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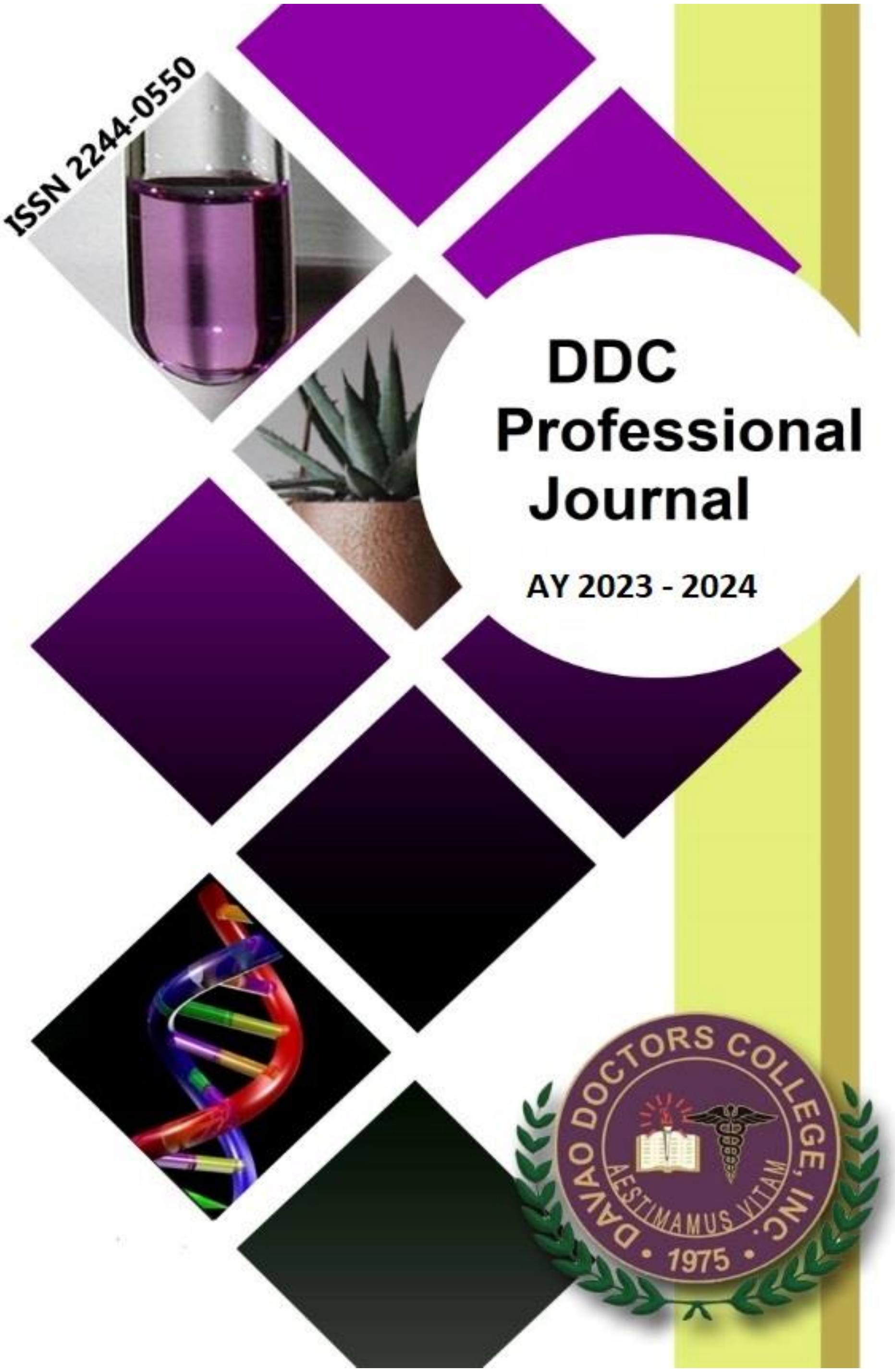
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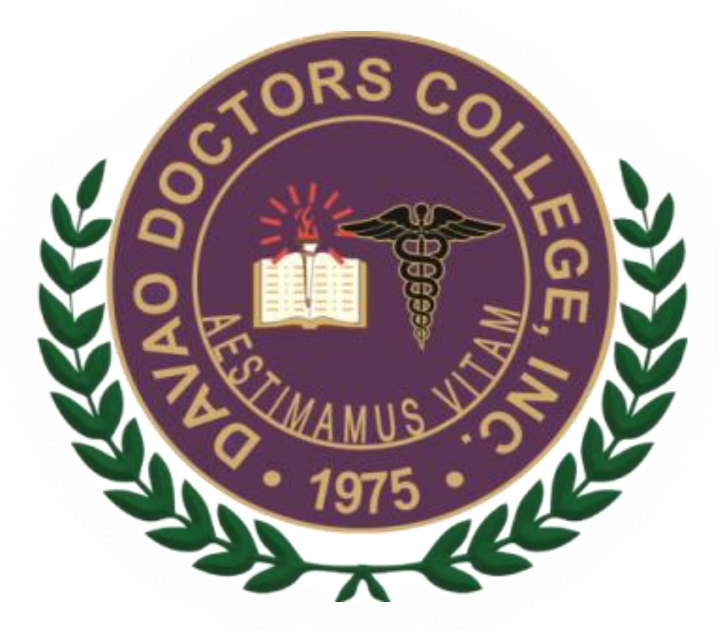
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Anger Management, Job Satisfaction, and Work Performance of Staff Nurses in Davao City

Jane Jamora Alejandro, RN

Davao Doctors College

Abstract

The study aimed to determine the level of anger management, job satisfaction, and work performance of staff nurses. The study used a descriptive-correlational research design through a complete enumeration of the 165 staff nurses of selected police hospitals in Davao City as the respondents of the study. The study utilized questionnaires adapted from the studies of Shrand and Devine (2013), Lohero (2008), and Zhauman (2017). The questionnaires were modified to fit the goal of the study and were subjected to validity and reliability testing with an overall Cronbach alpha result of 72. Results revealed that the majority of the respondents were male staff nurses, ages 29 to 34 years old, and had 1 to 5 years length of service in the police hospital. Further, the respondents expressed a higher level of anger management particularly on negative attribution compared to escalating strategies. Also, the respondents had a more positive insight on job satisfaction aligning to pay compared to promotion. The respondents expressed a higher level of work performance aligning with contextual performance and counterproductive behavior compared to task performance. Also, there is a significant positive relationship between anger management and work performance. Furthermore, anger management and job satisfaction have a significant direct influence on the work performance of the respondents. Thus, it is recommended that the police hospital plans and programs should be highly coordinated, consolidated, and implemented to fully address anger management concerns. Police hospitals should also determine staff requirements, placements, and development, as well as implement and monitor compliance with policies, systems, and procedures to reduce anger mismanagement among staff nurses.

Keywords: *Anger Management, Social Science, Descriptive-Predictive Design, Davao City, Philippines*

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Introduction

Job demands, such as a heavy workload and tight deadlines, can result in negative outcomes such as stress. Meeting workload requirements and feeling rushed were frequently mentioned as stressors for new nurses, which lead to stress and emotional mismanagement, both of which harm staff nurses' work performance. According to research on nurses, work performance among this population is low because they lack confidence in their skills and abilities to function as nurses when they first enter the work environment. Because new nurses have not had the opportunity to perform the role of a registered nurse, their efficacy and performance perceptions will be lacking when they enter the workplace, and their confidence will be understandably low. Furthermore, nurses' performance refers to the actual execution of activities to meet responsibilities following standards (Ragah, 2017). It is an indication of what is done and how well it is done, as well as focusing attention on nurses' overall behavior and the use of specialized knowledge and skills acquired through training, as well as practice integration (Morsy, 2017). Performance barriers are work factors in the workplace that increase their workload beyond what is expected and negatively impact their quality of work life (Moradi, 2019). The role of nurses as caregivers for patients in hospitals is critical, particularly for staff nurses who work in critical care units because they care for patients who are considered critically ill and at risk of death. Staff nurses collaborate with the health care team to plan, coordinate, and implement care to meet patients' physical, psychosocial, cultural, and spiritual needs. The critical care nurse must balance the need for a high-tech environment with the patient's safety, privacy, dignity, and comfort (Almaki, 2019).

Despite the pressing issue of studies, no conclusive picture emerges about the extent of the relationship between anger management, job satisfaction, and staff nurses' work performance. Nurses’ inability to handle job demands can lead to health problems in nurses and decrease their productivity (Fauver, 2018). Work overload, role ambiguity, staff shortage, job insecurity, inadequate pay, inequality at work, exposure to death and disease, and lack of management support are associated with major sources of work stress in nursing which may affect performance. However, the majority of studies have used qualitative methods and experimental approaches, with the majority of findings pointing to a positive and straightforward relationship between anger management and work performance (Yannah et al., 2020).

This study seeks to determine the levels of anger management, job satisfaction, and work performance of staff nurses. The scenarios listed above prompt the researcher to investigate and contribute to the resolution of this issue. As a result, the findings of this study are relevant for staff nurses, patients, hospital administration and management, and society at large to promote high and effective work performance for staff nurses. This study aims to improve staff nurses' anger management, job satisfaction, and work performance and its findings and recommendations may be used by the academia and management to improve and assist staff nurses in achieving high and effective work performance.

Methods

A quantitative descriptive predictive research design was used for this study. The respondents of the study were the 165 staff nurses from the selected police hospitals in Davao City. This study used the complete enumeration sampling technique to select respondents. This is where all members of the entire population are measured, and data for each element/unit of the population is collected. The respondents were the staff nurses between the ages of 23 and 40. Respondents who refused to participate in the survey, on the other hand, were given the option to do so without facing any consequences, penalties, or loss of benefits as a result of the withdrawal requirements.

This study made use of a questionnaire adapted from Shrand and Devine's research (2013), Lohero (2008), and Zhauman (2017). This was the primary instrument that was used to collect data for the study. It was designed under the variables identified in this study. The tool underwent pilot testing with the intended twelve (12) respondents. It obtained the Cronbach alpha value of 0.72 which was labeled as reliable.

The first section of the adopted questionnaire determined the respondents’ demographic profile. The second section focused on the ability of staff nurses to manage their anger. This was assessed through the use of escalating strategies, calming strategies, negative attribution, and self-awareness. The instrument consisted of 40 statements and employs a five-point Likert scale. The third part concerned the level of job satisfaction among staff nurses in terms of pay, promotion, supervision, fringe benefits, contingent rewards, operating conditions, coworkers, nature of work, and communication. It has a Cronbach alpha of 0.88 which is highly reliable. Meanwhile, the questionnaire was rated by the respondents with 5 as the highest score and 1 as the lowest score. Its range had its respective descriptive equivalent and interpretation.

Furthermore, another part of the questionnaire measured the level of work performance among staff nurses in terms of task, contextual, and counterproductive behavior performances which was also adopted from the study of Zhauman (2017). It has a Cronbach alpha of 0.85 which is reliable. Meanwhile, the questionnaire was rated by the respondents with 5 as the highest score and 1 as the lowest score. Its range had its respective descriptive equivalent and interpretation. To interpret the data, a 5-point Likert scale was used to determine its level.

Results and Discussion

Table 1. Profile of the Respondents

	Frequency	Percentage
Age		
23 – 28	36	22%
29 – 34	112	68%
35 – 40	17	10%
Total	165	100%
Sex		
Male	99	60%
Female	66	40%
Total	165	100%
Length of Service		
1 – 5	135	82%
6 – 10	27	16%
11 and above	3	2%
Total	165	100%

Table 1 shows the demographic profile of the respondents. Out of 165 staff nurses, 112 (or 68%) of the population have an age range of 29-34 years old; 36 (or 22%) are 23-28 years old; and, 17 (or 10%) are aged 35-40 years old. On the other hand, the results indicate that 99 (60%) of the staff nurses are male, and 66 (or 40%) of them are female. In terms of the length of service, 135 (or 82%) of the population rendered 1-5 years; 27 (or 16%) of them provided 6-10 years into their job; and, 3 (or 2%) of them rendered 11 years and above.

Table 2. Level of Anger Management of Staff Nurses

Indicator	SD	Mean	Descriptive Level
Escalating Strategies	0.33	3.91	High
Calming Strategies	0.55	3.97	High
Negative Attribution	0.35	4.03	High
Self Awareness	0.31	3.95	High
Overall Mean	0.22	3.96	High

Legend: 5.00 - 4.21 – Very High; 4.20 – 3.41 – High; 3.40 - 2.61 – Moderate; 2.60 - 1.81 – Low; 1.80 - 1.00 – Very Low; SD- Standard Deviation

Table 2 reveals the level of anger management of staff nurses in terms of escalating strategies, calming strategies, negative attribution, and self-awareness. As shown in the table, the overall mean is 3.96, with a standard deviation of 0.22 and a descriptive level of high. This implies that staff nurses learn to identify their anger, develop healthy coping mechanisms for it, and express it in constructive ways. They give careful consideration to what they are going to say, maintain composure, and effectively articulate their concerns. In addition to that, they use humor as a way to release tension.

In addition, the indicator that received the highest mean of 4.03 with a standard deviation of 0.35 and a descriptive level of high is negative attribution. In the past, research has shown that when staff nurses have high levels of negative attributions, it can be detrimental to their performance in cognitive tasks when compared to the performance of individuals who have lower levels of negative attributions.

Conversely, the indicator that received the lowest mean of 3.91 with a standard deviation of 0.33 and a descriptive level of high is escalating strategies. This means that if nurses keep thinking about what made them angry, they become angrier, and they can feel their blood pressure rise when they begin to get angry at their coworkers.

Table 3. Level of Job Satisfaction Among Staff Nurses

Indicators	M	SD	Description
Pay	4.07	0.41	High
Promotion	3.85	0.38	High
Supervision	3.93	0.45	High
Fringe Benefits	3.98	0.63	High
Contingent Rewards	4.00	0.23	High
Operating Conditions	4.02	0.58	High
Co-workers	4.00	0.45	High
Nature of Work	3.93	0.46	High
Communication	3.99	0.54	High
Overall Mean	3.97	0.22	High

Legend: 5.00 - 4.21 – Very High; 4.20 – 3.41 – High; 3.40 - 2.61 – Moderate; 2.60 - 1.81 – Low; 1.80 - 1.00 – Very Low; M-(Categorical Mean); SD- Standard Deviation

The table above shows the level of job satisfaction among staff nurses. As reflected in the tabulated data, the overall mean is 3.97, with a standard deviation of 0.22 and a descriptive level of high. Based on the findings, it appears that the nurses have a high sense of initiative as well as a positive attitude toward their work. On the other hand, according to the findings, pay is the most important category in an organization when it comes to monetary compensation, and it is also one of the most fundamental components for inducing positive motivation among members of the organization. As a result, the compensation system, particularly the monetary compensation component of the total wage bill has a significant impact on the members of the organization's behavior, and it has become the standard by which the management practices of organizations are judged. In addition to this, it is found that working as a staff nurse is extremely convenient, offers a high level of comfort, and is located in appealing environments.

The indicator with the highest mean is pay with 4.07, and standard deviation of 0.41, and a descriptive level of high. This implies that staff nurses believe they are being fairly compensated for their efforts and that the organization values them when they consider what they pay them.

On the other hand, the indicator with the lowest mean is promotion, with a mean of 3.85, a standard deviation of 0.38, and a verbal description of high. Such a result implies that there is no high chance of advancement on their job, and those who perform well on the job do not stand a fair chance of advancement. Furthermore, there are few rewards for those who work in their workplaces.

