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Nurses' Workload, Job Satisfaction, and Patient Care Management in Surigao Del Norte Provincial Hospital

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Abstract

This study examined the relationship between nurses' workload, job satisfaction, and the efficiency of patient care management in SDN Provincial Hospital. The research focused on assessing the level of workload and job satisfaction among nurses, evaluating the effectiveness of patient care management across four dimensions—patient assessment, care planning, patient education, and monitoring and follow-up—and identifying the extent to which workload and job satisfaction predict the quality of care.

A descriptive-correlational design was employed using survey questionnaires administered to nurses in the hospital. Descriptive statistics (mean, standard deviation), Pearson correlation, and multiple linear regression were utilized in analyzing the data.

Results revealed that nurses experienced a moderate level of workload and job satisfaction. The highest satisfaction was reported in organizational culture, while the lowest was in professional development. Patient care management was rated highly efficient, particularly in monitoring and follow-up. A significant negative correlation was found between workload and patient care efficiency. Furthermore, multiple regression analysis indicated that both workload and job satisfaction were significant predictors of patient care management, explaining 46% of its variance.

The study concludes that managing workload and enhancing job satisfaction can significantly improve the efficiency and quality of nursing care. It recommends the implementation of supportive staffing policies, professional development programs, and a culture of recognition to sustain high standards in patient care.

Keywords: workload, job satisfaction, patient care management, nursing efficiency, SDN Provincial Hospital.

1. Introduction

The primary objective of healthcare systems, as well as every healthcare organization or division within an organization, is to provide the best quality of healthcare services to as many individuals as possible who require them, within the constraints of available social, material, financial, and human resources. Health

care firms need dedicated and superior personnel if they are to meet this goal. It is imperative that a health-care facility attends to the quality of its human resources during the early phases of developing a quality system, given the expected substantial influence of HRM on service quality and the growing inclusion of HRM in formalized quality systems (Bhatnagar & Srivastava, 2012). The World Health Organization (WHO) report projects that by 2035, there would be a shortage of 12.9 million health care professionals (nurses, midwives, and doctors) in Southeast Asia and Africa (47% and 25%, respectively), and only 1% in Europe. The paper also highlights the fact that, due to inadequate compensation and incentives, almost 40% of health professionals worldwide will quit their jobs in the next decades, which will have a negative effect on the world's population. Similarly, the national and regional disparity in health professionals was influenced by the movement of health professionals both domestically and internationally (Truth AU, 2013).

During a pandemic, the workload demands on healthcare personnel rise. Patient-to-nurse ratios increased, patients needed more care, non-routine job activities were performed, work content increased, including modifications to paperwork, demand increased, and skills needed increased, overtime and weekly work hours increased, and so on. The evaluation also emphasized how the workplace had changed and gotten worse, including personnel shortages (Doleman, De Leo, & Bloxsome, 2023).

Inadequate working conditions, such as an increased workload, a lack of human resources, fixed-term contracts that reduce job security, a lack of supplies to provide services, and low salaries, have been identified by international organizations like the World Health Organization (WHO), the International Council of Nurses (ICN), and the International Labor Organization (ILO) as having an impact on nurses' health and job satisfaction. These elements lead to a significant degree of stress in this line of work, weariness, physical and mental depletion, and work overload (Acea-Lopez, et al., 2021).

Numerous obstacles still need to be overcome before the Philippine healthcare system can provide fair and easy access to healthcare for all Filipinos. The scarcity and unequal distribution of healthcare workers (HCWs) is a significant issue. Physicians, nurses, midwives, and dentists (HCWs) make up 19.7 of the population in the Philippines, which is less than half of the minimum density of 44.5 HCWs per 10,000 people that the WHO recommends (Tan-Lim, et al., 2024). Aytona, et. al (2022) argued that delivering health services requires a sufficient and skilled health workforce. Research points to a direct correlation between health outcomes and the density of health staff. The provision of health services in the Philippines is hampered by issues with the health staff, such as shortages, unequal distribution, and a lackluster skill set. For universal health care to be achieved, evidence-based workforce planning is essential.

Taking care of employees' job satisfaction is therefore an essential part of having high-quality human resources. Specifically, several studies have shown a high positive association between patients' happiness with the care they receive in various health-care settings and the work satisfaction of medical professionals. A high degree of stress, weariness, physical and mental depletion, and work overload are all caused by the inadequate nurse-to-patient ratio in healthcare facilities (Castillo, Torres, Ahumada, Cardenas, & Licona, 2014). Furthermore, the unique characteristics of the kind and duration of employment contracts (Galbany-Estragues, Millan-MArtinez, Mar Pastor-Bravo, & Nelson, 2019) have a direct impact on health care providers' level of satisfaction. Evidence suggests that understaffing (higher patient-nurse ratios) and high workloads,

which don't match the number of nurses to the real needs of care, increase job dissatisfaction and raise the risk of errors, lower patient safety, and lower quality of care (Hellin Gil, et al., 2022).

The Universal Health Care (UHC) Law (Republic Act 11223), which the Philippine government approved in 2019, builds on the achievements of the previous 30 years of health reforms and lays out a solid plan for efficient health workforce management in the nation [5]. Human resources for health (HRH) policies and plans that create, recruit, retrain, regulate, retain, and reassess the health workforce based on population health requirements are outlined in the UHC Law, which also emphasizes the significance of the primary care approach (Republic of the Philippines, 2019). UHC guarantees that all individuals have access to competent, culturally aware, and well-trained healthcare providers. However, the Philippines has several HRH difficulties. Among these difficulties are a lack of health professionals, unequal distribution, and an urban bias that leaves most rural locations woefully understaffed. Certain health professionals are engaged on a contract basis by development partners or the government. This negatively affects retention and steers service delivery toward disease programs (Aytona, Politico, McManus, Ronquillo, & Okech, 2022).

Concurrently, the UHC aims to augment the lack of medical professionals in the country by providing necessary opportunities that will supply medical facilities with the appropriate medical staff or health workers. However, one of the problems is the understaffing and the mismatch of jobs with the degree. This is a prevalent scenario in the Surigao del Norte Provincial Hospital where the nursing attendant in the wards are either outnumbered by the patient in the patient to health worker ratio and/or these attendants are in the permanent positions yet holds no medical course thereby assigning them only to office works. This now leads to understaffing and overloading of workloads to the permanent staff whose degrees are in line with their jobs. These, as observed, lead to exhaustion and less efficient delivery of services that hampers the productivity of the hospital.

Recently, this phenomenon has led to hampered delivery of medical services, efficient and productive patient management, and possibly the job satisfaction which may be attributed to the workload and may result to unforeseen circumstances affecting the hospital in general. However, this has not been well recorded on how these factors, the workload, job satisfaction and patient care management has affected the health workers.

Hence this study explores the necessary information regarding on the workload arrangement, job satisfaction, and patient care management of the healthcare providers of Surigao del Norte Provincial Hospital. This study will provide the necessary data that will serve as the baseline to craft necessary policies, standards, trainings, and other programs that will enhance patient care management as affected by enhanced job satisfaction and the workload level of the healthcare providers.

