Disapproved

LEAHDETTE O. PALVA, M.D.

Reviewer

Approved Disapproved

Comments:

Division Approval:

LEAHDETTE O. PADUA, M.D.

Division Chief, Clinical Trial and Research Division

Approved Disapproved

Ethical Review:

RAFAEL M. MOND, M.D. *3/7/25*

Chairman, Institutional Ethics Review Board

Approved Disapproved

Comments:

Department Approval:

ALEXANDER A. CARON, M.D. *3/7/25*

Department Manager, Clinical Research Department

Approved Disapproved



PHILIPPINE HEART CENTER
Institutional Ethics Review Board
 8/F Medical Arts Building
 East Avenue, Quezon City, 1100 Philippines
 Tel./Fax no. 89252401 loc.3899; email add: irbphc@gmail.com

Approval Certificate

INSTITUTIONAL ETHICS REVIEW BOARD

RAFAEL R. TENORIO, MD
Chair

Members

MARISSA A. ORILLAZA, MD

EDEN D. LATOSA, MD

BERNICE ONG-DELA CRUZ, MD

IRIS M. GARCIA, MD

BENJAMIN JOSE C. QUITO, MD

EDRECK D. ESTIAGO, RN

MA. THERESA M. VILLANUEVA

LEAHDEITE O. PADUA, MD

Philippine Heart Center
 8/F Medical Arts Building
 East Avenue, Quezon City
 Tel. no. 89252401 loc.3899
 Email Add: irbphc@gmail.com

L-E-IRB-2025-230

22 April 2025

Darles Louie V. Goze, RN
Principal Investigator
Philippine Heart Center
East Avenue, Quezon City

IERB no.: PHC.IERB.06.25.29

Protocol no: OR.R.001.25

Title of Protocol: Perceived Professional Practice Environment, Organizational Commitment, and Turnover Intention Among Nurses in a Tertiary Government Hospital in Metropolitan Manila, Philippines

Dear Mr. Goze,

We wish to inform you that your research study has been reviewed and is hereby granted approval for implementation by the PHC – Institutional Ethics Review Board after all required modifications have been addressed.

The following documents have been approved for use in the study.

- Final Protocol # OR.R.001.25 version 2.0 dated 03 April 2025
- Waiver for Written and Verbal Informed Consent Form
- <https://docs.google.com/forms/d/e/1FAIpQLSfE9-1R4FDCTP4i7X3tc9Y2g2Q4HeIoWgMvGbMr9FVKdRkOFw/viewform>
- Protocol # OR.R.001.25 Study Leaflet version 2.0 dated 15 April 2025

Note:

1. The frequency of submission of Progress report is based on the level of risk involved in the study as determined by the Board. A high-risk study protocol is required to submit a progress report every 6 months, otherwise should submit once a year. A Progress report includes the following:

- a) Date covered by the report
- b) Protocol summary and status report on the progress of the research
- c) Number of participants accrued
- d) Complaints on the research since the last IERB review
- e) Summary of relevant recent research literature, interim findings and amendments since the last IERB review



Final study report is accomplished upon completion of the research as well as upon unexpected termination.

PHC.IERB.06.25.29

PAGE 1/2

FM-E-IRB-2019-045
Rev. 10



Please be advised that you can continue the trial according to the approved protocol and Good Clinical Practice.

The study is subject to continuing review on or before 21 February 2026 unless closed before that date. Please submit continuing review form one (1) month before the expiration of the approval.

Furthermore, we would like to inform you that the Philippine Heart Center Institutional Ethics Review Board at 8/F Medical Arts Building, East Avenue, Quezon City is organized and it operates according to Good Clinical Practice and applicable laws and regulations.

Please note that any modification in the approved research protocol must be promptly reported and must be communicated to IERB for approval. If you have any questions or require further information, please contact Ms. Noreen A. Malaca or Ms. Denise Ashley E. Ogayon at tel. no.89252401 loc.3899.

Sincerely yours,

RÁFAEL R. TENORIO, MD
Chairman, IERB

Note:

<i>Duration of Approval</i>	
From :	21 April 2025
To :	20 April 2026

<i>Frequency of Progress Report</i>	
	Bi-annually
/	Annually

Received by:

Print Name : DARLES GOZE

Signature : _____

Date : 25 April 2025



APPENDIX F

Waiver for Written and Verbal Informed Consent



PHILIPPINE HEART CENTER
Institutional Ethics Review Board
 8/F Medical Arts Building
 East Avenue, Quezon City, 1100 Philippines
 Tel./Fax no. 89252401 loc.3899; email add: irbphc@gmail.com

Request to Waive Written and Verbal Informed Consent Form

IERB NO.	PHC.IERB.05.25.29	PROTOCOL NO.	OR.R.001.25	CTRD NO.	OR.R.001.25
PRINCIPAL INVESTIGATOR	DARLES LOUIE V.GOZE, RN				
PROTOCOL TITLE	PERCEIVED PROFESSIONAL PRACTICE ENVIRONMENT, ORGANIZATIONAL COMMITMENT, AND TURNOVER INTENTION AMONG NURSES IN A TERTIARY GOVERNMENT HOSPITAL IN METROPOLITAN MANILA, PHILIPPINES				

I am requesting a waiver of written and verbal informed consent. I believe that this protocol is eligible for waiver or alteration of all required elements of informed consent because the protocol meets all of the following criteria:

1. **The risk to the subject's privacy is minimal.**
 The investigator of this study will use the minimum amount of protected health information necessary to conduct the research. This study will only need charts of eligible subjects. There will be no sensitive information (e.g. illegal drug use, sexual practices) to be collected. There is an assurance written below that the protected health information will not be reused or disclosed to any other person or entity, except as required by law, for authorized oversight of the research study, or for other research for which the use or disclosure of protected health information would be permitted by the Privacy Rule.
2. **This research cannot practicably be conducted without the use of the protected information.**
3. **This research cannot practicably be conducted without the waiver.**
 - a. The number of research subjects proposed.
 - b. Difficulty of obtaining individual authorization and time since last contact with the research subjects.

RESEARCH ASSURANCES:

As a principal investigator of the research described above, I make the following assurance to the Institutional Ethics Review Board regarding the use and disclosure of protected health information.

"The investigators and research staff who used the disclosed protected health information in connection with this research will not reuse the protected health information or disclose to any other person or entity other than those authorized to receive it, except:

1. As required by law,
2. For authorized oversight of the research study, or
3. For other research which the use or disclosure of protected health information would be permitted by the Privacy Rule"

DARLES LOUIE V. GOZE
 Principal Investigator

04 April 2025
 Date

FM-E-IRB-2019-041
 Rev. 04

APPENDIX G

Approved Leaflet

STAFF NURSES



You are invited to join in a research study by answering a survey questionnaire.



Eligibility Criteria

- Must be working as staff nurse for at least six months, providing direct patient care.
- Must be working in the units of Nursing Services, except in the Out-Patient Division and Diagnostics.

To have more information about the study (*you may see it on the cover page of the questionnaire*) and if you are willing to join you may scan the QR code or copy the link to your internet browser. You may share these links with your co-staff nurses in your group chat.

<https://bit.ly/NRSG2025>



We appreciate your time and effort,

Darles Louie V. Goze, RN
Principal Investigator
Philippine Heart Center
IERB Approval: PHC.IERB.06.25.29