Table 4. Level of Work Performance of Staff Nurses

Indicators	M	SD	Description
Task Performance	3.88	0.32	High
Contextual Performance	3.98	0.59	High
Counterproductive Work Behavior	3.98	0.29	High
Overall Mean	3.95	0.33	HIGH

Legend: 5.00 - 4.21 – Very High; 4.20 – 3.41 – High; 3.40 - 2.61 – Moderate; 2.60 - 1.81 – Low; 1.80 - 1.00 – Very Low; M-(Categorical Mean); SD- Standard Deviation

Table 4 shows the level of work performance among staff nurses in terms of task performance, contextual performance, and counterproductive work behavior. The overall mean is 3.95, with a standard deviation of 0.33 and a descriptive level of high. This means that nurses provide high-quality nursing care to patients based on their professionalism and other related activities and processes.

Among the indicators, contextual performance and counterproductive behavior received the highest mean of 3.98 with a standard deviation of 0.59 and a descriptive level of high. This implies that the nurses accept and learn from feedback to continue to take on new challenges and grow with the company, collaborate with others to achieve positive results toward a common goal, and demonstrate resilience in the face of stress, difficult situations, and adversities.

Moreover, the indicator with the lowest mean of 3.88 is task performance. Its standard deviation is 0.32 with a descriptive level of high which implies that nurses have low work quality and are capable of performing tasks at a high level. They also plan and organize their work as they concentrate on what is important.

Table 5. The Relationship Between Anger Management and Work Performance among Staff Nurses

Independent Variables	r	p-value	Decision	Remarks
	Work Performance			
1. Anger Management	0.659	0.000	Reject H_{o1}	Significant
2. Job Satisfaction	0.496	0.000	Reject H_{o2}	Significant

Note: $p<0.05$ (significant)

Table 5 shows that there is a significant positive relationship between anger management and work performance with a p-value of .000 and an r-coefficient of .659. Specifically, the strength of the correlation between the two variables is moderate and directly proportional, which suggests that an increase in anger management is correlated with an increase in work performance

Similarly, the table above also shows that there is a significant positive relationship between job satisfaction and work performance with a p-value of .000 and an r-coefficient of .496. The strength of the correlation is moderate and directly proportional.

Table 6. The Significant Influence of Anger Management and Job Satisfaction on the Work Performance of Staff Nurses

Independent Variables	Unstandardized Coefficients		Standardized Coefficients			Work Performance
	β	Std. Error	β	t	p-value	Remarks
(Constant)	0.301	0.297		1.012	0.313	
1. Anger Management	2.925	.238	1.933	12.284	0.000	Significant
2. Job Satisfaction	-2.001	.235	-1.342	-8.525	0.000	Significant

Note: R^2=0.609; F=126.250; α= 0.05; IV (Anger Management & Job Satisfaction); DV (Work Performance).

The table above presents the results of the regression analysis which shows the significant predictors of work performance. Based on the tabulated data, anger management has a significant direct influence on the work performance of the respondents (B = 2.925, $p < 0.05$). This means that the regression weight for anger management in the prediction of work performance is significantly different from zero at the 0.05 level (two-tailed). Therefore, for every unit increase in anger management, there is a corresponding increase in work performance measures. This implies that anger management can improve work performance. As a result, strong anger management skills among staff nurses can help them perform better at work. Moreover, the R^2 value of .609 implies that the model generated by the regression can only attribute or can only explain 60.9 percent of the overall change in anger management and job satisfaction to work performance. The remaining 39.1 percent is attributable to other factors or constructs not covered in this study. On one hand, when taken singularly, all domains of anger management and job satisfaction influence anger management.

Likewise, the table presents that job satisfaction has a significant direct influence on the work performance of the respondents (B = -2.001, $p < 0.05$). This means that the regression weight for job satisfaction in the prediction of work performance is significantly different from zero at the 0.05 level (two-tailed). Therefore, for every unit increase in job satisfaction, there is a corresponding increase in work performance measures. This implies that job satisfaction can improve work performance. As a result, high job satisfaction among staff nurses can lead to improved work performance.

Conclusion and Recommendations

The study concluded that most of the respondents are male millennial nurses with 1-5 years length of service in the hospital. The respondents expressed higher levels of anger management particularly in terms of negative attribution and a lesser degree of escalating strategies. The respondents expressed a higher level of job satisfaction particularly in terms of pay and a lesser degree of promotion. The respondents expressed a higher level of work performance in terms of contextual performance and counterproductive behavior and a lesser degree of task performance. There is a

a significant positive relationship between anger management and work performance with a p-value of .000 and an r-coefficient of .659. Also, there is a significant positive relationship between job satisfaction and work performance with a p-value of .000 and an r-coefficient of .496. Lastly, anger management and job satisfaction have a significant direct influence on the work performance of the respondents.

Based on the findings that are gathered, the following recommendations are offered for consideration.

Staff nurses. The findings of the study reveal that the level of work performance of staff nurses in terms of escalating strategy is high yet lowest among the indicators. Therefore, they should help provide a check-and-balance mechanism, solve problems early on, and assist in reducing frustration among staff members. In addition, the findings of this study may provide and assist them in prioritizing not only the health of their patients but also their health. In addition, the research that is made available to them will be of assistance to them in developing new methods of dealing with employment crises and participating in activities that will strengthen and expand their capabilities and performance.

Hospital Administrators. According to the findings, the level of anger management among staff nurses is high among respondents, so hospital plans and programs should be highly coordinated, consolidated, and implemented to fully address anger management concerns. They should also determine staff requirements, placements, and development, as well as implement and monitor compliance with policies, systems, and procedures to reduce anger mismanagement among staff nurses.

Human Resource Department. Along with the high level of job satisfaction among the respondents, they should plan and develop strategies and approaches involving workforce culture, behaviors, and competencies which should promote the successful execution of the nursing strategy.

Uniformed Personnel and Non-Uniformed Personnel. This study gives them the knowledge of why such behavior is manifested by the staff nurses for them to render quality care to their patients. In that way, they can give or think of ways to promote the morale of nurses in the institution.

Future Researchers. They may monitor other variables which are relevant to the work performance of staff nurses such as venturing into organizational climate and engagement of staff nurses. Also, this study gives them a relevant reference, providing them with background information or an overview of anger management, job satisfaction, and work performance among staff nurses for them to provide the high-quality patient care that they should. The suggestions offered could also be utilized as a starting point for additional research into the study's intended factors.

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Influence of Illness Perception and Family Support on Hemodialysis Compliance Among Patients with ESRD at Private Hospitals in Kidapawan City

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Abstract

This study aimed to assess the influence of illness perception and family support on hemodialysis compliance among patients with End-Stage Renal Disease (ESRD). The study used the descriptive-predictive research design. The respondents of the study were the 100 purposively chosen patients from selected private hospitals in Kidapawan City. These three adapted questionnaires from the studies of Broadbent et al. (2005), Sarason et al. (1983), and Kim et al. (2010) were modified and subjected to validity and reliability testing with Cronbach alpha results of, on illness perception .77, family support .89, and hemodialysis compliance .81 were used in the data gathering. Results revealed that most of the patients were married unemployed males, with ages 46-50 years old. The respondents reported a higher level of illness comprehensibility than cognitive illness which corresponds to patients' perceptions of their illness. In addition, respondents had a more favorable view of tangible support than belonging support. Following hemodialysis compliance, respondents reported a higher level of complete attendance to dialysis sessions than compliance with prescribed medications. Additionally, illness perception and family support substantially affected hemodialysis adherence. With this, both illness perception and family support have significant relationships with hemodialysis compliance. In conclusion, the way a disease is perceived has a major impact on hemodialysis compliance. In a similar vein, a key factor that affects hemodialysis compliance among the responders is family support.

Keywords: Social Science, Illness Perception, Family Support, Hemodialysis Compliance, Private Hospitals, Descriptive-Predictive, Kidapawan City, Philippines

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Introduction

End-stage renal disease (hereafter ESRD), which causes irreversible renal function loss, can be fatal (Omi, 2019). Hemodialysis (hereafter HD) extends patients' lives but causes many medical, mental, social, and economic problems. This disease hinders one’s daily life and independence (Fassa, 2018). Some patients say that their ailment substantially restricts their freedom. Additionally, the disease's stigma causes pessimism and depression. Moreover, hemodialysis patients suffer from therapy compliance. The varying demographics, socioeconomic status, comorbidities, and psychological aspects also affect hemodialysis compliance. In this context, illness perception and family support affect HD compliance.

Patients' disease perceptions include causation, timing, and impact. According to a study, illness perception affects health behaviors like treatment adherence. Illness perception includes causation, symptoms, and effects. Illness perception affects treatment adherence (Petrie et al., 2018). For instance, hemodialysis patients with negative illness beliefs may not comply with the treatment. Shrestha et al. (2019) find that ESRD patients with negative illness perspectives are less likely to follow hemodialysis. Also, the lack of family support may increase stress and anxiety, lowering hemodialysis compliance (Chen et al., 2020). Lee et al. (2020) examine how sickness perception and family support affect ESRD hemodialysis compliance.

Chronic Kidney Disease (CKD) affects millions of people worldwide. Over 850 million individuals worldwide have renal disease according to the WHO (Jha et al., 2018). CKD is a leading cause of morbidity and mortality in affluent countries like the US and Europe (Levey et al., 2020). Similarly, CKD and ESRD are also major health issues in poor countries (Abd ElHafeez et al., 2020). A Chinese study indicates that patients' sickness perceptions significantly affected their hemodialysis adherence (Yang et al., 2021).

End-stage renal disease is also a major health issue in the Philippines where chronic kidney disease is rising (Celendro & Dial, 2023). The Philippines finds that patients' sickness perceptions significantly affected their hemodialysis adherence. (Liu, 2018) Patients with a greater perception of illness are compliant with their hemodialysis treatment. A Philippine study finds that family support was a major predictor of hemodialysis adherence in ESRD patients.

End-stage renal disease (ESRD) patients in Kidapawan City, North Cotabato, Philippines, have hemodialysis compliance issues. This issue is linked to the patient's sickness perception. This echoes the study of Gopez-Cervantes et al., (2020) of ESRD patients in the Philippines who have a negative view of their illness, leading to noncompliance with hemodialysis. Patients who do not understand the disease may not follow treatment, which can be dangerous. Patients in Kidapawan City may find hemodialysis too expensive. Patients and families, especially low-income ones, may struggle financially. In this context, healthcare professionals are interested to know how illness perception and family support affect hemodialysis compliance at private hospitals in Kidapawan City for End-Stage Renal Disease (ESRD) patients.

Few studies have examined the effect of hemodialysis adherence in private hospitals, while most studies have focused on public hospitals. Private hospitals may have policies, facilities, and services that differ from those of public hospitals. Consequently, there may be disparities in the perception and support of hemodialysis patients between these two categories of hospitals. In addition, the role of family support in hemodialysis compliance among ESRD patients undergoing treatment at private hospitals in Kidapawan City has not been thoroughly studied. Family support is an essential aspect of a patient's treatment, particularly for ESRD patients who must undergo hemodialysis for life. The emotional, financial, and practical support provided by family members can influence the patient's compliance and quality of life. The lack of research on the effect of illness perception and family support on hemodialysis compliance among ESRD patients in private hospitals in Kidapawan City demonstrates the need for additional studies in this area. Moreover, understanding the factors that influence hemodialysis compliance can aid in the development of interventions that enhance patient outcomes.

Methods

This study focused on assessing the influence of illness perception and family support on hemodialysis compliance among patients with

ESRD. The respondents of the study were the 100 hemodialysis patients from selected private hospitals in Kidapawan City, North Cotabato. The study's qualifying characteristics were: a) a patient with End Stage Renal Disease (ESRD); b) a regular patient who has been receiving hemodialysis treatment for more than three (3) months; c) the patient must be between the ages of 25 and 55 to be qualified as a legitimate respondent; and d) the patient is male or female who is conscious, responsive, and willing to cooperate with the study.

The researcher utilized a quantitative descriptive-predictive research design. It was a valuable research methodology that permitted the researcher to describe and predict the behavior of variables to identify patterns and relationships between variables and generalize findings to larger populations. Also, the researcher employed total enumeration sampling in choosing the respondents of the study. The study was conducted from October 2022 to May 2023.

The research instruments used in this study were the three adapted modified survey questionnaires to measure the levels of illness perception, family support, and hemodialysis compliance among patients with ESRD. These were the main tools that were used in gathering the data needed for the study and they were designed according to the variables reflected in this study. Each questionnaire was subjected to validation by the three experts in the field to obtain higher reliability and effectiveness during the data collection.

The first questionnaire was adopted from Broadbent et al. (2005). The first section of the adapted questionnaire determined the respondents' demographic profile. The second section focused on patients' levels of illness perception in terms of cognitive illness, emotional representations, and illness comprehension. The third part of the questionnaire measured the level of family support among patients in terms of appraisal support, belonging support, and tangible support which was adopted from the study of Sarason et al. (1983). Furthermore, another adapted questionnaire from the study of Kim et al. (2010) measured hemodialysis compliance among ESRD patients. Meanwhile, respondents rated the questionnaire on a scale of 1 to 5, with 5 being the highest score and 1 being the lowest. This range has a descriptive equivalent and interpretation. The data were interpreted using a 5-point Likert scale.

The statistical tools used in the interpretation of data in the study were frequency and percentage to determine the demographic profile of the respondents; and mean and standard deviation to determine the levels of illness perception, family support, and hemodialysis compliance among patients with ESRD. Moreover, Pearson r was used to determine the significance of the relationship between variables, and regression analysis was used to determine which independent variables significantly influence hemodialysis compliance among patients with ESRD.

Results and Discussion

Table 1. Profile of the Respondents

Demographic Profile	Frequency
Age	
25 – 30	12
31 – 35	14
36 – 40	17
41 – 45	23
46 - 50	32
51 – 55	2
Total	**100**
Sex	
Male	59
Female	41
Total	**100**
Marital Status	
Single	28
Married	71
Total	**100**
Employment Status	
Employed	31
Unemployed	69
Total	**100**

Table 1 shows the demographic profile of the respondents. Out of 100 patients, 32 (or 32%) has aged between 46-50 years old; 23 (or 23%) of the population has an age range of 41-45 years old; 17 (or 17%) are 36- 40 years old; 14 (or 14%) are aged 31-35 years old, and 12 (or 12%) of the patients has an age range of 25-30 years old, and 2 (or 2%) are between 51-55 years old. On the other hand, the results indicate that 59 or (59%) of the patients are male, and 41 (or 41%) of them are female. In terms of marital status, 71 (or 71%) of the population are married; 28 (or 28%) of them are single; and, 1 (or 1%) of them are widowed. In terms of employment status, 69 (or 69%) of the population are unemployed; and 31 (or 31%) are employed.

In a study conducted by Anees et al. (2018), the average age of patients with end-stage renal disease (ESRD) is determined to be 47.62 years. This suggests that individuals in this age group may be at a higher risk for developing ESRD. This study's high percentage of male patients is consistent with the findings of Alhaddad and Alharbi (2020), who found that the preponderance of ESRD patients were men. This finding, however, contradicts the findings of Khan et al. (2018), who found that females had a higher incidence of ESRD than males. Variations in the sample size and demographic characteristics of the study participants could account for the differences in the results. The study's high proportion of married patients is consistent with previous research that found a higher incidence of ESRD among married individuals (Raj et al., 2019). This may be because married individuals are more likely to have comorbidities such as hypertension and diabetes, which are recognized risk factors for ESRD (Liang et al., 2020). This study's high rate of unemployed patients is consistent with the findings of Basha et al. (2018), who discovered that the majority of ESRD patients are unemployed. This may be because unemployment is associated with reduced income and limited access to healthcare, resulting in delayed diagnosis and treatment of ESRD.