2. Conceptual Framework of the Study

This study is anchored lens on two theoretical frameworks: Herzberg's Two- Factor- Theory of Motivation and Donabedian's Model of Quality Care, which together provide a comprehensive lens for understanding the relationships among nurses' workload, job satisfaction, and patient care management.

Herzberg's Two- Factor- Theory of Motivation classifies the factors that influence employee attitudes into two categories: motivation and hygiene factors. Motivators such as recognition, achievement, and opportunities for growth, lead to job satisfaction when present. On the other hand, hygiene factors such as

workload, working conditions and organizational policies, do not directly lead to satisfaction but can cause dissatisfaction when absent or inadequate. In the context of this study, nurse's workload is considered a hygiene factor that, if excessive, may lead to stress and dissatisfaction. Conversely, an appropriate and manageable workload, may support more positive environment and when combined with intrinsic motivators, contribute to higher job satisfaction. Job satisfaction in turn, has a significant influence on how effectively nurses perform their roles, including their capacity to manage and deliver quality patient care.

Donabedian's Model of Quality Care provides structural framework for evaluating health care quality through three interrelated components: structures, process, and outcome. Structure refers to the physical and organizational infrastructure, including staffing levels and workload distribution. Process involves the methods and interaction through which care is delivered, such as how nurses managed patient care. Outcomes represent the end results of health care services, such as patient safety, satisfaction, and health improvement. In this study, Nurses' workload aligns the structural component of the model, while job satisfaction is seen as influencing the process of care delivery. Patient care management, as both a process and outcome variable, reflects the effectiveness and quality of nursing practices as influenced by both individual (motivation) and systemic (organizational) factors.

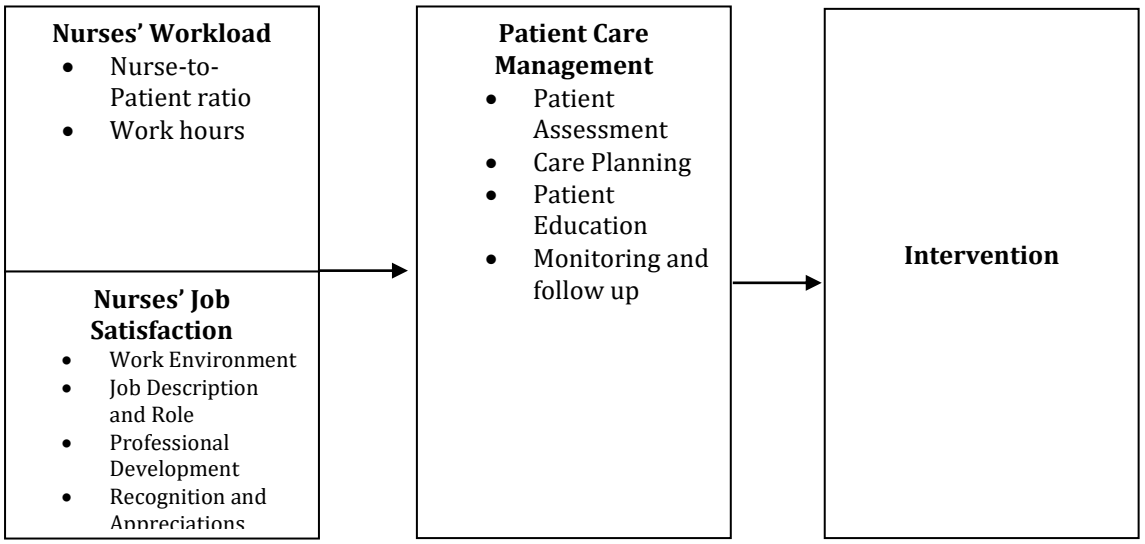

Figure 1. Schematic Diagram of the Study

3. Method

3.1 Research Design

This study used a quantitative descriptive- correlational research design. This design is appropriate for examining the relationships among three main variables: nurses' workload, job satisfaction and patient care

management. A descriptive approach will be used to summarize the levels of each variable among nurse, while the correlational aspect will assess the extent to which these variables are related to one another.

3.2 Research Participants

The target population include the 35 regular nurses and 16 casual nurses but only 25 regular nurses answered the questionnaire, and out of 16 casuals, only 5 answered the survey, a total of 30 participants. Purposive sampling technique was used depending on the availability of the staff nurses. Inclusion criteria includes the nurses who have been employed as casual or regular staff nurses and are directly involved in patient care. Only 30 are involve in direct patient care, the 5 Nurses are assigned at the Operational Center and Phil health Office.

3.3 Research Locale

The research was conducted at Surigao del Norte Provincial Hospital located in Bad-as, Placer, Surigao del Norte, situated close to Sta. Cruz Quasi Parish and the Military facility.

Table 1: Distribution of Participants across Departments in SDN Provincial Hospital

Department	Permanent Nurses	Casual Nurses	Total
Outpatient	4	0	4
Emergency	5	1	6
Delivery	4	1	5
Ward 1	4	1	5
Ward 2	4	1	5
Operating	4	1	5
Total	25	5	30

The study was conducted at Surigao del Norte Provincial Hospital. Surigao del Norte Provincial Hospital is a hospital in Municipality of Placer, Surigao del Norte, Caraga located on Maharlika Highway. Surigao del Norte Provincial Hospital is situated close to Santa Cruz Quasi Parish and the military facility Camp Sta. Cruz as seen in **Error! Reference source not found.**.

3.4 Research Instrument

The study used a researcher made instrument that is made up of three parts. Part I.a Demographic Profile and Part I.b Level of Work Loads of Health Workers, Part II the Job Satisfaction Questionnaire, and Part III the Level of Patient Care Management. The instrument was subjected to pilot testing to 10 nurses who are not employed at SDN.

3.5 Data Analysis

The following statistical tools will be used:

3.5.1 Descriptive Statistics

- Mean and standard deviation- to describe the levels of nurses' workload, job satisfaction, and patient care management.
- Frequency and Percentage- to present demographic data.

3.5.2 Inferential Statistics

- Pearson Product- Moment Correlation Co-efficient- to determine the relationship among nurse's workload and job satisfaction, job satisfaction and patient care management, workload, and patient care management.
- Multiple Regression Analysis- to predict how much of the variance in patient care management can be explained by workload and job satisfaction.
- Cronbach's Alpha- for reliability testing of the instruments during the pilot testing.

4. Results and Discussion

This chapter presents, analyzes, and interprets the data gathered. The presentation follows the sequence of the problems posed in Chapter 1.

Table 1.1: Distribution of Participants by Departments in SDN

Department	Frequency (+)	Percentage (+)
Outpatient	4	13. 33%
Emergency	6	20. 00%
Delivery	5	16. 67 %
Ward 1	5	16. 67%
Ward 2	5	16. 67%
Operating	5	16. 67%
Total	**30**	**100%**

Table 1 showed that this study involved a total of 30 nurses from various departments of the Surigao del Norte Provincial Hospital. Among these, 25 were regular/permanent nurses, and 5 were casual nurses. The distribution was fairly even across most departments, which contributes to a balanced representation of nursing perspectives within the institution.