Table 2. Level of Illness Perception among Patients

Indicator	Mean	SD	Description
Cognitive Illness	4.18	0.55	High
Emotional representations	4.20	0.55	High
Illness Comprehensibility	4.24	0.64	Very High
Over-All	**4.21**	**0.49**	**VERY HIGH**

Legend: 5.00-4.21 (Very High); 4.20-3.41 (High); 3.40-2.61 (Moderate); 2.60-1.81 (Low); 1.80-1.00 (Very Low)

Table 2 reveals the level of illness perception among patients in terms of cognitive illness, emotional representations; and illness comprehensibility. As shown in the table, the variable with the highest mean and standard deviation (SD) is illness comprehensibility, with a mean of 4.24 and an SD of 0.64, indicating that the respondents had a very high level of understanding and knowledge of their illness. On the other hand, the lowest mean and standard deviation for the variable of cognitive illness are 4.18 and 0.55, respectively, indicating a high level of cognitive illness representations among the respondents. The results indicate a very high level of ailment perception among respondents, with a mean of 4.21 and a standard deviation of 0.49. This suggests that the respondents had a thorough comprehension of their illness, a positive affective reaction to it, and a well- developed cognitive framework for making sense of it. The high levels of illness comprehension and cognitive illness representations are encouraging, as they suggest that the respondents have developed effective coping strategies that can aid in their illness management. Nevertheless, the study reveals a modest level of emotional representations, with a mean of 4.20 and a standard deviation of 0.55. The Illness Comprehensibility domain has the highest mean and standard deviation, indicating that the participants had a very high level of illness comprehension. This is a significant finding, as research indicates that ailment comprehension is a significant predictor of treatment adherence and health outcomes among patients with chronic diseases (Mittal et al., 2021). When patients comprehend their illness, they are better able to manage their symptoms and adhere to their treatment plans, which can result in improved health outcomes.

In contrast, the Cognitive Illness domain has the lowest mean and standard deviation, indicating that the participants had comparatively reduced levels of cognitive representation of their illness. This finding is consistent with prior research indicating that patients with chronic illnesses frequently struggle to comprehend and make meaning of their illness (Merleau-Ponty et al., 2020). The absence of a cognitive representation of disease can have negative effects on treatment adherence, as patients may not comprehend the significance of adhering to their treatment plans.

Thus, the participants have a high level of illness comprehension, indicating that they were knowledgeable about their illness and its treatment. This is a significant finding because it suggests that patients with chronic illnesses can benefit from educational interventions designed to enhance their understanding of their illness. Such interventions can increase treatment adherence and enhance health outcomes.

Table 3. Level of Family Support among Patients

Indicator	Mean	SD	Description
Appraisal Support	4.26	0.50	Very High
Belonging Support	4.21	0.57	Very High
Tangible Support	4.30	0.48	Very High
Over-All	**4.26**	**0.49**	**VERY HIGH**

Legend: 5.00-4.21 (Very High); 4.20-3.41 (High); 3.40-2.61 (Moderate); 2.60-1.81 (Low); 1.80-1.00 (Very Low)

Table 3 reveals the variable with the highest mean which was Tangible Support, with a mean of 4.30 and a standard deviation of 0.48. The variable with the lowest mean was Belonging Support, with a mean of 4.21 and a standard deviation of 0.57. Overall, family support is rated extremely high, with a mean of 4.26 and a standard deviation of 0.49.

The high mean observed for the Tangible Support variable indicates that family members provided a high level of practical assistance, such as financial assistance, transportation, and physical care. This may be attributable to the cultural norms of family obligation and filial piety, which are prevalent in many Asian cultures and emphasize the significance of family support in times of need (Yeh et al., 2018). According to Matsuda et al. (2018), the provision of tangible support is notably effective in promoting adherence to medical treatment and enhancing health outcomes among patients with chronic illnesses.

On the other hand, the low mean for the variable Belonging Support suggests that family members may have provided the patients with limited emotional and social support. (Lam et al., 2018) have found that emotional support from family members is crucial for promoting psychological well-being and quality of life among patients with chronic illnesses. Patients who lack belonging support may experience feelings of isolation, loneliness, and melancholy.

With this, the extremely high level of family support observed in this research is encouraging and suggests that family members are willing to assist ailing relatives. However, it is essential to recognize that the provision of tangible support alone may not be sufficient to promote the patient's overall well-being. Emotional support and a sense of belonging are also necessary for the psychological and social well-being of patients. To promote improved health outcomes and quality of life for patients with chronic illnesses, interventions aimed at enhancing the emotional and social support provided by family members should be implemented.

Table 4. Level of Hemodialysis Compliance among Patients

Indicator	Mean	SD	Description
Compliance To Complete Attendance To Dialysis Session	4.33	0.41	Very High
Compliance To Prescribed Medications	4.30	0.42	Very High
Compliance To Fluid Restriction	4.32	0.39	Very High
Over-All	**4.32**	**0.35**	**VERY HIGH**

Legend: 5.00-4.21 (Very High); 4.20-3.41 (High); 3.40-2.61 (Moderate); 2.60-1.81 (Low); 1.80-1.00 (Very Low)

Table 4 displays the compliance rate of hemodialysis patients. Compliance to complete attendance at dialysis sessions has the highest mean of 4.33 and a standard deviation of 0.41. On the other hand, compliance with prescribed medications has the lowest mean of 4.30 and a standard deviation of 0.42. Compliance with hemodialysis is very high, with a mean of 4.32 and a standard deviation of 0.35.

The high rate of complete attendance at dialysis sessions may be attributed to the dialysis center's strict schedules and monitoring of healthcare providers. According to a study by Zhou et al. (2021), education and reinforcement by healthcare providers significantly improved patients' adherence to dialysis appointments. In contrast, the lower adherence to prescribed medications may be due to factors such as medication adverse effects, a lack of education regarding the medication regimen, and amnesia (Hussain et al., 2020).

Non-adherence to dialysis treatment can contribute to complications and increased morbidity and mortality rates (Garcia-Llana et al., 2019), so the overall high level of hemodialysis compliance is a positive outcome. Managing fluid balance and electrolyte imbalances requires adequate compliance with fluid restriction and medication administration. Conversely, postponing dialysis sessions can lead to the accumulation of debris and pollutants in the body, resulting in additional complications.

Table 5. Test of Relationship between Illness Perception and Family Support on Hemodialysis Compliance among Patients with End-Stage Renal Disease

Independent Variables	**Hemodialysis Compliance**			
	r	**p-value**	**Decision**	**Remarks**
Illness Perception	.604	.000	Reject H_{o1}	Significant
Family Support	.509	.000	Reject H_{o2}	Significant

Note: p<.05 (Significant)

Table 5 shows the relationship between illness perception and hemodialysis compliance among patients with end-stage renal disease, and family support and hemodialysis compliance among patients with end-stage renal disease. The results show that there is a significant positive relationship between illness perception and hemodialysis compliance among patients with end-stage renal disease with a p-value of .000 and an r-coefficient of .604. Specifically, the strength of the correlation between the two variables is moderate and directly proportional, which suggests that an increase in illness perception is correlated with an increase in hemodialysis compliance. This finding is consistent with Abulie's (2019) findings, in which he stated that patients with ESRD require a lifetime commitment and medical treatment for their underlying disease to survive, and face numerous challenges related to adherence to their treatment (Nayta, 2019). Maintenance hemodialysis (HD) patients' treatment adherence traditionally consists of four components: attendance at HD sessions, adherence to prescribed medications, and fluid and diet restrictions.

Similarly, the table above also shows that there is a significant positive relationship between family support and hemodialysis compliance among patients with End end-stage renal Disease with a p-value of .000 and an r-coefficient of .509. The strength of the correlation is moderate and directly proportional. This implies that an improvement in family support is also associated with an improvement in hemodialysis compliance among patients with End Stage Renal Disease. A study by Wang et al. (2019) investigates the relationship between family support and hemodialysis compliance among 150 patients with ESRD. The study finds that there is a significant positive correlation between family support and hemodialysis compliance. The researchers suggested that family support, particularly emotional support, may enhance patient motivation to comply with hemodialysis treatment.

Another study by Yeh et al. (2018) investigates the impact of family support on hemodialysis adherence among 127 patients with ESRD. The study finds that family support is positively associated with hemodialysis adherence. The researchers suggest that family support may improve patients' self-efficacy and coping abilities, leading to improved hemodialysis adherence.

Table 6. Regression Analysis on Illness Perception and Family Support Influencing Hemodialysis Compliance among Patients with End-Stage Renal Disease

Independent Variables	**Hemodialysis Compliance**				
	SE	**β**	**T**	**p-value**	**Remarks**
Illness Perception	.070	.334	4.794	.000	Significant
Family Support	.237	.169	2.451	.016	Significant

Note: $p<0.05$ (Significant); B= Beta Coefficient (2.195); SE=Standard Error (.268); R^2=.401; F=32.514

The table above presents the results of the regression analysis, which shows the significant predictors of hemodialysis compliance. Based on the tabulated data, illness perception has a significant direct influence on hemodialysis compliance of the respondents ($p<0.05$). This means that the regression weight for illness perception in the prediction of hemodialysis compliance is significantly different from zero at the 0.05 level (two-tailed). Therefore, for every unit increase in illness perception, there is a corresponding increase in hemodialysis compliance by .334. This suggests that illness perception can help with hemodialysis compliance. As a result, strong illness perception among patients can improve their hemodialysis compliance. This is supported by Areafa's (2019) study, which finds that most patients valued taking their medications on time and were knowledgeable about their disease. Similarly, a study by Zhao et al. (2019) investigates the reasons for non-adherence to dietary restrictions among 251 patients with ESRD. The study finds that the most common reason for non-adherence was difficulty in adhering to the prescribed diet, reported by 54.2% of the participants. The study also found that patients who had higher self-efficacy were more likely to adhere to their dietary restrictions.

Likewise, family support has a significant direct influence on hemodialysis compliance of the respondents ($p<0.05$). This means that the regression weight for family support in the prediction of hemodialysis compliance is significantly different from zero at the 0.05 level (two-tailed). Therefore, for every unit increase in family support, there is a corresponding increase in hemodialysis compliance by .169. This suggests that family support can help with hemodialysis compliance. As a result, strong family support among patients can improve their hemodialysis compliance. Sayers (2019) agrees, emphasizing that social support includes physical and emotional support from family members as well as professional assistance or participation in a community support group. Access to social support, whether from a spouse, family members, friends, colleagues, or the community, has been consistently linked to improved health outcomes for patients suffering from various chronic illnesses (Saveman, 2019). Also, a study by Liu et al. (2018) found that patients who had a higher level of social support were less likely to be non-adherent to their medication regimen. Adherence to dietary and fluid restrictions, as well as medical treatment, are critical components of these patients' complex and difficult treatment processes. According to the findings of some studies, social support is one of the factors that can improve a patient's quality of life.

Additionally, the R-squared value (R^2) of 0.401 indicates the proportion of variance in Hemodialysis Compliance that can be explained by the independent variables in the model. In this case, the independent variables (Illness Perception and Family Support) account for approximately 40.1% of the variance in Hemodialysis Compliance. The F-value of 32.514 represents the overall significance of the model, indicating whether the independent variables collectively have a significant effect on the dependent variable. A significant F-value suggests that the model as a whole is statistically significant and can explain a significant amount of the variance in the dependent variable. With this, the provided information indicates that both Illness Perception and Family Support have significant relationships with Hemodialysis Compliance.

Furthermore, Kimmel (2019) discovers a link between social support and adherence to recommended dietary treatment. Understanding how social support at the start of dialysis treatment is related to survival and well-being may have important clinical implications for this patient population because it can inform clinical practice for the promotion or improvement of patients' support networks.

Conclusion and Recommendations

The study concluded that the respondents express a higher level of illness comprehensibility aligning with illness perception among patients compared to cognitive illness. This implies that patients are concerned about the adverse effects of their illness and they are confident about one’s ability to take actions to get them well. Also, it indicates that the respondents had a very high level of understanding and they were knowledgeable about their illness and its treatment. This is significant because it suggests that patients with chronic illnesses can benefit from educational interventions designed to enhance their understanding of their illness. Such interventions can increase treatment adherence and enhance health outcomes.

On the other hand, the respondents have a more positive insight on tangible support compared to belonging support This implies that patients believe that they have high support from their family, friends, and physicians. It indicates that family members provided a high level of practical assistance, such as financial assistance and physical care.

The respondents express a higher level of complete attendance to dialysis sessions aligning with hemodialysis compliance of patients compared to compliance to prescribed medications. This implies that patients think that the hemodialysis treatment is important and they believe that it is important to complete the time of their hemodialysis session.

There is a significant positive relationship between illness perception and hemodialysis compliance among patients with end-stage renal disease, as well as family support and hemodialysis compliance among patients with End end-stage renal Disease. Thus, illness perception significantly influences hemodialysis compliance. Similarly, family support significantly influences the hemodialysis compliance of the respondents.

Based on the findings that are gathered, the following recommendations are offered for consideration:

ESRD Patients. As cognitive illness obtains the lowest mean under illness perception, patients may be given cognitive–behavioral interventions and other cognitive stimulation therapies to address the cognitive capacity issues of patients directly.

Staff Nurses. Based on the findings of the study, belonging support received the lowest mean. Thus, staff nurses should promote effective support and optimism for them to give the best quality of patient care. Also, this allows them to give importance not only to their patient’s welfare but also to the family members. Moreover, the study may facilitate them to formulate new strategies on how to handle patients with End Stage Renal Disease and participate in activities and other social belonging interventions that may help patients improve their situation.

Nursing Management. The nursing management may make an effort to improve employer support towards ESRD patients which may improve patient outcomes, including increased patients' self-esteem, and improved nursing care quality. The management may establish programs and conferences addressing the need for healthy nurses and working in a healthy work environment that is good and effective for patients with ESRD.

Hospital Administration. The administration should encourage certain hospitals and health care centers to continue their programs in conducting activities that will help their nurses to increase self-efficacy to be fully equipped in providing patient care both in the community and the hospital. The results of the study may provide an element of understanding to be able to provide a good allocation of assignments for nurses which is very necessary. Through this study, there may be a need to strengthen the organizational culture to strengthen the basic system which in turn can improve nurses' and patients' satisfaction efficacy, and management.

Future Researchers. This study may serve as a reference in conducting new research on the influence of illness perception and family support on hemodialysis compliance among ESRD patients. These may also encourage future researchers to explore various variables relevant to the study.

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Over the Hill: The Untold Story of a Retired Nurse Educator

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Abstract

This study focuses on understanding the life of a retired nurse educator in Davao City. It aims to answer the research question of how a retired nurse educator gives meaning to her life after job retirement through the lens of Retirement and Role Discontinuities Theory. A retired nurse educator was purposively selected to participate in an in-depth interview using a narrative research design. Following Riessman's approach to data analysis, the life of the retired nurse educator after her retirement was encapsulated in four categories: Goal Attainment, Continuation vs. Stagnation, Ego Protection, and Life lessons. Findings from this study revealed that the retired nurse educator felt satisfied with what she had achieved over her career. Aside from experiencing a positive and rewarding life after retirement, the participant gained positive perceptions of numerous imperfect aspects of her retirement, even though the transitions in between were not as seamless as they should have been. This study uniquely contributes to the growing body of knowledge by filling in the research gap as evidence that the retired nurse educator has found a meaningful way after job retirement.