The emergency department had the highest number of participants (6 nurses), accounting for 20% of the total sample. This is expected, as the nature of the emergency services.

Table 1.2: Nurse's Workload on Nurse-to-Patient Ratio and Work Hours

Indicators	MEAN	SD	V I	QD
1. The current nurse-patient ratio of 2:30 is manageable.	2.87	0.57	SA	HS
2. I feel overworked because of the number of patients assigned to me.	3.30	0.88	SA	HS
3. The nurse-patient ratio affects the quality of care I provide.	3.03	0.41	A	MS
4. The 12-hour work schedule allows me enough time to complete my tasks.	3.07	0.58	A	MS
5. I feel physically exhausted after a 12-hour shift.	3.00	0.64	A	MS
6. The long working hours negatively impact my focus and performance.	3.17	0.46	SA	HS
7. The current workload compromises my ability to take adequate breaks.	3.03	0.61	A	MS
8. The workload assigned to me is fair and reasonable.	3.07	0.53	A	MS
AVERAGE	**3.06**	**0.27**	**A**	**MS**

Scale	Interval	Verbal Interpretation	Qualitative Description
4	3.25-4.00	Strongly Agree (SA)	Highly Satisfied (HS)
3	2.50-3.24	Agree (A)	Moderately Satisfied (MS)
2	1.75-2.49	Disagree (D)	Dissatisfied (D)
1	1.00-1.74	Strongly Disagree (SD)	Very Dissatisfied (VD)

The overall weighted mean score of **3.06** indicates that the nurses generally agree that their workload is high in relation to both the nurse-patient ratio (2:30) and the 12-hour shift schedule. Among the indicators: The **highest mean** is on the item: *"I feel overworked because of the number of patients assigned to me"* (Mean = **3.30**), suggesting that **staffing levels may not be adequate**, and this is a major concern for most nurses.

The **lowest mean** is on: *"The current nurse-patient ratio of 2:30 is manageable"* (Mean = **2.87**), showing that some nurses disagree with the manageability of the current ratio.
Items regarding **quality of care, physical exhaustion**, and **inability to take adequate breaks** all had means slightly above 3.0, suggesting a consensus on the **challenging nature of the workload**.
The **low standard deviations** (ranging from 0.41 to 0.88) indicate that responses were generally consistent among participants, showing a common perception across departments.

Table 2.1: Level of Job Satisfaction Among Nurse's in SDN Provincial Hospital in terms of Work Environment

Nurse's Job Satisfaction in terms of Work Environment				
Indicators	**Mean**	**SD**	**VI**	**QD**
1. The hospital has a stable and content workforce.	2.93	0.45	A	MS
2. The Hospital has positive feedback on workplace conditions, leadership, and opportunities for growth.	3.07	0.52	A	MS
3. The hospital has a Flexible scheduling and Sufficient time off to prevent burnout.	2.97	0.41	A	MS
4. The hospital has a Counseling service, peer support groups, or wellness programs.	3.00	0.46	A	MS
5. The hospital has a transparent and respectful communication across all levels of staff.	3.07	0.52	A	MS
6. The hospital has chiefs who are approachable, responsive, and encourage staff input.	3.17	0.59	A	MS
7. The hospital has enough staff to prevent overwork and ensure patient care quality.	3.03	0.62	A	MS
8. The hospital has a adherence to safety protocols and readiness to address incidents or emergencies.	3.10	0.61	A	MS
9. The hospital has a policies against workplace bullying, discrimination, and violence.	3.13	0.51	A	MS
10. The physical conditions of my workplace e.g., cleanliness, lighting, equipment) meet my professional needs.	3.07	0.52	A	MS
AVERAGE	**3.05**	**0.36**	**A**	**MS**

Scale	Interval	Verbal Interpretation	Qualitative Description
4	3.25-4.00	Strongly Agree (SA)	Highly Satisfied (HS)
3	2.50-3.24	Agree (A)	Moderately Satisfied (MS)
2	1.75-2.49	Disagree (D)	Dissatisfied (D)
1	1.00-1.74	Strongly Disagree (SD)	Very Dissatisfied (VD)

Table 3 shows that the mean of 3.05 indicates a moderate level of satisfaction regarding the work environment. The high rated indicators are item number 6 with a mean of 3.17 *the hospital has chiefs who are approachable, responsive*, and encourage staff input also item number 8 with a mean of 3.10 *the hospital has a adherence to safety protocols and readiness to address incidents or emergencies.* The low rated indicators are

items number 3 *the hospital has a flexible scheduling and sufficient time off to prevent burnout* with a mean of 2.97 and item indicator number 1 *the hospital has a stable and content workforce* with a mean of 2.93. This means that nurses feel moderately supported in their physical work environment and leadership structures.

Table 2.2: Nurse's Job Satisfaction in terms of Job Description and Role

Nurse's Job Satisfaction in terms of Job Description and Role				
Indicators	**Mean**	**SD**	**VI**	**QD**
1. The organization reflects the actual responsibilities and industry standards (e.g., "Registered Nurse" instead of "Healthcare Worker").	3.37	0.67	SA	HS
2. The organization uses universally understood terms to ensure accessibility.	3.30	0.47	SA	HS
3. The organization outlines a brief description of the role's main purpose and its Contribution to the organization.	3.27	0.45	SA	HS
4. The organization attracts interest while staying professional and factual.	3.03	0.32	A	MS
5. The organization includes day-to-day tasks, special projects, and broader contributions.	3.13	0.57	A	MS
6. The organization highlights critical responsibilities first, ensuring clarity on what's most important.	3.07	0.52	A	MS
7. The organization uses active verbs like "manage," "coordinate," or "analyze."	3.17	0.53	A	MS
8. The organization specifies education, certifications, licenses, or experience necessary to perform the role.	3.10	0.55	A	MS
9. The organization identifies desirable but not mandatory attributes.	3.00	0.59	A	MS
10. The organization outlines technical and soft skills, such as communication, teamwork, or technical expertise.	3.00	0.53	A	MS
AVERAGE	**3.14**	**0.33**	**A**	**MS**

Scale	**Interval**	**Verbal Interpretation**	**Qualitative Description**
4	3.25-4.00	Strongly Agree (SA)	Highly Satisfied (HS)
3	2.50-3.24	Agree (A)	Moderately Satisfied (MS)
2	1.75-2.49	Disagree (D)	Dissatisfied (D)
1	1.00-1.74	Strongly Disagree (SD)	Very Dissatisfied (VD)

The average mean is 3.14 which indicates a moderate level of satisfaction regarding clarity and alignment of roles. Item number 1 with a high rating is the item indicator number 1 with a mean of 3.37 *the organization reflects the actual responsibilities and industry standards e.g., "Registered Nurse" instead of "Healthcare Worker"*. Item indicator number 2 *the organization uses universally understood terms to ensure accessibility* with a mean of 3.30. Low rated item indicators are item number 4 *the organization attracts interest while staying professional and factual* with a mean of 3.03. Item number 10 *the organization outlines technical and soft skill, such as communication, teamwork, or technical expertise* with a mean of 3.00. This means that the nurses are moderately satisfied with how their roles are defined and communicated.

Table 2.3
Nurse's Job Satisfaction in terms of Professional Development

Nurse's Job Satisfaction in terms of Professional Development				
Indicators	**Mean**	**SD**	**VI**	**QD**
1. The organization has a comprehensive program for new hires to ensure a smooth transition.	2.97	0.41	A	MS
2. The organization has opportunities for skill enhancement in specific medical, technical, or administrative areas.	3.03	0.56	A	MS
3. The organization has a reimbursement or sponsorship for further studies, certifications, or degrees.	2.93	0.52	A	MS
4. The organization has access to seminars, workshops, and training sessions within the hospital.	3.07	0.52	A	MS
5. The organization has a collaboration with universities or medical schools for advanced learning.	2.83	0.79	A	MS
6. The organization has a financial and logistical support for renewing certifications and licenses.	2.87	0.73	A	MS
7. The organization has a provision of study materials or preparatory courses for certification exams.	2.9	0.71	D	D
8. The organization has access to simulation labs or state-of-the-art equipment for skill refinement.	3.1	0.71	A	MS
9. The organization has practical workshops that keep staff up to date with the latest advancements.	3.13	0.78	A	MS
10. The organization has professional development opportunities available to all staff, irrespective of role or hierarchy.	3.00	0.64	A	MS
11. The organization has personalized growth plans based on individual strengths, interests, and goals.	2.93	0.69	A	MS
AVERAGE	**2.98**	**0.52**	**A**	**MS**

Scale	**Interval**	**Verbal Interpretation**	**Qualitative Description**
4	3.25-4.00	Strongly Agree (SA)	Highly Satisfied (HS)
3	2.50-3.24	Agree (A)	Moderately Satisfied (MS)
2	1.75-2.49	Disagree (D)	Dissatisfied (D)
1	1.00-1.74	Strongly Disagree (SD)	Very Dissatisfied (VD)

It is shown on this table that the highest mean is item indicator no.2 "*The organization has opportunities for skill enhancement in specific medical, technical, or administrative areas. The organization has opportunities for skill enhancement in specific medical, technical, or administrative areas."* With a mean of 3.03, SD 0.56, describe to be moderately satisfied. The lowest item indicator is no. 5" The *organization has a collaboration with universities or medical schools for advanced learning." With the mean of* 2.83, 0.79

Table 2.4: Nurse's Job Satisfaction in terms of Recognition and Appreciations

Nurse's Job Satisfaction in terms of Recognition and Appreciations				
Indicators	**Mean**	**SD**	**VI**	**QD**
1. The organization has rewards of promotions for employees who achieve professional milestones.	2.97	0.49	A	MS
2. The organization has Bonuses, promotions, or other rewards for completing training programs.	3.07	0.45	A	MS
3. Individualized Acknowledgment: The organization has generalized awards, showing that personal contributions are valued.	3.03	0.41	A	MS
4. The organization has: Encouragement for employees to nominate or recognize colleagues for their exceptional	3.13	0.51	A	MS

	work, fostering a culture of mutual respect and appreciation.				
5.	The organization has Awards for outstanding patient care, clinical skills, and innovative medical practices.	3.00	0.46	A	MS
6.	The organization has Recognition for effective leadership, team-building, and organizational contributions.	3.13	0.51	A	MS
7.	The organization has Awards for Interdisciplinary collaboration and teamwork.	3.00	0.46	A	MS
8.	The organization has Acknowledgment for contributions to community health initiatives, Outreach, or public health education.	3.07	0.58	A	MS
9.	The organization has Recognition for years of service and dedication to the hospital.	3.23	0.63	A	MS
10.	I feel that my efforts at work are adequately recognized and appreciated by my organization	3.03	0.62	A	MS
	AVERAGE	**3.07**	**0.34**	**A**	**MS**

Scale	**Interval**	**Verbal Interpretation**	**Qualitative Description**
4	3.25-4.00	Strongly Agree (SA)	Highly Satisfied (HS)
3	2.50-3.24	Agree (A)	Moderately Satisfied (MS)
2	1.75-2.49	Disagree (D)	Dissatisfied (D)
1	1.00-1.74	Strongly Disagree (SD)	Very Dissatisfied (VD)

Table shows the Average Mean: 3.07, Standard Deviation: 0.34 The mean suggests a moderate to good level of satisfaction in how nurses feel recognized. There is also evidence that formal mechanisms for recognition are in place, but individualized acknowledgment may be lacking.

On the other hand, there are Positive indicators: Recognition for service and leadership (3.23, 3.13) Suggests long-service and team contributions are noticed. Encouragement to recognize colleagues (3.13) is a healthy peer culture exists. there are also less satisfying elements like, Promotions and bonuses (2.97–3.07) these may not be frequent or substantial., Feeling personally recognized (3.03) suggests nurses want more tailored praise.

Table 2.5: Nurse's Job Satisfaction in terms of Organizations Culture

Nurse's Job Satisfaction in terms of Organization Culture				
Indicators	**Mean**	**SD**	**VI**	**QD**
1. The organization has Leaders who actively promote and participate in development initiatives.	3.17	0.38	A	MS
2. The organization has Regular performance reviews that include discussions on growth and development needs.	3.03	0.32	A	MS
3. The organization has Flexible schedules or reduced workloads to accommodate studies or training.	3.07	0.37	A	MS
4. The organization has Clear guidelines for roles, responsibilities, and performance evaluations.	3.17	0.38	A	MS
5. The organization has Competitive pay, bonuses, and benefits for employees.	3.27	0.52	SA	HS
6. The organization has Stable and visionary leadership fosters trust and long-term planning.	3.20	0.61	A	MS
7. The organization has Frequent updates through town halls, newsletters, or meetings to keep all staff informed about important changes, goals, and achievements.	3.23	0.43	A	MS
8. The organization has Open forums for employees to share their ideas, feedback, and concerns with leadership, promoting mutual respect and continuous improvement.	3.07	0.45	A	MS

9. The organization has Well-defined job descriptions and clear communication about performance expectations and responsibilities.	3.03	0.49	A	MS
AVERAGE	**3.25**	**0.68**	**A**	**MS**
JOB Satisfaction	**3.12**	**0.38**	**A**	**MS**

Scale	**Interval**	**Verbal Interpretation**	**Qualitative Description**
4	3.25-4.00	Strongly Agree (SA)	Highly Satisfied (HS)
3	2.50-3.24	Agree (A)	Moderately Satisfied (MS)
2	1.75-2.49	Disagree (D)	Dissatisfied (D)
1	1.00-1.74	Strongly Disagree (SD)	Very Dissatisfied (VD)

The Average Mean: 3.25, the Standard Deviation: 0.68. From among the indicators for Job Satisfaction, this is the highest-rated dimension, showing strong satisfaction with the hospital's culture and leadership. It reflects a sense of stability, transparency, and trust in leadership.