Keywords: *Retired Nurse Educator, Social Science, Narrative Inquiry, Davao City*

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Introduction

Retirement is an important life transition that requires careful planning and support to avoid the feeling of uselessness, anxiety, social isolation, and self-abandonment (Sheppard, 2018). When a retiree gets rid of their schedule and obligations imposed by work, they experience an uncomfortable absence of structure. Those who were able to cope with the adjustment period can find a new stable routine that fits them and a sense of purpose in their new life role. But for others who cannot find new meaningful activities to replace work, a risk of boredom and a feeling of purposelessness can lead to depression and other health problems (Tuppal et al., 2017). The problem that this study sought to understand is arriving at an in-depth exploration of how a nurse educator makes meaning of her life experiences after retirement. Specifically, this study seeks to explore the meaning of retired and the unique experiences of a retired nurse educator.

Demand for health care is rising due to an aging population bringing increasing complexity (Haddad & Toney-Butler, 2019). Liu, Goryakin, Maeda, Bruckner, and Scheffler (2017) predict that by 2030, global demand for health workers will rise to 80 million, while supply is expected to reach only 65 million over the same period, resulting in a worldwide shortage (Liu et al., 2017).

Literature searches on PubMed on international studies regarding retirement among nurses in the academe have resulted in a few relevant studies that identified many factors that influence retirement, including individual growth and development, age, marital status, educational attainment, employment duration, and the salary of nurses. Successful retirement is positively correlated with successful aging, and gender differences in retirement are statistically significant (WHO, 2018).

In Asian Countries, most of them do not have flexible retirement systems but are undergoing retirement system reforms such as delaying retirement age. In Japan and South Korea, many older people support themselves through work instead of relying on the government or their children for economic support after retirement.

During the height of the nursing frenzy in 2000, several Filipino nurses took jobs at various review centers eventually losing their jobs when most of these centers were closed by CHED for failing to meet the standards. Some remained in the academe, despite the unsatisfactory salaries. Younger nursing clinical instructors have less appeal given their shortage of experience and expertise (Payscale Human Capital, 2018). A shortage of highly skilled nurses confronts the country at the time, given the number of those who are retiring and seeking gainful employment overseas. The harsh realities of the low pay, inequitable compensation and benefits, long working hours, often unideal working environments, and lack of room for development potentially left the Filipino aging nurses with little to no hope once they reach their time of retirement (Hapal, 2017).

Although many definitions of the concept of retirement can be found in literature, it still yields little information about retired nurse educators and their experiences of retirement in the Philippine setting and the researcher did not come across any study on retired nurse educators that focuses mainly on their experiences after retirement. The results and findings of this study potentially served as a bridge to the research gap there is in the studies undertaken regarding this cohort of retired nurse educators here and abroad.

Methods

The selection of participants in this study was facilitated through a purposive sampling technique. As defined by Ashley Crossman (2020), this sampling technique is a non-probability sample that is chosen according to the objective of the study and the features of a population. The research participant of the study includes only one (1) nurse educator, who is a Filipino, aged 64 years old, has served in a private learning institution for 19 years before retiring, and is a resident of Davao City. This study utilized qualitative narrative research allowing the researcher to deeply explore behaviors, different perspectives, and life experiences that will unearth the situation's complexities (Kerr and Macaskill, 2020).

For this research, the inquirer investigated an issue related to retired nurse educators, including their experiences following employment retirement and methods of giving life purpose after retirement. To do this, stories were collected using a narrative approach, and the participant was interviewed at some length of time to gain an understanding of personal retirement experiences. The willingness of the participant to provide the researcher access to richer information and personal, intimate details of her experience was vital to the attainment of a full description and understanding of the inquiry (Crossman, (2020).

The researcher used the most suggested method in this investigation, which was an interview. Specifically, this study was conducted through an online in- depth interview. The data collection procedure includes setting the boundaries for the study through sampling and recruitment; collecting information through unstructured or semi-structured observations and interviews, documents, and visual materials; as well as establishing the protocol for recording information.

To ensure that the participant is eligible for the study, the researcher asked for a copy of their identification card where they work and a copy of their PRC license.

The sensitive details including the name and other important information of the participant were kept preserving their confidentiality, thus a pseudonym was used.

The survey form has sixteen (16) questions divided into five (5) parts. The first part of the questionnaire represents the respondent's demographic profile: age, sex, civil status, and retirement date. The second section includes questions regarding the participant's perception of retirement and the research topic about how to give purpose to one's life after retirement. The third part highlights the descriptive questions about work history and feelings during retirement. The fourth section has self-assessment questions about the respondent's experiences after retirement. Lastly, the fifth part inquires about the participant's level of satisfaction with retirement and lessons to share with others.

According to Reissman (2018), the process of narrative thematic analysis consists of five stages: (a) organization and preparation of the data, (b) obtaining a general sense of the information, (c) the coding process, (d) categories or themes, and (e) interpretation of the data.

The first stage is data organization and preparation, which includes a transcription of audio tapes immediately following the interview. The researcher recorded any rudimentary patterns or themes in the transcript margins while transcribing the audio from the interviewees. The data gathered from the participant's narratives were organized and compiled into one document. The participant was assigned a fictitious name to protect her identity. Also, any identifiers present in her narratives (e.g., names, locations) were removed.

To obtain a general sense of the information, which is the second step of the process of data analysis. The interviews and participant statements were transcribed verbatim to gain a general sense of the information, which is the second phase in the data analysis process. Field notes were examined regularly to provide a general feel of the material and an opportunity to think about its overall meaning.

The coding process is the next stage. In this study, the researcher manually coded the data gathered. It began by organizing the data in segments and writing a category representing its meaning. The researcher re-read the narratives and highlighted key concepts, including recurrent words or messages. Then a corresponding code was developed, which is a shorthand designation to quickly identify the recurring words or ideas in a passage before placing it in the margin. After coding the transcript, a master code list was constructed. As the researcher moved on to the next phase, codes were either pulled from the master list or developed and added to the master list. The master code list contained 12 codes (recurring patterns).

The researcher organized the codes into logical categories — a term or phrase that describes certain explicit chunks of the data (Reissman, 2018). For this study, the codes were condensed into four major categories or themes: Goal attainment, Continuation vs. Stagnation, Ego Protection, and Lessons in Life.

The last stage of narrative thematic analysis is the interpretation of the data or simply making meaning from the data (Reissman, 2018). The interpretation consists of studying the categories and their corresponding codes to determine if there are any overarching themes or theories that provide insight into the narratives of the retired nurse educator. The four key themes previously mentioned in this study are the general themes that emerged from the narratives, resulting in a deeper understanding of the meaning of retirement and the life experiences of a nurse educator following job retirement.

The strategy used by the researcher in data analysis was reported in detail to provide a clear and accurate picture of the methods utilized in this study. All phases of this study were subject to scrutiny by an external auditor who is experienced in qualitative research methods. The application of Reissman's step-by-step process of data analysis approach had a positive effect on learning and gave perspectives further into experiences.

Results and Discussion

Table 1. Participant's Profile

Codename	Age (in years)	Gender	Occupation	No. of Teaching Experience	No. of Years Retired
NEL	64 years old	Female	Retired	19 years	2 years

The participant in this study was named "NEL", a female and retired nurse educator aged 64 years old. She was born in Cagayan De Oro City but chose to marry and settle here in Davao City. She had varied working experiences. Her first job as a school nurse in Iligan City lasted two years. Then she had her hospital experience in her hometown for three years. After that, she decided to try her luck in Davao City and got employed at Southern Philippines Medical Center, then known as Davao Medical Center, for four years. Her first year was as a staff nurse, then became a head nurse for three years. She went to the Middle East and worked as an ICU nurse for ten years. Around the year 2001, she went back to Davao and worked here for good. She ended her career path as a nurse educator for 19 years in one of the most prestigious schools in Davao City. Now she has been a retiree for two years. Presented in Table 1 is the participant's profile.

Table 2. Data Analysis of Nel's Narratives. Example of the stages of narrative thematic analysis performed on Nel's transcripts. The interviewer has been designated as the "Researcher". The bolded lines within the narrative were originally highlighted and led to code development. The initial code is found in the middle column. In the last column is the category or theme that corresponds to the assigned code.

Transcript Passage	Initial Codes	Corresponding Theme
RESEARCHER: How does a nurse educator make meaning of her life experiences after job retirement? NEL: "**For me It was satisfying.** Because I had the time to impart my knowledge to the students or the would-be nurses."	The state of being contented	Goal Attainment
RESEARCHER: Thinking back to the time you retired, was it something you wanted to do or something you felt you were forced into? NEL: "In the first place, it was the policy of our school that at the age of 60, you are forced to retire. But **for me, it was forced retirement, as in. I feel like I am still capable of doing the job.** That is why I am still teaching this time because I wanted to teach part-time"	The extent of her ability	Continuation vs. Stagnation

These corresponding themes are the representation of the experiences of the participant. The themes were then used to create an inductive analysis which captured the totality of the experience of the participant and answered the research question of how a retired nurse educator makes meaning of her life after retirement.

Continuation vs. Stagnation

NEL is two years retired while the researcher is writing this study. Even though she was technically retired, she was still taking subject loads in her recent institution as a part-time teacher. According to her, she was offered this subject randomly and allowed to have work from home set up, teaching nursing students online. The researcher was curious why a retired nurse educator still chose to work even after retirement.

RESEARCHER: Thinking back to the time you retired, was it something you wanted to do or something you felt you were forced into?

NEL: “In the first place, it was the policy of our school that at the age of 60, you are forced to retire. But for me, it was forced retirement, as in. I feel like I am still capable of doing the job. That is why I am still teaching this time because I wanted to teach part-time.”

RESEARCHER: What worries you about retirement?

NEL: “One worry I have is how I can become active after retirement because I want to grow old gracefully. You know, all my children are professionals already. However, I still want to work because I am not used to not doing anything at all. So I think this is one of my worries: How can I be active after retirement?”

RESEARCHER: Thinking about your retirement compared to the years just before you retired, would you say that your retirement years have been better, about the same, or not as good? Why?

NEL: “Of course, I think No. Because Nursing has been my life ever since. I enjoy working. I don’t want to be inactive, I don’t want to be idle because I feel like my knowledge is being stagnant.”

NEL was aware that she would be retiring from her employment as a clinical instructor when she turned 60. Her 19 years of service officially ended last May of 2021. It was evident in her statement that although she was aware of this policy in her institution. Nonetheless, she felt forced to retire, even though she was still "capable of doing the job." She even agreed to take on a subject load even after she retired because she is not used to doing anything at all. She is still contributing to society and her academic institutions in this way, albeit in a different way than before.

RESEARCHER: What are the challenges you encountered after retirement?

NEL: “This is not a challenge for me but more like I am avoiding feeling bored and stagnant. I still want to work part-time.”

One factor affecting one’s life is one’s job. According to the study by Nobahar et al. (2018), many of their retired participants admitted that losing their jobs was accompanied by a feeling of inadequacy. Several motivational factors strongly influenced the participants to continue working and take bridge jobs. Nurses are used to serve people. They had a sense of responsibility to society that they needed to fill in, and even after retirement, they preferred to continue service-related activities to maintain their professional identity.

Ego Protection

Individuals who reflect on their lives and regret not achieving their goals will experience feelings of bitterness and despair. Looking back to the theory of psychosocial development by Erik Erikson, Erikson described ego integrity as “the acceptance of one’s only life cycle as something that had to be” and later as “a sense of coherence and wholeness" (Erikson, 1968).

As the interview with NEL went along, the researcher became comfortable asking her questions about her retirement where much of her story unfolded.

RESEARCHER: Was it (retirement) something you wanted to do or something you felt you were forced into?

NEL: "One factor there is, is that we are forced to retire at 60 so it was a forced retirement even if I am still able to work this time."

RESEARCHER: Before you retired, have you discussed your retirement with your husband?

NEL: "Yes, of course, we talk about it. I am very open to my husband. I tell him about my day, and I share everything, especially about retirement. Because I am aware that my retirement is nearly coming already. Retirement is inevitable. It is inevitable, we cannot do anything about it because it will come."

NEL and her husband were aware of growing older. They are nearing the point where they can be called "senior citizens." As they grow older and become senior citizens, they are also aware that there will be tendencies to slow down. Their productivity will slow down, and they will explore life as a retired individual. Erik Erikson (1968) argues that if a person views life as unproductive, feels guilty about the past, or fails to achieve life goals, the person becomes dissatisfied with life, which can lead to depression and despair. As a result, late life is marked by both integrity and despair as alternate states that must be balanced.

It was evident to NEL that her job as a nurse educator impacted her mental, physical, and emotional well-being. Her sense of identity and usefulness may have been tied up in nursing as a job for many years, and when the time came for her to retire, she found it difficult to let go no matter how prepared she thought she was. Johnson (2017) stated that sometimes the greatest impact of retirement can be felt mentally and emotionally. A retiree may expect to have some adjustment concerns simply because a very significant life change is occurring. For most retirees, this happens as old age approaches. For most retirees, the expenditure of personal energy requires more discretionary usage. It is also likely that the transition will present some shocks and surprises as the inertia of a work-life ends.

Goal Attainment

During this time of the interview, the researcher felt the feeling of discontent from NEL's voice as they talked about retirement planning. The researcher asked:

RESEARCHER: At what point in your working life do you believe that pre-retirement planning should begin?

NEL: "I think in our case at school where I was recently employed, we retire at 60. Not like in the government 65 years old is the maximum retirement age. I think planning for retirement should be done as early as 40 years old. You need to plan for your retirement as early as 40 years old. Especially the financial part of your life. Planning should come early, the same as what I am telling my children."

RESEARCHER: How about you ma'am? Were you able to plan your retirement earlier?

NEL: Oh no. That was one of the regrets I had during my working years. I wasn't thinking much of the financial part when I was younger because my focus was to send my children to good schools. Although I was so happy because they had graduated already. It is now that I realize that SSS and GSIS are not enough to sustain me and my husband.

RESEARCHER: Is this issue the most significant concern you had after retirement? It seems like you sound discontented right now (researcher violating the first rule of life history interviewing by putting words into the mouth of the informant).

NEL: I think, yes. Because I don’t want to end up not doing anything and not having enough investments. I was thinking of doing business just to keep me busy but my children disagreed for the reason that they don’t want me to be stressed. We were arguing at some point but I ended up listening to them and said I would just work part time.

NEL was very cooperative with the researcher during the interview as she responded directly to the questions about her retirement. The feedback given helped the researcher identify key parts of NEL's life after retirement and the events that linked them together. It dawned on the researcher that NEL's discontent was due to her retirement planning, finances, and insufficient investments. As the conversation went on for quite some time, it was essential to note that NEL was emphasizing “not doing anything and not having enough investments after retirement” as one of her primary concerns.

While they were still working, NEL and her husband wanted their children to complete college and earn their degrees. True enough, their children are all professionals now. One is a nurse in Australia, and the other two have completed business courses and are working in Davao City. With grace and happiness, she shared that social gatherings with family and friends, cooking and eating together, talking, and pursuing hobbies were some of the ways she spent her time following her formal retirement.

However, NEL was also very vocal about her feelings of wanting more. She desired to accomplish more because she believed she was still capable of performing the job. So when the offer from her previous institution came up, she did not hesitate to take it. She still considers herself “partly retired” saying, “I think I could say I am partly retired because I still take subject loads from my previous institution.” Eventually, she took the initiative to accept an offer that appeared to help her achieve her financial and emotional goals.

At one point, it became clear to the researcher what goal attainment is all about. The theory of goal attainment according to Imogene King states that *“Nursing is a process of action, reaction, and interaction whereby nurse and client share information about their perception in the nursing situation”* (King, 1995). From the title itself, the model focuses on attaining certain life goals. This explains that NEL and her husband go hand-in-hand in communicating information, setting goals together, and then taking action to achieve those goals.