Next rated high is Competitive pay and stable leadership (3.27, 3.20) which means Nurses appreciate tangible support and direction. Frequent communication and performance reviews (3.23, 3.03) Reflect transparency and a growth-oriented culture. However, Role clarity and expectations (3.03) Needs reinforcement despite a generally good culture.

SUMMARY: Nurse Job Satisfaction in SDN Provincial Hospital

Indicators	Mean Score	Interpretation
Organizational Culture	3.25	High satisfaction
Job Description and Role	3.14	Moderately high
Recognition and Appreciation	3.07	Moderate
Work Environment	3.05	Moderate
Professional Development	2.98	Moderately low
Overall,	3.12	Moderate to High Satisfaction

Table 2.6: Nurse's Patient Care Management in Terms of Patient Assessment

Patient Care Management in terms of Patient Assessment				
Indicators	**Mean**	**SD**	**VI**	**QD**
1. Keeps a detailed collection of the patient's past medical history, including previous illnesses, surgeries, family history, and lifestyle factors (e.g., smoking, alcohol use, exercise).	3.37	0.67	SA	HS
2. Keeps an assessment of the patient's current health conditions, including physical, mental, and emotional well-being.	3.30	0.60	A	MS
3. Conducts a thorough evaluation of the patient's physical! health, including vita! signs, head-to-toe examination, and tests to assess function, mobility, and nutrition.	3.10	0.55	A	MS
4. Conducts regular screening for mental health conditions such as depression, anxiety, stress, and cognitive impairment, with attention to mental well-being.	2.97	0.67	A	MS
5. Ensures that the patient is an active participant in the assessment process, encouraging them to voice concerns, preferences, and goals for their care.	3.10	0.48	A	MS
6. Healthcare providers listen attentively to the patient's concerns, symptoms, and questions, creating an open dialogue.	3.17	0.59	A	MS
7. Providing the patient with understandable information about their health conditions, treatment options, and preventive measures, and answering questions clearly.	3.17	0.59	A	MS
8. Uses of standardized protocols for identifying high-risk patients, such as fall risk, malnutrition, or skin integrity issues.	3.37	0.62	SA	HS
AVERAGE	**3.20**	**0.41**	**A**	**MS**

Scale	Interval	Verbal Interpretation	Qualitative Description
4	3.25-4.00	Strongly Agree (SA)	Highly Satisfied (HS)
3	2.50-3.24	Agree (A)	Moderately Satisfied (MS)
2	1.75-2.49	Disagree (D)	Dissatisfied (D)
1	1.00-1.74	Strongly Disagree (SD)	Very Dissatisfied (VD)

Table shows the Average Mean: 3.20 | Standard Deviation: 0.41

It means that the average score of 3.20 reflects a moderately high level of implementation of patient assessment practices among nurses in SDN Provincial hospital. Most indicators suggest that assessment processes are consistently applied, particularly in collecting past medical history and identifying high-risk patients.

The indicators on Detailed past medical history and use of standardized protocols (both 3.37) and Clear explanation of conditions and communication with patients (3.17) are strong indicators.

- Mental health screening (2.97) – indicates limited routine evaluation of psychological well-being.

Implications:

- Nurses are effective in clinical and physical assessment, but mental health assessments are an area for improvement.
- Incorporating more emotional and psychosocial tools (e.g., depression screening) will enhance holistic care.

Table 2.7: Nurse's Patient Care Management in terms of Care Planning

Patient Care Management in terms of Care Planning				
Indicators	**Mean**	**SD**	**VI**	**QD**
1. Makes the assessment results being used to develop a tailored care pian that addresses the patient's unique health needs, preferences, and goals.	3.17	0.38	A	MS
2. Uses collaborative development of specific, measurable, achievable, relevant, and time-bound (SMART) goals with the patient.	3.33	0.48	SA	HS
3. Conducts regular reviews of the care plan to monitor progress, adjust interventions, and address new Concerns as they arise.	3.24	0.44	A	MS
4. Respects the patient's right to make informed decisions about their care, including the option to refuse treatment or seek alternative therapies.	3.27	0.45	SA	HS
5. Being Sensitivity to the patient's cultural, religious, and personal beliefs, and adjusting care plans accordingly (e.g., dietary preferences, end-of-life care).	3.30	0.47	SA	HS
6. Conducts Early discussions about advanced directives, palliative care, or hospice options for patients with terminal conditions, respecting their wishes for end-of-life care.	3.40	0.50	SA	HS
7. Involves family members or caregivers, with the patient's consent, In the assessment process, especially for patients who have cognitive impairments, limited mobility, or complex needs.	3.37	0.49	SA	HS
8. Conducts Routine screening for mental health conditions, such as depression, anxiety, or stress, particularly for patients with chronic conditions, disabilities, or serious illnesses.	3.23	0.77	A	MS
9. Identifies available emotional and psychological support resources, such as counseling, support groups, or spiritual care services.	3.20	0.61	A	MS
10. Assesses for signs of past trauma (e.g., physical, or emotional abuse) and providing care in a way that is sensitive to those experiences.	3.30	0.79	SA	HS
AVERAGE	**3.28**	**0.31**	**SA**	**HS**

Scale	Interval	Verbal Interpretation	Qualitative Description
4	3.25-4.00	Strongly Agree (SA)	Highly Satisfied (HS)
3	2.50-3.24	Agree (A)	Moderately Satisfied (MS)
2	1.75-2.49	Disagree (D)	Dissatisfied (D)
1	1.00-1.74	Strongly Disagree (SD)	Very Dissatisfied (VD)

Average Mean: 3.28 | Standard Deviation: 0.31

This is a strong dimension with an average nearing 3.30, indicating that personalized and collaborative care planning is regularly practiced.

Detailed Analysis:

Highest-rated:

End-of-life care discussions (3.40)

Family involvement and SMART goal setting (3.37, 3.33) it further implies that Mental health screening in care planning (3.23) – consistent with earlier findings and Trauma-informed care (3.30) – moderate but could be strengthened.

Table 2.8: Nurse's Patient Care Management in terms of Patient Education

Patient Care Management in terms of Patient Education				
Indicators	**Mean**	**SD**	**VI**	**QD**
1. Uses plain and clear Information that is provided in easily understandable language, avoiding medical jargon and technical terms. If medical terms are used, they are clearly explained.	3.40	0.50	SA	MS
2. The Patient education materials are customized to meet the patient's literacy level, language preference, and health literacy.	3.30	0.60	SA	MS
3. Healthcare providers listen to the patient's questions, concerns, and feedback, ensuring a two-way conversation.	3.33	0.61	SA	HS
4. Diagrams, charts, or pictures are used to reinforce understanding, especially for complex procedures or health conditions.	3.07	0.52	A	MS
5. Patients receive detailed information about their diagnosis, including causes, symptoms, and prognosis, along with tailored instructions for managing their condition.	3.20	0.55	A	MS
6. Patients are educated about all available treatment options, including potential benefits, risks, and side effects, to help them make informed decisions.	3.23	0.57	A	MS
7. Provides Clear guidance on how to manage their health condition independently, including medication instructions, diet, exercise, and lifestyle changes.	3.27	0.58	SA	HS
8. Education includes advice on preventive measures such as vaccinations, screenings, lifestyle modifications, and regular check-ups to maintain or improve health.	3.30	0.60	SA	HS
9. Patients are informed about when to seek emergency care and specific warning signs that require immediate attention.	3.33	0.61	SA	HS
AVERAGE	**3.27**	**0.44**	**SA**	**HS**

Scale	Interval	Verbal Interpretation	Qualitative Description
4	3.25-4.00	Strongly Agree (SA)	Highly Satisfied (HS)
3	2.50-3.24	Agree (A)	Moderately Satisfied (MS)
2	1.75-2.49	Disagree (D)	Dissatisfied (D)
1	1.00-1.74	Strongly Disagree (SD)	Very Dissatisfied (VD)

With a mean of 3.27, nurses are generally effective educators, especially in simplifying medical information and promoting preventive care.

The High-performing areas: Use of plain language (3.40) and Two-way communication and emergency awareness (3.33)

Use of visuals (3.07) – suggests an area to improve learning tools.
This further implies that Nurses are successful in communicating complex information in simple terms but can enhance effectiveness by incorporating more visual and multimedia teaching aids.

Table 3.1: Nurse's Patient Care Management in terms of Monitoring and Follow up

Patient Care Management in terms of Monitoring and Follow up				
Indicators	**Mean**	**SD**	**VI**	**QD**
1. Conducts reassessments that are performed regularly, particularly for chronic conditions or patients with rapidly changing health statuses.	3.37	0.67	SA	HS
2. Conducts regular feedback from the patient and care team about the care plan's effectiveness, and adjustments are made as needed.	3.33	0.61	SA	HS
3. Provides continuous assessment of risks related to changes in health status, such as worsening pain, new symptoms, or complications, with prompt interventions.	3.40	0.62	SA	HS
4. Gives clear instructions are given after the visit, ensuring the patient understands their next steps, including medication changes, follow-up appointments, or lifestyle modifications.	3.37	0.62	SA	HS
5. Offers follow-up education, such as phone calls, telehealth visits, or emails, to check in on the patient's progress and address any questions that may arise.	3.30	0.65	SA	HS
6. Provides information on support groups, community resources, or specialists if the patient needs further help managing their condition.	3.37	0.67	SA	HS
7. Reinforces key points of education during follow-up visits to ensure retention and understanding.	3.40	0.62	SA	HS
AVERAGE	**3.52**	**0.94**	**SA**	**HS**
Patient Care Management Average	**3.32**	**0.42**	**SA**	**HS**
Job Satisfaction Average	**3.12**	**0.38**	**A**	**MS**

Scale	Interval	Verbal Interpretation	Qualitative Description
4	3.25-4.00	Strongly Agree (SA)	Highly Satisfied (HS)
3	2.50-3.24	Agree (A)	Moderately Satisfied (MS)
2	1.75-2.49	Disagree (D)	Dissatisfied (D)
1	1.00-1.74	Strongly Disagree (SD)	Very Dissatisfied (VD

This is the highest-rated area, indicating that nurses are highly proactive in monitoring patients and conducting follow-up. Followed by Ongoing risk assessments and education reinforcement (3.40), and Clear post-visit instructions (3.37)

While all scores are high, the higher standard deviation (0.94) suggests inconsistency across staff or

departments in follow-up routines.

OVERALL Patient Care Management Summary

Area	Mean	Interpretation
Patient Assessment	3.20	Moderately High
Care Planning	3.28	Moderately High
Patient Education	3.27	Moderately High
Monitoring and Follow-up	3.52	High (Strongest area)
Overall Average	3.32	High patient care management competency

5. Summary of Findings

This study aimed to evaluate the nurses' workload, job satisfaction, and patient care management in SDN Provincial Hospital and to examine the relationships among these variables. Specifically, it sought to answer the following research questions:

1. What is the level of nurses' workload in SDN Provincial Hospital?
2. What is the level of job satisfaction among nurses in terms of:
   a) Work Environment,
   b) Job Description and Role,
   c) Professional Development,
   d) Recognition and Appreciation, and
   e) Organizational Culture?
3. What is the level of patient care management in terms of:
   a) Patient Assessment,
   b) Care Planning,
   c) Patient Education, and
   d) Monitoring and Follow-up?
4. How efficient is patient care management in SDN Provincial Hospital based on the identified indicators?
5. Is there a significant relationship between nurses' workload and patient care management?
6. To what extent do nurses' workload and job satisfaction predict the efficiency of patient care management?

The findings of the study are summarized as follows:

1. Nurses reported a moderate level of workload, with some indicating concerns regarding high patient-to-nurse ratios and extended working hours. These conditions may impact both nurse well-being and quality of care delivery.

2. The overall level of job satisfaction among nurses was moderate (Mean = 3.12). Among the dimensions, Organizational Culture had the highest satisfaction level (Mean = 3.25), followed by Job Description and Role (Mean = 3.14). The lowest area was Professional Development (Mean = 2.98), indicating limited access to learning, training, and career growth.

3. Nurses demonstrated a high level of efficiency in patient care management (Overall Mean = 3.32). The most efficient area was Monitoring and Follow-up (Mean = 3.52), while the least efficient was Patient Assessment (Mean = 3.20), particularly in the integration of mental health evaluation.

4. Based on the mean scores, the efficiency of patient care management was ranked from highest to lowest as follows:
   - Monitoring and Follow-up
   - Care Planning
   - Patient Education
   - Patient Assessment

5. A moderate negative correlation was found between nurses' workload and patient care management ($r = -0.52$, $p < 0.05$). This indicates that as workload increases, the efficiency of patient care management decreases.

6. Multiple linear regression analysis showed that nurses' workload and job satisfaction are both significant predictors of patient care efficiency ($R^2 = 0.46$, $p < 0.001$). Job satisfaction had a positive effect ($\beta = +0.42$), while workload had a negative effect ($\beta = -0.45$), indicating that improving job satisfaction and reducing workload can enhance care quality.

6. Conclusions

Based on the findings, the following conclusions were drawn:

1. Workload remains a critical challenge among nurses in SDN Provincial Hospital. Excessive workload not only affects nurse performance but also compromises the quality and safety of patient care.

2. Nurses experience moderate satisfaction with their jobs, particularly in aspects involving teamwork, leadership, and organizational values. However, dissatisfaction with professional development indicates a lack of sufficient opportunities for growth and advancement.

3. Patient care management practices are generally efficient, with strengths in monitoring and follow-up care. However, assessment processes, especially those concerning mental and emotional health, require further enhancement.

4. There is a significant inverse relationship between workload and patient care efficiency, underscoring the need for workload management strategies to protect both nurses and patients.