Lessons in Life

“For those who are planning or about to retire, you should plan your life at the age of 40 years old. Sometimes I feel bad, because back to the days when I was still a full-time employee, I wasn’t able to plan out my life yet so maybe for those who are about to retire, one life lesson I could share is this. You need to plan your life, and invest for your retirement wisely because these are the things I wasn’t able to do in my life.” This is her answer when she was asked what life lessons she can share with fellow retirees and those who are planning or about to retire. She added “*Retirement is inevitable, you are going to accept that you have done your service and that you are already old before it's too late. Invest in your retirement because this is what I haven’t done in my time. It was already late when I realized the importance of retirement. Because I feel like I didn't have the time to do it before and now I am facing the reality that my savings are not enough”*.

The decision to retire is one of the most crucial decisions that NEL made in her lifetime, especially since she loved her work wholeheartedly and enjoyed every moment. The researcher and NEL spoke long enough to uncover her untold story after her job retirement — where her life was a constant symbol of a hill. NEL received the payoff for all of her hard work along the way as she reached the peak. Everything worthwhile is uphill. Nearly everything in life that is worthwhile and serves a purpose involves effort on our part to achieve. A person must put in the effort to get to the desired destination. It is because nothing good in life comes easy, and very little that comes easy is good. The part where everyone has to work hard is part of the message conveyed in the untold story of a retired nurse educator.

Using Riessman's narrative inquiry method, this qualitative study strives to acquire a better understanding of a nurse educator's retirement experiences. The analysis of the data revealed four categories being discussed.

Results show that the retired nurse educator continued her professional activity by accepting subject loads. She also sought out new activities after retirement, such as traveling and learning new skills. Continuity theory (Atchley, 1989) explains how continuing previous tasks and seeking new ones are compatible with internal and external continuity of activities. NEL revealed that she could maintain her relationship with herself and her social relationships through these continuing activities. The findings of this current study showed that the participant retained her unique professional and personal experiences, including preferences, activities, beliefs, goals, skills, ideas, and thoughts over time.

People cope with changes in their lives by relying on their self-identity to make future decisions. The desire to maintain internal continuity may explain why retired nursing professors continue with activities that have provided them with a sense of self-security, satisfaction, and stability that can ease the transition process — from working life to retirement (Nimrod & Kleiber, 2017).

The participant continued her external activities by working with her physical and social environments, maintaining her social role, and involving herself in social activities. Continuing these external activities is consistent with the expectations of others, and has helped her to adapt to change, which eventually found meaning in her new life after job retirement. Thus, continuity of internal and external activities and productivity, using past and newly obtained knowledge, is necessary for successful aging, and for adapting to and managing life after retirement.

These research findings offered new knowledge regarding retired nursing professors' retirement experiences from the viewpoints of the Retirement and Role Discontinuities theory. The results corroborate the theory's assumptions suggesting that a retired nurse educator may experience a positive and rewarding life after her retirement. Despite her discontent, she has maintained a positive attitude in the retirement process. She has managed to maintain activity and productivity using her past and new knowledge to handle her life after retirement. She feels healthy, happy, and relaxed. She enjoys the freedom to participate in other activities, such as volunteering in her nursing organization and the community. Moreover, she maintains a social life with her family and friends, and they continue to get certain retirement benefits from her previous employment. In general, the retired nurse educator lives a satisfying life with the accomplishments she made throughout her career.

Conclusion and Recommendations

The information that has been brought out from the verbalization analysis between the researcher and the retired nurse educator has contributed to understanding the research question of how a nurse educator gives meaning to her life after her job retirement. In the same way, the results provided an exploration of the challenges and the life experiences of a retired nurse educator after job retirement.

Individuals have different styles in accepting life transitions. Some people will approach retirement with concerns about how to make this stage of life meaningful and recognize that there is more to life than focusing on pleasure and expenditure. This study has a significant impact on individuals to be mentally prepared as they approach retirement. The insights from other research on financial aspects to determine whether individuals can afford retirement may help improve the retirement stage. Individuals who take an active role in retirement planning may benefit from increased retirement self-efficacy rather than being more passive and relying on the experiences of others. Individuals can think about their personal calling, interests, busyness, and desires to go beyond hobbies and towards personal growth and volunteering (Duffy et al., 2017).

The study's findings have crucial implications for retired nursing professors who remain active and productive, including the organizations that will benefit from recognizing the qualifications and knowledge that retired nursing professors can offer. Consideration of the life course, generativity, and continuity will provide a potential path forward, as will broader psychological well-being, which can be included within pre-retirement preparation alongside health and financial matters. Topics about self-esteem can be incorporated while working with nurse practitioners and planning pre-retirement courses. Instead of waiting until pre-retirement, professional development and coaching can benefit nurse practitioners earlier in their careers.

Furthermore, academic institutions can also utilize these retired nurse educators, by encouraging them to take up emeritus status and continue with research. They can also participate in supervisory committees for graduate students, serve as guest speakers, or teach full or partial courses, according to their expertise. To maximize the advantages of emeritus professors, academic institutions must provide them with all the facilities and resources they need to continue their productivity in the academe.

Lastly, the results of this study may support the programs undertaken by the nursing profession as a whole, particularly those of the Philippine Nurses Association (PNA) and the Association of Deans of Philippine Colleges of Nursing, Inc. (ADPCN, Inc.). The findings may have a considerable contribution to the legislative body for the protection, welfare, and development of nurses here in the Philippines and abroad. In addition, understanding more about the retired nursing educators' equitable compensation and benefits to further education, training, and mentorship can enhance an individual's retirement conditions and experiences in academia, including the healthcare profession.

The researcher acknowledges that data collection was limited only to verbalizations derived from participant interviews. While this step is not erroneous, data gathering may have been improved further by involving additional key informants who could provide a different perspective on analysis and interpretation. Such participation will increase the credibility of the data collected, not to mention that it will generate more themes that were not established (or stated) in the narratives of this study. As a result, future research should seek people from various backgrounds, if feasible.

Moreover, it is also recommended to present negative or discrepant information that runs counter to the themes. Because real life has different perspectives that do not always coalesce, discussing contrary information may add credibility to an account. A researcher can accomplish this by presenting evidence about a theme. The majority of evidence will support the theme, while researchers may provide information that opposes the theme's overall perspective. By providing contradictory evidence, the account becomes more realistic and hence valid.

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Adversities and Success Stories: The Lived Experience of Nurses Taking Care of Patients with Orthopedic Life-Threatening Conditions

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Abstract

This research aimed to explore and describe the experiences of nurses who care for patients with orthopedic life-threatening conditions in tertiary hospitals of Davao City. It utilized the qualitative descriptive- phenomenological research design. The study used a snowball sampling technique to select fifteen orthopedic experienced nurses; nine of them participated in an in-depth face-to-face interview while the other six participated in a face-to-face focus group discussion. Using Colaizzi's approach of qualitative data analysis, the lived experiences of nurses taking care of orthopedic life-threatening patients were condensed into the themes: Experiences, Coping Skills, and Insights. The nurses' experiences were captured in the themes: Daily Routine, Small Wins, Undesired Outcome, and Work Challenges. Their means of coping were manifested in the themes of adaptation Strategy, Synergy, and Belief in a Supreme Being. Finally, the insights that they shared with their peers and society in general were included in the themes: Strategic Preparations and Opportunities for Improvement. Based on the findings, it appears that participants crafted coping skills to adapt to challenges, and collaboration and teamwork is the key to successful patient outcomes. However, undesired outcomes can occur despite efforts. To address these challenges, strategic preparations are necessary, such as recognizing opportunities for improvement in equipment, infrastructure, staffing, and workflow processes. Understanding the importance of the orthopedic nurses' daily routine, celebrating small wins, addressing challenges, implementing adaptation strategies, fostering synergy, recognizing personal beliefs, and making strategic improvements will help support orthopedic nurses in handling orthopedic patients with life-threatening conditions.

Keywords: Orthopedic Nurses, Orthopedic Life-Threatening Conditions, Descriptive-Phenomenology, Davao City

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Introduction

Nurses working in an orthopedic unit frequently manage patients under a moderate level of care where there are usually no monitoring devices, and the nurse-patient ratio is lower. Skills and capacity in the event of emergencies or patients under high levels of surveillance are deficient. Moreover, orthopedic patients are a distinct surgical patient population, their underlying physical conditions, operative locations, and comorbidities gives them a higher risk of complications or adverse events than many other surgical patients. (Esoga, P & Seidl, K, 2021).

In a situation where life is at stake or in the situation of being safe, nurses are witnessing such enigmatic things. On one hand, they have their hardships in surviving life. These adversities include the problem in workforce support because of a lack of personnel, problematic management, bad workplace leadership, lack of implements, equipment, materials, and other necessary objects to accomplish the desired result, and other forms of support (Kostka, et al. 2021). The face of life and death has been the most accepted reality in human existence.

In human journey, life and death are usual human events that are observed by a normal person. Although this matter is normal and imminent, nurses still yet to experience a variety of adversities in the workplace which can contribute when caring for persons at the end of life or saving it (Norwich University, 2021).

Importantly, nurses have a burden to make a mystery in saving lives through their professional capacity, training, skills, and knowledge of health-saving mechanisms. These nurses also have their battles while in this kind of hospital situation. They suffered greater stress when they witnessed the death of the patient. On the other hand, nurses and other healthcare professionals become more joyous and feel great relief when their patients survive a life-threatening situation. (Czarniecka et al., 2018). This study conducted in the USA explored the experiences of nurses in managing high-acuity patients in critical care settings. It found that nurses faced numerous challenges, such as coping with patient suffering and making difficult decisions, but also developed coping mechanisms, such as seeking support from colleagues and family (Ervin, 2019).

According to Alamada (2018) who explored the experiences and coping strategies of orthopedic nurses in managing patients with life-threatening conditions. The findings highlighted the importance of teamwork, communication, and self-care in managing the physical and emotional demands of nursing in this setting. In another study by Gonzales (2018), nurses faced numerous challenges, such as high patient acuity and workload, but developed coping strategies, such as prioritizing patient needs and seeking support from colleagues and family.

Considering the preceding discussion, it is evident that nurses' professional experiences are influenced by a variety of personal and external factors, resulting in both difficulties and successes. This study will first look at the challenges and successes faced by orthopedic nurses working in a department that cares for orthopedic patients in life-threatening situations as these consequences can affect the personal well-being of nurses as well as the overall quality of care and health services. This study will direct us to realize other unseen reasons for adding to these difficulties and triumphs while taking care of their endeavor. Additionally, the research will assist other stakeholders in comprehending the needs posed by our nurses in this circumstance and may offer an applicable program.

Methods

The participants of this study are 15 nurses; selected through the Snowball Sampling Technique, working in an orthopedic unit in a selected tertiary hospital in Davao City, above 18 years old, and are willing to participate in the study.

Amongst the 15 participants of the study, nine participants were questioned through a face-to-face In-Depth Interview (IDI), and the remaining six participants did a focus group discussion (FGD). The participants were chosen based on inclusion criteria that satisfy the researcher that the chosen individuals can provide information on their lived experiences about their adversities at work, and the achieved success. The researcher ensured that sensitive details, including the name and other important information, were kept confidential.

In this phenomenological study, the primary source of the instrument is an audio record of in-depth conversational interviews or dialogue. It was used as a primary source because it is not generally susceptible to alternation or changes. The written record of the interview served as a secondary source and a guide to the interpretation of the interview. Direct observation of the participant's work environment was included as another source of data.

The data-gathering procedure used a descriptive phenomenological approach adapted from Colaizzi (1975), significant statements were extracted from data, and a formulation of meaning was assigned to each significant statement that answered the objectives of the study. Data was then organized into cluster themes. Themes were reviewed to make sure that none of them overlap in meaning. The cluster themes were later combined to form the general emergent themes.

Results and Discussion

Table 1. Participants Demographic Profile

Code Name	Age in years	Gender	Years in Service	Study Group
Participant 1	25	Female	2	IDI
Participant 2	45	Female	5	IDI
Participant 3	33	Female	7	IDI
Participant 4	50	Female	3	IDI
Participant 5	27	Female	2	IDI
Participant 6	31	Female	5	IDI
Participant 7	33	Male	3	IDI
Participant 8	34	Female	5	IDI
Participant 9	30	Male	10 months	IDI
Participant 10	45	Female	5	FGD
Participant 11	30	Female	3	FGD
Participant 12	33	Female	3	FGD
Participant 13	30	Male	6	FGD
Participant 14	31	Male	2	FGD
Participant 15	33	Female	9	FGD

The study involved orthopedic nurses working in orthopedic cases in a tertiary hospital. The participants were aged 18-50 years, with 11 females and 4 males, and had 10 months to 7 years of experience. Nine participants underwent individual interviews while the remaining were facilitated through a snowball technique in focus group discussions.

Using Colaizzi’s seven-step method of descriptive phenomenological analysis, several significant statements and theme clusters were integrated to formulate an exhaustive description that assists in describing the phenomenon thoroughly. The researcher examined documents for rich data and extracted significant words and statements about the experiences of the nurses taking care of orthopedic life-threatening patients. The audio recording of the interviews and focus group discussion quest transcribed. As the researcher became familiar with the data through repeated review of each transcript, a comprehensive understanding of the material was achieved. Significant statements were identified from the responses of the participants. Meanings were then formulated from these identified significant statements. Cluster and emergent themes were then identified. In closing, an exhaustive description that portrays the entire phenomenon, and the fundamental structure is provided along with a summary of the validation of findings.

Table 2. Illustration of Process of Identifying a Sample Emergent Theme

Keywords	Clusters	Emerging Themes
Work, Daily, Assessment, Care, Patients	Daily Routine	Experiences
Happy, Discharge, Recover, Thanks	Small Wins	
Difficulty, Hard	Work Challenges	
Death, Expired, Worsened	Undesired Outcome	
Goals, Accomplishment, Passion, Patience, Time Management	Adaptation Strategy	Coping Skills
Teamwork, Colleagues, Help, Advise, Assist	Synergy	
Foresee, Training, Knowledge, Understand, Prepare, Orientation	Strategic Preparations	Insights
Manpower, Referral, Additional Staff, Lack of Materials, Proper Communication	Opportunities for Improvement	

Three emergent themes arose from the thirteen cluster themes to form the foundation of the findings reported in the study. The themes that emerged during the data analysis process provided the foundation to accurately reflect the lived experience of the participants of this study. As shown in the illustration above.

Through the process of extracting significant statements, creating formulated meanings, and developing cluster and emergent themes, the narratives of the participants revealed a comprehensive explanation of their lived experience. The following section describes the emergent themes using narratives of the participants, extracted from interview data. It contains the discussion of the participant's answers to the research questions: “What are the experiences of nurses in caring for orthopedic patients with life-threatening conditions?”, “How do participants cope with the challenges of their experiences in taking care of orthopedic patients in life-threatening conditions?” and “What insights can participants share with their fellow nurses and to nursing practice in general?

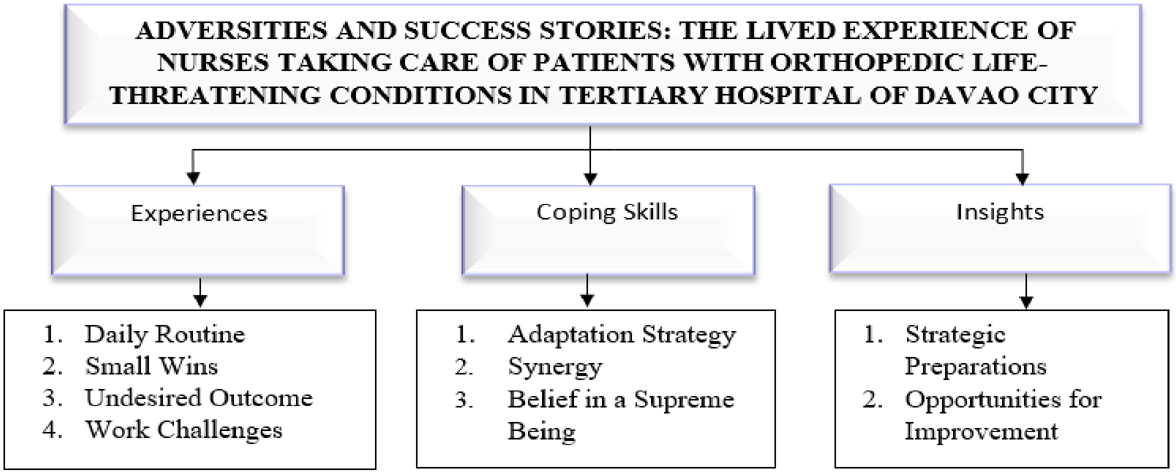
ADVERSITIES AND SUCCESS STORIES: THE LIVED EXPERIENCE OF NURSES TAKING CARE OF PATIENTS WITH ORTHOPEDIC LIFE-THREATENING CONDITIONS IN TERTIARY HOSPITAL OF DAVAO CITY
Experiences
Coping Skills
Insights
1. Daily Routine
2. Small Wins
3. Undesired Outcome
4. Work Challenges
1. Adaptation Strategy
2. Synergy
3. Belief in a Supreme Being
1. Strategic Preparations
2. Opportunities for Improvement

Figure 1. Thematic Map

Emergent Theme 1: Experiences

The first emergent theme is “Experiences” which details the exposure of the participants in caring for orthopedic patients with life-threatening conditions. Pain is one of the key factors affecting the recovery of orthopedic patients. The emergent theme of experience highlighted in the study revealed that traditional post-fracture nursing measures, such as debridement, bandaging, and fixation, were mostly focused on basic nursing care for fractures. However, these measures were found to be inadequate in meeting the nursing needs of patients with traumatic fractures. The study emphasized the importance of high-quality nursing, which centered on the patient, strengthened the basic nursing concept, deepened the professional connotation of nursing, and implemented comprehensive nursing responsibilities. It aimed to improve the overall level of nursing service and pay more attention to patients' needs (Yu, 2021).

Cluster Theme 1.1 Daily Routine

This cluster theme *Daily Routine* describes the various tasks involved in the daily work of orthopedic nurses. It is crucial to take orthopedic treatment into account as a specialty. Orthopedic patients have unique healthcare needs that, to a large extent, can be met by highly qualified nurses due to the wide variety of musculoskeletal injuries and diseases they suffer from. Most time is spent with patients by orthopedic nurses, who also serve as care coordinators (Santy-Tomlinson et al., 2021). The daily work of orthopedic nurses includes assessments. Orthopedic nurses assess patients’ conditions by conducting physical exams, reviewing medical histories, and performing diagnostic tests. They also monitor patients’ vital signs and pain levels. Based on their assessments, orthopedic nurses create care plans that include interventions to prevent complications and promote healing. Orthopedic nurses administer medications, including pain medications, antibiotics, and anti-inflammatory drugs. Orthopedic nurses may assist with procedures such as casting, splinting, and wound care. This cluster was expressed by the participants through these statements:

“You've been dealing with different patients, different conditions so it's still, there are times that it could be very challenging.” (Participant 2, Line 105)

“First, for endorsements, they're the ones that we're taking note of usually since they have more toxic cases. So, for the rounds, they are given more priority and time, and we don't rush their assessments.” (Participant 7, Line 751)

“Level 3 patients are monitored closely during endorsements to ensure vital signs.” (Participant 8, Line 762)

“Number 1 key is assessment as to what was the problem, the planning. It should be step by step on what should we do first, it should be uniform or standardize plan with your procedure and what to do.” (Participant 13, Line 1597)

“We cannot foresee the influx of the patient so sometimes we have many patients then sometimes, we’re relaxed, sometimes there's a patient who suddenly became toxic.” (Participant 13, Line 1499)

“As an ortho nurse, we specialize in bones, parts of the bone, how to care for that specific type, like that more on the orthopedic side.” (Participant 13, Line 1506)

Cluster Theme 1.2 Small Wins

Small wins refer to incremental achievements or successes within a larger goal or project. These small victories, although seemingly minor, can have a significant impact on motivation, morale, and overall outcomes. They represent the accomplishments experienced by individuals or teams in their professional endeavors, especially in handling life-threatening conditions in orthopedic patients.

It is evident that recognizing and valuing small wins within organizations, especially strategies for orthopedic nurses can foster a positive work environment and contribute to overall success. By acknowledging and celebrating these accomplishments, individuals and teams are motivated to continue striving for excellence, leading to improved outcomes and increased job satisfaction. This cluster was expressed by the participants through these statements:

"So, you're likely to continue being good especially if that's their perception of you and then you feel happy even if you have small manpower and you're tired, it will boost you." (Participant 12, Line 1528)

"They say thank you that they appreciate the care that I provided." (Participant 13, Line 1537)

"So, it was a good experience and a big accomplishment since you saved a life." (Participant 12, Line 1577)

"It's a big accomplishment for me that I refer it to the doctor, some of them respond, then you were able to help the patient than letting him stay as it is." (Participant 12, Line 1589)

"There is a decrease in sensory and yet you have done something as a nurse, and you see that their health improved." (Participant 15, Line 1863)

"Maybe it's a calling for me. Though there are times I feel tired, but regardless it's a calling. I don't miss work because I pity the patients." (Participant 6, Line 693)

Cluster Theme 1.3 Undesired Outcome

This cluster details the most unforgettable adversities the participants had while caring for patients in life-threatening situations. In many medical facilities, patient death is an unavoidable occurrence, and nurses play a crucial role in organizing and delivering hospital care. Every nation needs clinical nurses as a resource. For curing diseases, saving patient lives, and providing "good death" care, their health and safety are essential. Due to their experiences with patient death, clinical nurses have been found to experience intense psychological stress and have negative attitudes toward death. Most of them also reported feeling unprepared (Zhang, 2022). This cluster was expressed by the participants through these statements:

"Patient died due to poor prognosis." (Participant 1, Line 21)

"Some are being admitted not yet seen at first because the patient is very well but suddenly when the patient got into arrest." (Participant 11, Line 1228)

"There's a possibility that there would be a deceased patient. Possible there would be worst patient so it's challenging for me." (Participant 12, Line 1495)

"Just like before, the patient was okay then suddenly after a few days, suddenly expired." (Participant 12, Line 1502)

"Then we're shocked as to what happened then after a while, we intubated the patient, while ongoing intubation, there's another patient who was toxic." (Participant 13, Line 1556)

Cluster Theme 1.4 Work Challenges

This cluster titled *Work Challenges* details the issues being encountered by the orthopedic nurses in their work area. In clinical practice, the gendered division of labor places nurses in a subordinate position. Evidence-based practice is negatively impacted by increasing patient focus and decreasing the nurse-to-patient ratio. Due to existing communication barriers between health-related professionals and a poor working environment, there is a growing gap between theory and practice in providing quality care. Role conflict and low nursing self-concepts among nurses are encouraged by relatively inactive nursing leadership and directorate roles, which also do little to improve the public perception of nursing (Abbas, 2022).

"No doctor present during CPR, affecting patient care." (Participant 3, Line 242)

"Sometimes they delay that time for that and focus on that task and they forget to make prescriptions." (Participant 3, Line 254)

"The main service should be IM, while ortho should only be in operation, resulting in delays and infections." (Participant 3, Line 331)

"Ortho does not refer to IM for co-management of a patient with chills, making it difficult." (Participant 11, Line 1259)

Emergent Theme 2: Coping Skills

The second emergent theme *Coping Skills* talks about the coping mechanisms that the participants have used and their strategies in adapting to the nature of their work while also meeting the demands of their job. This emergent theme shows the resiliency of orthopedic nurses in changing their personal and professional lives as part of the cool being and adaptive skills that they have developed. Recent research has highlighted the influence of various factors, such as job burnout and social support, on the psychological resilience of nurses. Scholars have dedicated their efforts to developing effective intervention techniques and theoretical models to enhance psychological resilience among nurses (Lyu, 2020). These endeavors aim to provide support and resources that can help nurses cope with challenges and maintain their well-being in demanding work environments. According to some experts, psychosocial factors influencing the coping skills of orthopedic nurses may have an impact when dealing with life-threatening conditions (Kamphuis et al., 2019).

Cluster Theme 2.1 Adaptation Strategy

Adaptation strategies enable nurses to provide timely and appropriate care, ensuring optimal patient outcomes. This cluster discusses the adaptation developed by orthopedic nurses. Various harmful conditions that nurses experience are brought on by their demanding work environment. Adopting healthy coping mechanisms and possessing the strength necessary to recover from stress are crucial skills that everyone should strive to develop. By doing so, individuals can improve their overall well- being and successfully navigate the challenges of life (Deldar, 2021). There was a study on adaptation strategies used by orthopedic nurses in managing patients' agitation and delirium in orthopedic units and the findings identified several strategies including prioritizing patient safety, providing emotional support to patients and families, collaborating with multidisciplinary team members, and utilizing pharmacological interventions (Mårtenzon et.al., 2018). In summary, these studies underscored the significance of adaptive strategies in nursing, particularly in orthopedic units. Prioritizing patient safety, offering emotional support, collaborating with the healthcare team, and utilizing appropriate interventions were key elements in managing patients' conditions effectively and meeting their individual needs.

This cluster was expressed by the participants through these statements:

"Believe in yourself and keep studying to gain clinical experience." (Participant 1, Line 90)

"Having a positive mindset is key to adapting to any situation, and colleagues and superiors show their support by encouraging positive talk." (Participant 2, Line 172)

"Passion to do what you love, even if it is exhausting." (Participant 2, Line 182)

"Adapting to work is important, as it involves preparing forwards, managing patients, and time management." (Participant 7, Line 896)

"Presence of mind when you know what you are doing." (Participant 10, Line 1172)

"Professionally those training, that' is like additional learning for you in your professional life as an ortho private nurse." (Participant 10, Line 1344)

Cluster Theme 2.2 Synergy

This cluster theme, *Synergy*, shows the effect of teamwork on the participants in the workplace. Nursing depends on teams carrying out its mission and objectives. The success of orthopedic nurses in this context relies on effective collaboration and teamwork. Nurses work closely with physicians, surgeons, therapists, and other healthcare professionals to create a synergistic care environment. Effective teamwork and synergy among healthcare professionals were found to be critical elements for success. Effective teamwork is crucial in nursing and healthcare.

According to some of the participants, they were typically a team and helped each other in times of need. This was expressed by the participants through the following statements:

“Colleagues help, and I learn from them, as they are experts in their work here.” (Participant 1, Line 62)

“Teamwork is essential for patient care, and orthopedic nurses are friendly.” (Participant 3, Line 37)

“Everyone should take initiative and help each other to provide quality care, even when the workload is heavy.” (Participant 3, Line 304)

“Appreciate teamwork, teamwork because you won’t finish it even though how good you are, even though how experienced you are.” (Participant 15, Line 1972)

These participants expressed having good working relationships among co-workers and at this stage accepted the fact that they can rely on communication and effective teamwork which eventually leads to higher productivity, less stress, and better quality of care. Effective teamwork improves efficiency, and patient safety, and leads to a healthier and happier workplace (Costello, 2021).

Some participants were aware of emergency procedures like cardiopulmonary resuscitation (CPR) and it’s fulfilling on their part that the patient is revived with their skills applied. Here are some statements expressed by the participants:

“Reviving a patient is fulfilling for the team.” (Participant 5, Line 467)

“Accomplishment in performing CPR and administering tramadol.” (Participant 5, Line 483)

“Co-workers help with CPR and bedside care in PACU.” (Participant 5, Line 502)

“At least it’s not that heavy that it doesn’t cause burnout because if it's a one-man show it is difficult.” (Participant 15, Line 1934)

With all the challenges and teamwork experienced by the participants, some of them learn new things from the experience and their colleagues at work, and there is a harmonious relationship within the area that is eventually essential for the success of a better patient outcome. Statements from the participants that support the theme created:

“Help patients and co-workers, no second thoughts, to get something in return.” (Participant 6)

“Then my colleagues who usually support me emotionally talking about problems, you open up, aside with the nursing practices, not just colleagues but also as friends, more than the work.” (Participant 13)

“I don't mind my work, but I'm more on my colleagues, although even if it is toxic in the area, as long as my colleagues are good, I can jive with them, they help me, and it's manageable.” (Participant 12)

“Working harmoniously with colleagues to finish the work at the same time our goals are to help the patients.” (Participant 15)

“I learn a lot from them, that's why their reprimands before I just took it without a heavy heart. That’s why I grew in the area.” (Participant 14)

Cluster Theme 2.3 Belief in a Supreme Being

This cluster *Belief in a Supreme Being* talks about the faith of some of the respondents as part of their daily way of coping in their field of work. A spiritual coping approach is one of the most used strategies to help healthcare workers manage stressful events or situations (Soola, 2022). Belief in a Supreme Being has been found to play a significant role in the lives of nurses. According to a study by McSherry et al. (2018), nurses who had a strong faith in a higher power reported feeling more capable of dealing with difficult situations and having a greater sense of purpose in their work. Similarly, a study by Wu et al. (2019) found that nurses who believed in a Supreme Being were more likely to experience spiritual well-being, which in turn contributed to greater job satisfaction and reduced burnout. Overall, the synthesis of these studies indicates that belief in a Supreme Being provides nurses with a source of comfort, inspiration, and resilience in their professional journey. It plays a significant role in their ability to navigate challenges, find meaning in their work, and maintain their well-being. This cluster theme was expressed through these statements:

"Mental and spiritual preparedness are essential for providing quality care to patients." (Participant 3)

"Prayer helps with mindset and time management." (Participant 5)

"Personality and spiritual life, are important for dealing with challenges." (Participant 8)

Emergent Theme 3: Insights

The third emerging theme is called *Insights* which details the learnings that the orthopedic nurses have shared, as well as the areas for improvement that need to be addressed so that the life of the nurses is made easier.

Cluster Theme 3.1 Strategic Preparations

In this cluster theme, *Strategic Preparations*, the orthopedic nurse must have prior theoretical knowledge and practical skills related to sensitive indicators before deployment. These components are important for clinical practice competency. It is a requirement for all nurses, regardless of work setting. There is a growing expectation for nurses to combine various sources of information and incorporate them into their decision-making process and to make their nursing practice coherent and clear. Strategic preparations must be taken seriously to ensure the best patient care. (Fukada. 2018).

Thus, participants verbalized about their experiences on preparations for any life-threatening situations or training received before they were deployed to the orthopedic area to improve patient outcomes. Therefore, nurses must prioritize continuous learning and professional development, as it can significantly improve the quality of care they provide to their patients. Here are some statements from the participants:

"Training helps to apply knowledge and experience in the orthopedic ward." (Participant 3)

"I attended basic life support training and seminars." (Participant 5)

"I had training before becoming an employee in the orthopedic department." (Participant 2)

"Study orthopedic nursing, be flexible, patient, and prepared." (Participant 5, Line 559)

"Training focus on self-development, BLS, foster care, and diabetic care." (Participant 6)

"Preparing for duty and training, focusing on spine-related problems." (Participant 7)

With those challenges, participants need to take care also of themselves. Self-care before going to work is an essential strategic preparation for orthopedic nurses. Prioritizing self-care helps nurses maintain their physical and mental well-being, enabling them to provide quality care to their patients. Several studies support the importance of self-care among healthcare professionals, including orthopedic nurses. One study by Galiana et al. (2018) explored self-care practices among healthcare professionals, including nurses. The findings emphasized the positive impact of self-care on professional quality of life and well-being. Engaging in self-care activities before work was identified as a significant factor in reducing burnout and enhancing job satisfaction. This cluster theme was expressed through these statements:

"Prepare mentally, physically, and emotionally before work." (Participant 5, Line 514)

"Take a bath, sleep well, not hungover, and then pray for guidance." (Participant 8, Line 770)

"We need to prepare physically, mentally, and emotionally for our work in the ward. We also need to prioritize our patients and manage our time efficiently to provide the best care." (Participant 11, Line 1186)

"Have adequate rest, eat on time because you won't have much time to eat or do personal things when working due to heavy workload." (Participant 14, Line 2000)

Cluster Theme 3.2 Opportunities for Improvement

The *Opportunities for Improvement* cluster theme encompasses the participants' experiences regarding various aspects of inefficiencies and potential enhancements in the organization's systems. These include communication, equipment availability, monitoring of tardiness and absences, quality of personal protective equipment (PPE), worker salaries, insufficient manpower, and issues related to supervisor management.