5. Job satisfaction and workload jointly predict patient care management efficiency. This reinforces the idea that organizational strategies should aim to simultaneously improve staff morale and reduce nurse burden.

7. Recommendations

In light of the study's findings and conclusions, the following recommendations are proposed:

1. Implement strategic staffing policies to reduce nurse-to-patient ratios and address nurse fatigue. This includes the use of workload monitoring systems and hiring additional staff where necessary.

2. Enhance professional development programs by offering in-house trainings, workshops, scholarships, and partnerships with educational institutions to support continuing education.

3. Develop structured recognition and reward systems to increase motivation and retention. Initiatives such as employee awards, peer nominations, and leadership development tracks are recommended.

4. Standardize and strengthen follow-up practices across departments. Leverage telehealth, phone follow-ups, and patient education reinforcement to ensure continuity of care.

5. Integrate mental health screenings into routine assessments and care planning. Training nurses in basic psychological assessment and trauma-informed care will improve patient-centered outcomes.

6. Preserve and promote a positive organizational culture, with clear communication, leadership support, and shared governance to empower nursing staff.

7. Use workload and job satisfaction as performance indicators. Regularly assess these variables through surveys and feedback tools to guide quality improvement programs.

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References

1. Acea-López L., Pastor-Bravo M.D.M., Rubinat-Arnaldo E., Bellon F., Blanco-Blanco J., Gea-Sanchez M., Briones-Vozmediano E. Burnout and job satisfaction among nurses in three Spanish regions. J. Nurs. Manag. 2021;29:2208–2215. doi: 10.1111/jonm.13376.
2. Alibudbud R. (2023). Empowering nurses to engage in self-care practices during and beyond the COVID-19 pandemic in the Philippines. Workplace Health & Safety, 1–2. https://doi.org/10.1177/21650799231178645
3. Aytona, M., Politico, M., McManus, L., Ronquillo, K., & Okech, M. (2022). Determining staffing standards for primary care services using workload indicators of staffing needs in the Philippines. Human Resources for Health, 19(1), 1-14. doi:https://doi.org/10.1186/s12960-021-00670-4
4. Bassett-Jones, N., & Lloyd, G. C. (2005). Does Herzberg's motivation theory have staying power? Journal of management development.
5. Bhatnagar K, Srivastava K. Job satisfaction in health-care organizations. Ind Psychiatry J. 2012 Jan;21(1):75-8. doi: 10.4103/0972-6748.110959. PMID: 23766585; PMCID: PMC3678186.
6. Bhatnagar, K., & Srivastava, K. (2012). Job satisfaction in health-care organizations. Ind Psychiatry J, 21(1), 75-78. doi:10.4103/0972-6748.110959
7. Buchan, J., Catton, H., & Shaffer, F. A. (2022). Sustain and retain in 2022 and beyond: The global nrusing workforce and the COVID-19 pandemic. https://www.icn.ch/system/files/2022-01/Sustain%20and%20Retain%20in%202022%20and%20Beyond-%20The%20global%20nursing%20workforce%20and%20the%20COVID-19%20pandemic.pdf
8. Buonsenso, D., De Rose, C., & Pierantoni, L. (2021). Doctors' shortage in adults COVID-19 units: A call for pediatricians. European Journal of Pediatrics, 180(7), 2315–2318.
9. Burton J. World Health Organization; 2010. World Health Organization healthy workplace framework and model: background and supporting literature and practices; p. 3.
10. Cantarelli P, Belardinelli P, Belle N. A meta-analysis of job satisfaction correlates in the public administration literature. Rev Public Pers Adm. 2016;36(2):115–44.
11. Carrasco-Crivillero O., Castillo-Saavedra E., Salas-Sánchez R., Reyes-Alfaro C. Estresores laborales y satisfacción en enfermeras peruanas durante la pandemia de COVID-19. *Rev. Cuba. Enfermería.* 2022;**38**:e4398.
12. Castillo, A., Torres, L., Ahumada, G., Cardenas, T., & Licona, C. (2014). Labor stress in nursing and associated factors. Cartagena Salud Uninorte, 30, 34-43. doi:10.14482/sun.30.1.4312
13. Chen Y.C., Guo Y.-L.L., Chin W.S., Cheng N.Y., Ho J.J., Shiao J.S.-C. Patient-Nurse Ratio is Related to Nurses' Intention to Leave Their Job through Mediating Factors of Burnout and Job Dissatisfaction. Int. J. Environ. Res. Public Health. 2019;16:4801. doi: 10.3390/ijerph16234801.
14. Dadi T. Factors associated with job satisfaction among governmental health workers in Sebata Hawas Woreda, Oromia Region, [M.S. thesis] Addis Ababa University; 2017.
15. Dall'Ora C., Ball J., Reinius M., Griffiths P. Burnout in nursing: A theoretical review. Hum. Resour. Health. 2020;18:41. doi: 10.1186/s12960-020-00469-9.
16. Darrudi A, Ketabchi Khoonsari MH, Tajvar M. Challenges to achieving universal health coverage throughout the world: a systematic review. *J Prev Med Public Health.* 2022;55(2):125–133.
17. Dayrit, MM, Lagrada, LP, Picazom OF, Pons, MC, Villaverde, MC. The Philippines Health System Review. Asia Pacific Observatory on Health Systems and Policies. 2018: 2(18). 1-352.
18. De Mesa RYH, Marfori JRA, Fabian NMC, et al. Experiences from the Philippine grassroots: impact of strengthening primary care systems on health worker satisfaction and intention to stay. BMC Health Serv Res 2023;23:117. doi:10.1186/s12913-022-08799-1
19. Dion, M. J. (2006). The impact of workplace incivility and occupational stress on the job satisfaction and turnover intention of acute care nurses: University of Connecticut.
20. Doleman, G., De Leo, A., & Bloxsome, D. (2023). The impact of pandemics on healthcare providers' workloads: A scoping review. Journal of Advance Nursing, 79(12), 4434–4454. doi:https://doi.org/10.1111/jan.15690
21. Doleman, G., De Leo, A., & Bloxsome, D. (2023). The impact of pandemics on Healthcare Providers' workloads: A scoping review. Journal of Advanced Nursing, 79(12), 4434–4454. https://doi.org/10.1111/jan.15690

22. Duche Pérez A., Rivera Galdos G.L. Satisfacción laboral y felicidad en enfermeras peruanas. Enfermería Glob. 2019;18:353–373. doi: 10.6018/eglobal.18.2.334741.
23. Dumlao-Abadilla D. (2021). Manila is Southeast Asia's 3rd most expensive city to live in, study shows. The Inquirer. https://business.inquirer.net/321577/manila-is-southeast-asias-3rd-most-expensive-city-to-live-in-study-shows#ixzz85O1b3W6B
24. Faragher E. B., Cass M., Cooper C. L. The relationship between job satisfaction and health: a meta-analysis. Occupational and Environmental Medicine. 2005;62(2):105–112. doi: 10.1136/oem.2002.006734.
25. Galbany-Estragues, P., Millan-MArtinez, P., Mar Pastor-Bravo, M., & Nelson, M. (2019). Emigration and job security: An analysis of workforce trends for Spanish-trained nurses (2010–2015). J Nurs. Managment, 27, 1224-1232. doi:doi: 10.1111/jonm.12803\
26. Ge C., Fu J., Chang Y., Wang L. Factors associated with job satisfaction among Chinese community health workers: a cross-sectional study. BMC Public Health. 2011;11(1):1–13. doi: 10.1186/1471-2458-11-884.
27. Geleto A., Baraki N., Atomsa G. E., Dessie Y. Job satisfaction and associated factors among health care providers at public health institutions in Harari region, eastern Ethiopia: a cross-sectional study. BMC Research Notes. 2015;8(1):p. 394. doi: 10.1186/s13104-015-1368-5.
28. Hellin Gil, M., Hernandez, J., Ibañez-Lopez, F., Llor, A., Valcarel, M., Mikla, M., & Montesinos, M. (2022). Relationship between Job Satisfaction and Workload of Nurses in Adult Inpatient Units. In J Environ Res Public Health, 19(18), 11701. doi:10.3390/ijerph191811701
29. Herzberg F., Bernard S., Barbara B. Motivation to Work. 2nd ed. John Wiley; New York, NY, USA: 1959.
30. Herzberg F., Mausner B., Snyderman B. The Motivation to Work. New York, NY, USA: John Wiley and Sons. In.: Inc; 1959.
31. Homberg F, McCarthy D, Tabvuma V. A meta-analysis of the relationship between public service motivation and job satisfaction. Public Adm Rev. 2015;75(5):711–22.
32. Hunter, R., Willis, K., & Smallwood, N. (2022). The workplace and psychosocial experiences of Australian junior doctors during the COVID-19 pandemic. Internal Medicine Journal, 52, 745–754.
33. International Council of Nurses. (2021). Policy Brief: the global nursing shortage and nurse retention. https://www.icn.ch/sites/default/files/inline-files/ICN%20Policy%20Brief_Nurse%20Shortage%20and%20Retention_0.pdf
34. Jackson A. (2021). 'Burnt out': Nurses battle COVID-19, resignations in Philippines. PhilStar. https://www.philstar.com/headlines/2021/09/18/2128038/burnt-out-nurses-battle-covid-resignations-philippines
35. Jones, T. L. (2011). Effects of motivating and hygiene factors on job satisfaction among school nurses. Walden University.
36. Judge TA, Piccolo RF, Podsakoff NP, Shaw JC, Rich BL. The relationship between pay and job satisfaction: A meta-analysis of the literature. J Vocat Behav. 2010;77(2):157–67.
37. Locke E.A. What is job satisfaction? Organ. Behav. Hum. Perform. 1969;4:309–336. doi: 10.1016/0030-5073(69)90013-0.
38. Locke EA. The nature and cause of job satisfaction. In: Dunnette MD, editor. Handbook of industrial and organizational psychology. Chicago, IL: Rand McNally; 1976. p. 1297–343.
39. Mapa D. (2023). Summary inflation report consumer price index (2018 = 100): May 2023. Philippine Statistics Authority. https://psa.gov.ph/price-indices/cpi-ir/title/Summary%20Inflation%20Report%20Consumer%20Price%20Index%20%282018%3D100%29%3A%20May%202023
40. Maslach C. In: *A Multidimensional Theory of Burnout.* Cooper C.L., editor. Theories of organizational stress, Oxford University Press Inc.; New York, NY, USA: 1998.
41. Maslach C., Leiter M. In: *Burnout.* Fink G., editor. Prensa Académica; London, UK: 2016. pp. 351–357.
42. Mendoza-Briceño E., Guerrero Bejarano M.A., Carhuancho-Mendoza I., Nolazco-Labajos F., Silva Siu D. Determinantes de la satisfacción laboral en un establecimiento de salud durante el estado de emergencia sanitaria, Perú *Apunt. Univ.* 2021;**12**:122–134. doi: 10.17162/au.v11i5.919.

43. Mosadeghrad A. M., Ferlie E., Rosenberg D. A study of the relationship between job satisfaction, organizational commitment and turnover intention among hospital employees. Health Services Management Research. 2008;21(4):211–227. doi: 10.1258/hsmr.2007.007015.
44. Olatunji S., Mokuolu B. O. The influence of sex, marital status, and tenure of service on job stress, and job satisfaction of health workers in a Nigerian federal health institution. African Research Review. 2014;8(1):126–133. doi: 10.4314/afrrev.v8i1.10.
45. Pérula C., Pérula De Torres L.A., García C., Pérula De Torres C.J., Vaquero Abellán M. Mindfulness enfermería en atención primaria y su relación con el estrés laboral. *NURE Investig.* 2016;**14**:1–9.
46. Real Academia Española; Diccionario de la Lengua Española, 23th ed., [Versión 23.5 en Línea] 2014. [(accessed on 15 September 2022)]. Available online: https://dle.rae.es
47. Republic of the Philippines. (2019). Universal Health Care Law (Republic Act No. 11223) of the Philippines.
48. Shaffril H. A. M., Uli J. The influence of socio-demographic factors on work performance among employees of government agriculture agencies in Malaysia. Journal of International Social Research. 2010;3(10)
49. Stansfeld S., Candy B. Psychosocial work environment and mental health—a meta-analytic review. Scand J Work Environ Health. 2006;32:443–462.
50. Tan-Lim, C. S., Javelosa, M. A., Sanchez, J. T., Dans, L. F., Rey, M. P., Elepano, A. G., De Mesa, R. Y., & Dans, A. L. (2024). Impact of primary care system interventions on healthcare worker satisfaction and intention to stay in the Philippines: A follow-up study. BMJ Open Quality, 13(2). https://doi.org/10.1136/bmjoq-2024-002788
51. Tan-Lim, C., Javelosa, M., Sanchez, J., Dans, L., Rey, M., Elepano, A., . . . Dans, A. (2024). Impact of primary care system interventions on healthcare worker satisfaction and intention to stay in the Philippines: a follow-up study. BMJ Open Quality, 13(e002788), 1-9. doi:https://doi.org/10.1136/bmjoq-2024-002788
52. Truth AU. (2013). No health without a workforce. World Health Organization.
53. Villanueva R. (2023). Nurses' group urges ILO to probe work standard violations. PhilStar. https://www.philstar.com/headlines/2023/01/24/2239743/nurses-group-urges-ilo-probe-work-standard-violations#:~:text=The%20Filipino%20Nurses%20United%20(FNU,group%20said%20in%20a%20statement
54. World Health Organization (WHO) 2010. WHO healthy workplace framework and model: background and supporting literature and practices.http://www.who.int/occupational_health/healthy_workplace_framework.pdf [cited 2013 Sep 30].
55. World Health Organization *Everybody's business -- strengthening health systems to improve health outcomes: WHO's framework for action.* [cited 2022 Mar 30]. Available from: https://apps.who.int/iris/handle/10665/43918