The participants shared their perspectives on these areas, highlighting the need for improvements and suggesting potential solutions. In a 2018 study by Li, et al., it was found that a shortage of orthopedic nurses led to increased patient mortality rates. This study highlights the need for improved staffing levels to ensure patient safety and adequate care. This cluster theme was expressed through these statements:

"Additional staff if can, at least there are a lot of monitoring staff." (Participant 10)

"Since there's not enough manpower. If possible, they can hire more, so they can help us, it will be bearable for us." (Participant 12)

"It is not enough to cover all fifty especially since their needs require physical taxing from the nurses. It is tiring at times." (Participant 14)

"It is quite challenging since the census is high and understaffed." (Participant 15, Line 1807)

"We have a standard, it's the safe patient-nurse ratio, maybe augment staffing." (Participant 14)

"The doctors cannot take care of the patient right away, so you have to think on your feet about what should be done to the patient while there are no doctors available." (Participant 14)

Some participants also verbalized about the design and equipment in the area. The lack of adequate equipment and structural design poses challenges and opportunities for improvement for orthopedic nurses. Ensuring access to necessary equipment and optimizing the design of healthcare facilities can enhance patient care, improve workflow efficiency, and contribute to the overall well-being of nurses in orthopedic settings. Similarly, a 2019 study by Sun, et al. revealed that inadequate equipment and facilities pose a significant challenge for orthopedic nurses in providing care for patients with life-threatening injuries. The authors recommend that healthcare systems invest in the necessary resources to reduce the burden on nurses, enhance patient safety, and improve patient outcomes. Here are some statements expressed through this cluster theme:

"We lack materials and equipment like we don't have infusion pumps which is difficult for us". (Participant 11, Line 1457)

"If they have the things downstairs the attendant does a VS, takes blood, takes an x-ray, and then of course if the person in red is hungry, they ask them to take food from downstairs, they can't get it because they still have to wait to go to down". (Participant 11, Line 1468)

"Due to the large size of the area, there are level three or level four patients that suddenly deteriorate because sometimes it's far, you need to go to the station which is one of the struggles is the area itself." (Participant 15)

"Admin needs more manpower and equipment to improve nurses' lives." (Participant 9)

Overall, the literature emphasizes the need for healthcare systems to prioritize addressing staffing issues, and lack of equipment, and provide improved training and education opportunities for orthopedic nurses. By investing in these areas, healthcare systems can improve patient outcomes and promote a culture of excellence in orthopedic care.

Conclusion and Recommendations

In conclusion, this study sheds light on the experiences of orthopedic nurses caring for patients with life-threatening conditions. It highlights the coping skills they employ, the importance of collaboration and teamwork, and the challenges they face in their work environment. The findings emphasize the need for supportive work environments, continuous professional development, and strategic improvements to better support orthopedic nurses in handling such patients.

Furthermore, recommendations for future research include improving data-gathering methods, investigating the impact of specialized training programs, and exploring support systems for nurses in healthcare institutions. By addressing these areas, the study contributes to enhancing patient care and supporting the well-being of orthopedic nurses.

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Intraoperative Nursing Care of COVID-19 Patients: Lived Experiences of Operating Room Nurses Amidst the Pandemic

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Abstract

The COVID-19 pandemic has brought unprecedented challenges to healthcare systems worldwide, exposing healthcare workers to high levels of stress and risk. Intraoperative nurses, who work in high-stress environments, have been particularly affected by the pandemic. This qualitative research aimed to explore the lived experiences of intraoperative nurses amidst the pandemic. This study employed the qualitative descriptive-phenomenological design. Seven OR nurses were purposefully chosen to participate in the in-depth face-to-face interview, while seven OR nurses participated in the focus group discussion via the Zoom platform. Utilizing Collaizzi's method of data analysis, revealed that OR nurses' experiences during intraoperative care to their patients include the themes: Fighting the Unseen Enemy, Dreading Contamination, Adhering to Safety Protocol, Preparing Oneself, and Struggling with PPEs. The OR nurses' coping methods were contained in the themes: Emerging Triumphant, Teamwork makes the Dream Work, Positive Mindset, Holistic Support, and Adaptive Strategies. The themes of sustainability, Opportunity for Teamwork, Addressing Structural Improvement, and Call for Manpower Maximization were the insights the OR nurses shared with their fellow nurses and the nursing practice in general. The essence of their experiences in giving intraoperative care to COVID-19 patients was comparable to a battle. To survive and win a good fight is to provide them with all the support they need. Further efforts can continue to discover how to improve safety for OR nurses in handling COVID-19 patients.

Keywords: Health Science, Intraoperative Nursing Care, Descriptive Phenomenology, Davao City

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Introduction

Nurses are the front-liners in the battle against COVID-19, performing the most critical roles and responsibilities. The experiences of operating room nurses who perform lengthy surgical procedures while wearing a triple-phase suit—first a scrub suit, then hazmat with complete PPE that includes face shields, goggles, N95, boots, and a sterile surgical gown—are much more severe in comparison to the rest of the nurse population Lee (2020) asserts that operating room nurses are most at risk of contracting the virus due to their involvement in aerosol-generating procedures (AGP) in a closed environment during intubation and extubation. Accordingly, the American Operating Room Association stated that the COVID-19 crisis has put operating room staff under a lot of stress and pressure, and they have to deal with many care challenges, all of which have a negative impact on their ability to perform professionally. This might be a result of the challenging and stressful environment in the operating room (Mohammadi, 2021).

The International Council of Nurses (ICN) reported that as of June 2020, at least 90,000 healthcare workers had contracted COVID-19 and that the epidemic has claimed the lives of more than 260 nurses (EuroNews, 2020). As a preventive measure, the WHO and other medical authorities have created evidence-based methods and techniques for preventing infection during the COVID-19 pandemic (Sha, 2020). WHO strictly recommends standard preventive measures for OR nurses handling patients, such as wearing WHO-recommended N95 masks, protective gowns, face shields, and complete PPE (Forester, 2020).

The Philippine News Star (2022) reported that COVID-19 infection among healthcare workers in the Philippines has reached 3,114. In the Davao Region, the Manila Bulletin (2021) reported that 1,838 healthcare personnel were infected by the virus as of January 13, 2021, with 233 hospitalized, 1,595 recovered, and 10 died.

Glasser and Schenning (2022) and Sulayao and Magnaye (2022) argue that the COVID-19 pandemic's lack of explicit guidelines caused operating room personnel to feel unsure and confused. Thobaity and Alshamarie (2020) argue that more study is needed to examine the experiences of OR nurses working on the front lines.

Methods

Qualitative descriptive phenomenology is a research methodology designed to provide a rich and detailed description of the phenomenon under investigation, such as the experiences of OR nurses during the COVID-19 pandemic. It allows for a flexible and adaptable approach to data collection and analysis, making it particularly useful when studying a rapidly evolving situation.

This research study was conducted at a tertiary-level government healthcare facility, in Davao City, Davao Del Sur. This facility has five units of Operating units, namely, the Main Operating Room, Ambulatory Surgery, Heart Center, Orthopedics, and Cancer Institute. This study selected only Main operating Room nurses as the subjects. selective sampling.

The researcher chose fourteen participants based on inclusion criteria that satisfy the researcher that they can best provide information on the lived experiences of intraoperative nurses taking care of COVID-19 during 2020–2022. Seven participants for in-depth interviews (IDI) and seven for focus group discussions (FGD) were chosen based on inclusion criteria. The primary data sources were narratives from one-on-one in-depth interviews and focus group discussions. The secondary data sources included recent studies, articles, journals, and reviews of related literature. The duration of the face-to-face interview was approximately 30 minutes.

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After the interview, the recorded audio was translated, put into writing in phrases, and verified against the transcribed data. Transcription was read and reread, significant statements were extracted, meanings were formulated, cluster themes and emergent themes were aggregated, an exhaustive description was developed of the phenomenon's essential structure or essence, a report was generated of the fundamental form of the phenomenon, and the findings of the study were validated through participant feedback.

Results and Discussion

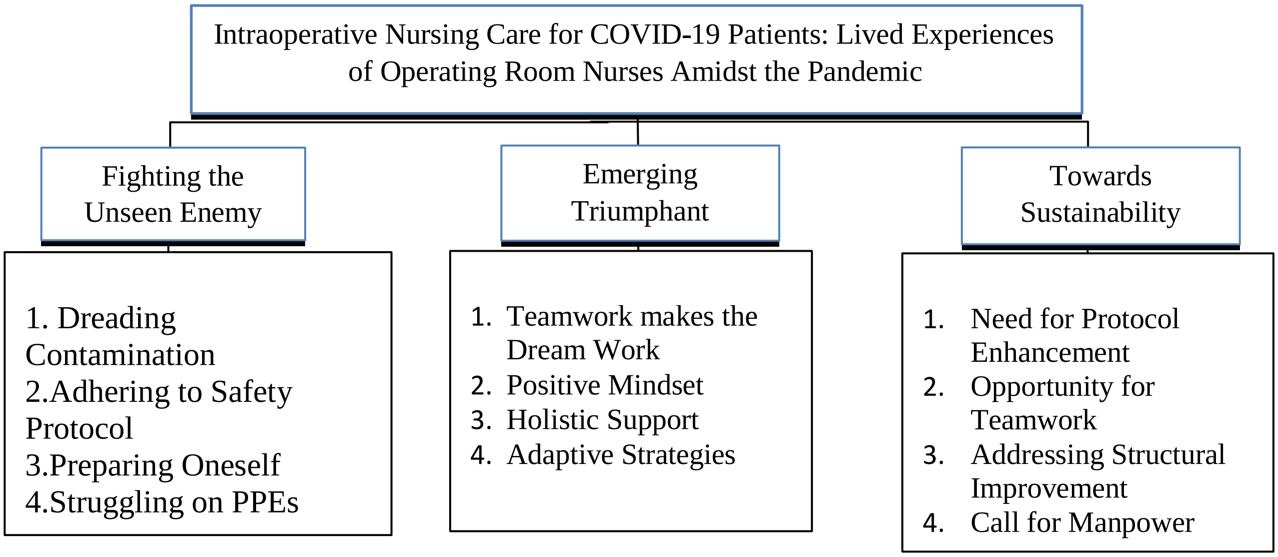
Table 1. Demographic Profile of the Respondents

Participant	Sex	Age	Marital Status	Number of years or months in the OR	Length of Service in SPMC	Study Group

P 1	Male	38	Single	9 years	10 years	IDI
P 2	Male	43	Married	10 years	10 years	IDI
P 3	Male	42	Married	7 years	7 years	IDI
P 4	Male	31	Single	6 years	6 years	IDI
P 5	Female	30	Single	7 years	7 years	IDI
P 6	Female	31	Single with child	8 years	8 years	IDI
P 7	Male	39	Married	8 years	8 years	IDI
P 8	Male	44	Married	8 years	8 years	FGD
P 9	Male	48	Married	10 years	10 years	FGD
P 10	Female	29	Married	4 years	4 years	FGD
P 11	Male	31	Married	9 years	9 years	FGD
P 12	Male	33	Married	8 years	3 years	FGD
P 13	Female	31	Single with child	8 years	8 years	FGD
P 14	Male	39	Married	8 years	8 years	FGD

All of the participants have had at least 6 months of exposure to COVID-19 facilities in the Main Operating Room during the pandemic period of 2021–2022, The participants are adults ranging in age from 31 to 48, and the median is 39 years old. There are 10 male and 4 female participants. Five of them are single, and the rest, 9, are married. All of them are assigned in the Main Operating Room. The lowest length of service in the tertiary level government hospital is 4 years, while the longest is 10 years.

Through the process of extracting significant statements, creating formulated meanings, and developing cluster and emergent themes, the narratives of the participants revealed a comprehensive explanation of their lived experience. The following section describes the emergent themes using narratives of the participants, extracted from interview data. It contains a discussion of the participant's answers to the research questions: "What are the experiences of OR nurses in giving intraoperative care to COVID-19 patients?", "How do participants cope with the challenges of their experiences?" and "What insights can the participants share with fellow nurses and the nursing practice? As a reference to the transcribed significant statement, L signifies line number, and P means participant.


Intraoperative Nursing Care for COVID-19 Patients: Lived Experiences of Operating Room Nurses Amidst the Pandemic
Fighting the Unseen Enemy
Emerging Triumphant
Towards Sustainability
1. Dreading Contamination
2.Adhering to Safety Protocol
3.Preparing Oneself
4.Struggling on PPEs
1. Teamwork makes the Dream Work
2. Positive Mindset
3. Holistic Support
4. Adaptive Strategies
1. Need for Protocol Enhancement
2. Opportunity for Teamwork
3. Addressing Structural Improvement
4. Call for Manpower

Maximization

Emergent Theme 1: Fighting the Unseen Enemy

The first emergent theme, *Fighting the Unseen Enemy*, details the experiences encountered by intraoperative nurses as they provide care to COVID-19 patients. The phrase describes a situation where someone is unprepared to face a sudden, invisible, and identifiable challenge or threat. *Unseen Enemy* not only indicates the invisible virus but also means the OR nurses' lack of standard care protocol to handle the virus during the pandemic's beginning. The experiences of intraoperative nurses are likened to a war where fear is imminent and surviving and winning was the primary goal. This theme uncovers and explains the preparations and challenges of the participants as they fought the unseen enemy. The participant continued to fight the unseen enemy by providing intraoperative care despite the hurdles such as fear of contamination, PPE scarcity, and lack of protocol because they had accepted their fate.

The experiences of intraoperative nurses in fighting the unseen enemy include *Dreading Contamination*, *Adhering to Safety Protocol*, *Preparing Oneself, and Struggling with PPEs*. Knowing how to effectively fight the unseen enemy is essential to protect the OR nurses and lessen the overall stress as they care for COVID-19 patients.

Cluster Theme 1.1 Dreading Contamination

The first cluster theme is *Dreading of Contamination*. The COVID-19 pandemic has had a significant psychological impact on OR nurses worldwide. It has caused fear, anxiety, and uncertainty. Fear of contracting the virus, uncertainty about the future, and worries about loved ones can cause high levels of anxiety and fear in intraoperative nurses. This cluster was expressed by the participants through these statements:

"My main concern before when we are in the COVID OR, my main fear is the exposure to the patients who are COVID-positive. So that raises a lot of worries in my mind because going to work and knowing that you are going to assist in the procedure with COVID-19 positive patients is the fear that you might get COVID as well." (L 161 to 164, P1)

"Challenges mentally, this is number one for me, the heaviest for me because after you wear the PPE even though it was checked by the PPE checker if there was no break, but what if it got caught in something and sustained a tear then I need to take a shower. If possible, I'd bathe in alcohol, I would do it." (L260 to 262, P4

" In our minds, we think that we can contract the illness without knowing when and where and how we got it despite the equipment we have." (L 291 to 293, P5)

"But the most challenging for me of all would be the anxiety. Because you know that the patient is positive and he has coughed in front of you." (L 1131 to 1133, P9)

The main psychological effects of front-line care during this pandemic were identified as fear, vulnerability, and overall psychological distress. Analyzed studies have shown that the main psychological impacts most verbalized by nurses are fear and anxiety (Galehdar, 2020).

The unseen enemy is not just feared to be contracted by oneself, but also of the risk of spreading it to loved ones, as verbalized in these statements:

"I know that there is nothing perfect in what I wear, but I am confident that there is no damage, and I am confident with myself that whether I touch the patient, I am well protected." (L 608 to 610, P 2)

"I was exposed to a patient at work, I was diagnosed with COVID-19 positive as a result of the swabbing test that I have undergone so I was sent to quarantine facility and luckily God forbid I went home when I got diagnosed because before releasing the result I went home. It was my fault not knowing the result of the swab test so when the results came, I was at home with my mother and father. So the fear that was instilled in me knowing that I was positive and exposing my parents and that condition was dreadful." (L178 to 183, P 1)

Family is one of the core support systems of everyone, and the idea of bringing the virus to them has been dreadful for the participants. As indicated in the study of Ergen in 2022, OR nurses fear the risk of contracting the disease and infecting their loved ones. This is like the study of Galehdar (2020), that OR nurses fear infecting their family members or relatives.

Cluster Theme 1.2 Adhering to Safety Protocol

The second cluster theme, *Adhering to Safety Protocol,* details the necessary compliance to updated protocols regarding infection prevention and control to prevent cross-contamination. Changes to comply with safety refers to modifications or adjustment made to a system, process, or environment to ensure that it meets safety standards and regulations. This cluster was expressed by the participants through these statements:

"Then we make sure when we come in the red zone or when we cater to patients with COVID-19, we make sure that we are equipped with a mask, PPE, shoes, boots so that it is safe for us and we don't catch the illness. " (L136 to 138, P 5)

"Before going in the OR, we do donning using the scrub suit provided by the hospital and supervisor. Then after donning with the help of the donning officer who will guide us in wearing hazmat and PPE, boots, boot cover, N95 mask, face shield, and goggles. We use soap so that our vision will not be blurred interop." (L 156 to 159, P 7)

The changes in the processes and the entire system to conform to the necessary adjustments that formed part of the actions taken as a safety response to the pandemic had an impact on the OR nurses. As evidenced by the study of Mohammadi in 2021, one of the main challenges for operating room staff was the application of the protocols and standards of care during the COVID-19 crisis. The operating room personnel are faced with new care instructions as often as necessary, which leads to executing updated protocols tediously. In a study by Al-Jabir (2020), the maintenance of emergency capabilities, including major trauma, is the first surgical priority of healthcare systems. The risk of COVID-19 transmission via aerosolization and droplets is a major concern for surgical personnel. When performing procedures that involve the aspiration of body fluids, surgical personnel are at an increased risk, for institutional protection of surgical staff. Therefore, stronger infection prevention and control measures must be implemented.

Cluster Theme 1.3 Preparing oneself

Preparedness is an important variable in the context of emergencies and disasters, Since COVID-19 is a global emergency, what better way to equip oneself than to be always ready? The key influences on preparedness include risk perception; preparedness perceptions such as outcome expectancy; self-efficacy; collective efficacy; previous experience; perceived responsibility; responsibility for others; coping style; and resource issues. This cluster theme titled *Preparations* details how the participants have prepared themselves to render service to patients. This cluster was expressed by the participants through these statements:

"Mentally, number one what I did was I have to fortify myself not just to think of anything else all I think is to give my best care for my patient. That is why, regardless of how hard or lacking in equipment, I must think of my patients would be about myself. To save, they said you need to save yourself first." (L 555 to 558, P 4)

"The action I did to cope with physical, what I did was that I have to train my brain and myself It is part of the job of wearing PPE in taking of COVID-19 patients. We cannot avoid this since they are just around, that's an uncontrollable situation and then I must make myself ready before going, I eat, and change into a scrub suit. We are obliged to change scrub suits for we deeply think that is not good, you know how deadly the pandemic is. It chooses no one, when it can kill someone, it will kill." (L 543 to 547, P 4)

"For mentally, you need to be prepared when it comes to concerns. Be cautious in the area because there are scenarios when you come in and you are not prepared mentally, you'd easily pass out and that would affect you physically when you are not mentally prepared." (L 202 to 204, P 2)

Psychological and physical preparedness is an important aspect of various types of preparedness (Gandhi, 2021). Self-efficacy and optimism were key factors that played a role in both the physical and psychological preparedness of these frontline workers.

Cluster Theme 1.4 Struggling on PPEs

The third cluster, *Struggling on PPEs*, details the physical challenges experienced by the participants in using PPE to protect themselves as well as the patients. This cluster also depicts the experience participants faced in keeping themselves from contracting the virus despite the shortage of PPE. PPE is designed to protect individuals from exposure to hazardous materials or environments. However, using PPE can sometimes be challenging and uncomfortable, leading to reduced compliance and increased risk of exposure. PPE can be heavy, restrictive, and uncomfortable to wear for extended periods, causing fatigue and discomfort. Wearing masks or face shields can impair vision and make it difficult to communicate effectively with others. PPE can also cause overheating and heat stress, especially in hot and humid environments. The difficulties of the OR nurses were highly evident in these statements:

"The hardest part for me at that time was how hot it was when you're wearing your hazmat. Because it's so hot, your goggles and face shield would be fogging that you won't even see the field You don't know what you are passing to the surgeon, especially the sutures, there are a lot of sutures, and then you have triple gloving. And have little hands so it's hard to hold the instruments." (L 1128 to 1131, P 9)

"So, during interop when you're doing your scrub, then you're also wearing your face shield, your visions would be impeded. In your field, it's fogging, that's why it's very hard but the interaction that you have with your patient you cannot see in your face, you just rely on the voice, so it's like that use your voice, and actions and taking care of your patients even though you can't see them." (L 1018 to 1022, P 9)

"Physically, it is not comfortable wearing the hazmat and we are not used to that kind of equipment. One more, the type of facemask, the N95, the N95 supply they provided is not fit for us, but we have to use it because it's part of the PPE that will protect us from COVID-19. The footwear of course is not comfortable to wear, boots during OR number one, it is heavy and hard." (L 285 to 288, P 5)

Worldwide, the use of PPE is one of the primary causes of physical issues, tiredness, and stress during this period, which included sweating caused by the protective gowns, urinating, and eating constraints while wearing PPE, and difficulty seeing during surgery due to their goggles fogging up. All of these could endanger the patient's life. According to Alptekin (2023), although the work of the OR nurses was the same, the use of additional PPE caused complications. As a result, nurses had to work more carefully under more difficult conditions These are reflected in these accounts:

So during interop when you're doing your scrub, then you're also wearing your face shield, your visions would be impeded. In your field, it's fogging, that's why it's very hard but the interaction that you have with your patient you cannot see in your face, you just rely on the voice, so it's like that use your voice, and actions and taking care of your patients even though you can't see them." (L 1018 to 1022, P 9)

"Well at first during the COVID-19, it was very hard for all of us to wear the PPE, impedes your breathing, your vision, you're always using goggles, you'll have headaches because it's so tight. Well, given you cannot do your necessities like eating, and peeing, most of us don't go out because it's very tiring to do again the entire donning and doffing of PPE, you need to go back again and change again. " (L1032 to 1035, P1

"During wearing of the hazmat it's tiring aside from we are thinking about our patients, we are thinking double because we are thinking of our patients as well as our safety, especially at the start of the pandemic wherein we were really scared of acquiring the disease." (L 1047 to 1050, P13)

"You can control hunger but the use of the comfort room would be the most difficult because you know that you're wearing your hazmat and in the critical stage of the operation, you'd be shy to ask to go out or excuse yourself during the critical stage of the operation." (L 1086 to 1088, P12)

Moreover, PPE Scarcity highlights the difficulty the participants faced in keeping themselves from contracting the virus. This was expressed by the participants through these statements:

"At the start, we did not have masks. We even recycled our N95 masks because we could not get anything." (L58, P 6)

"The most tasking for our part, yes there are things that we know through our meetings, come on most of all of the materials that are very limited period, so we try to balance as much as possible, we maximize the people inside in terms of materials. There are materials but they are scarce. We cannot do anything other time since there are limited supplies mostly the 95, there was one time that we required everyone to reuse those." (L 1145 to 1154, P 12)

Nurses were at the forefront of the fight against COVID-19, and for this mission to be successful, they required adequate working conditions from the start. However, due to a lack of protective equipment, their working conditions were hazardous, and COVID-19 could have been contracted at any time. COVID-19 is transmitted through respiratory droplets. Individuals become infected by touching contaminated surfaces and then touching their face, specifically their mouth, eyes, or nose. COVID-19 is the most contagious disease, according to scientific evidence. There is also the possibility of infection spreading before an individual exhibits symptoms. Thus, it is essential to have an adequate PPE supply in the workplace (Al Baalharith, 2021).

Emergent Theme 2: Emerging Triumphant

The second emergent theme, *Emerging Triumphant* means to come out on top or to be victorious after facing a challenge or competition. It implies that someone or something has overcome obstacles and achieved success in a difficult situation. This emergent theme discusses the adaptations made and coping mechanisms used by the participants to sustain their resilience despite the ongoing pandemic. Stress is an inseparable element of nurses' work. It is also the cause of well-being disorders and the source of various diseases. The well-being and health of nurses have a direct impact on the quality of care and health outcomes for patients. An appropriate stress-coping strategy can reduce the impact of stress and mitigate its negative consequences. The COVID-19 pandemic, especially in its initial period, was a source of enormous additional stress for nurses (Kowalczuk, 2022).

Cluster Theme 2.1 Teamwork Makes the Dream Work

This fifth cluster theme, *Teamwork makes the Dream Work* describes how the positive experiences of the participants reinforced positive team dynamics. A high-intensity, fast-paced environment, healthcare workers who change every shift, and rapidly evolving patient care needs make it difficult for teams to form effectively and then for these teams to work together effectively and deliver high-quality patient care. This cluster was expressed by the participants through these statements:

"We (colleagues) are very understanding with each other because all of us are experiencing the difficulty inside the OR so we are all, there is also under pressure because some of them are married and they have families on their own and have COVID-19 and expose their families. So our working relationship was quite good. We are helping one another. We are trying to console one another during those difficult times." (L 341 to 345, P 1)

"I appreciated the time when I was with them (colleagues) during the pandemic because it was then when I have known them much deeper than the usual time when we did not have bonding. The bonding is different before the pandemic and during the pandemic because of the teamwork with the doctors. There is

teamwork, there is support. We help each other always to lessen the exposure, to make the time faster with the patient." (L 408 60 412, P 5)

"About assistance inside the operating room, is the support system working hand in hand, so that tasks are easier specifically outside and inside the circus that he would not hustle, communicate with an outside circus as to what is lacking in the OR? You need support from colleagues, teamwork, and communication." (L 662 to 668, P 2)

Teamwork has a major impact as one of the adaptive strategies of the OR nurses during the onset of the pandemic. Additional demands that impacted the ability of teams to work together were introduced during COVID-19 and with the associated restructuring of care teams and care settings that occurred as a result. Since other stressors will likely continue to impact healthcare systems (e.g., pandemic or otherwise), understanding what healthcare systems, hospitals, administrators, and clinicians can do to enhance opportunities for ICU teams to work together effectively in rapidly changing environments is imperative (Costa, 2023). The area of nursing presents itself as an outstanding profession for strengthening collaborative interprofessional practice and teamwork through its form of communication with the other components of the health team, promoting harmony, quality in decision-making, and impacting patients directly with quality care (Belarmino, 2020).

Cluster Theme 2.2 Positive Mindset

The sixth cluster theme is *Positive Mindset*. This refers to a mental and emotional state that focuses on positive outcomes, opportunities, and possibilities, rather than dwelling on negative thoughts or outcomes. It involves adopting an optimistic and proactive attitude towards life, even in the face of challenges or setbacks. A positive mindset can help individuals to cope with stress, build resilience, and improve overall well-being. This cluster was expressed by the participants through these statements:

"But you will not feel all of this when you're assisting inside but you'll enjoy yourself because you have your colleagues at the same time you are thinking you're doing this to our patients despite the three layers of protective gear that you are wearing. At the same time, it's a learning experience for us. Good job to all of us." (L 1026 to 1031, P 10)

"The reason I am still here in the OR aside from taking care of the patient, is it's better for me every day new challenges that give me the energy regarding various cases. It's a different experience in the OR and the joy to work hand in hand with the doctors, Even if we've just assisted with the doctors, it's still awesome because it is experience." (L 462, 463, 472 to 474, P 4)

"I am happy… despite the pandemic because it is my dream to be an OR nurse. This is what I like and though it is tiring being an OR nurse, it is fulfilling for me. For me, you'll be able to help the patient from having a severe illness then you will see after the operation that the patient would be ok, and you will hear them say thank you to you. I mean, no amount of money can be equal when a patient would thank you for your help. It's fulfilling for me, that is why I stayed as an OR nurse." (L 476 to 480, P 5)

Having a positive mindset was one of the drivers of resilience for the participants. They have shown a willingness to learn and grow from experience, and to see this crisis as an opportunity for growth. Coping with traumatic events develops positive psychological experiences. During the COVID -19 pandem resilience and effective coping strategies promoted positive psychological health outcomes among healthcare workers (Labrague, 2021).

Positive thinking and optimism are techniques that can help nurses improve their function and reduce job stress. This technique influences people's behavior in dealing with and overcoming stressful situations. A positive person views stressful situations with optimism and has a high opinion of his or her ability to deal with life's ups and downs. Increasing one's optimism in life increases the productivity of one's opinions and shifts one's positive thoughts, intellectual properties, and behaviors in a positive direction. Positive thinking encourages people to be persistent, to pursue their goals effectively, and to take steps to improve the quality of their lives (Alptekin, 2023).

Cluster Theme 2.3 Holistic Support

This seventh-cluster theme, *Holistic Support*, refers to the total support the participants received. It includes management support, social support, and seeking support from the Supreme Being.

First, it highlights the importance of administrative support for frontline workers. The Managers, acting as representatives for the organization, play a major role in the resilience of staff. The COVID-19 pandemic put intense pressure on healthcare workers' ability to process information, make assessments and decisions, hide their emotional reactions, contain feelings from others, and deal with ethical dilemmas. To handle all these cognitive and emotional demands, the healthcare workers needed a physically present manager who understood, supported, and cared for them. This cluster was expressed by the participants through these statements:

"They (supervisors) are supportive when it comes to providing us food because it is really hard in the red zone. It's very tiring, so that is their reward to us. Our needs like scrub suit, accommodation, so that we can continue giving service to our patients." (L 404 to 406, P 5)

"For me, I guess it's very effective because they immediately provided a hazmat which is fit to my size. When it comes to breathing patterns, it is still hard, so I still need to adjust. I just bear with it, as to our experiences because we have no choice. We just bear with whatever PPE is available in the institution. (L 612 to 615, P 3)

"They were very approachable. As to what were our concerns, they gave it to us. For example, mineral water needed to pay but when the pandemic came, it was for the free refrigerator was provided, comfort rooms to be used for showers, they were good in handling our colleagues." (L 354 to 357, P 2)

Staff appreciate the support of the organization and the presence of managers in times of crisis. In a study by Svantesson (2022), staff need a physically present and responsive manager who provides support based on the needs of the workers. The workers understand their manager's difficult work situation and lack of resources, but they appreciate clear dissemination of information and participation of top management in organizing the work. The presence of a manager creates stability and involvement among the healthcare workers in a time of uncertainty and disorganization.

Moreover, another kind of support that was mentioned was the emotional and psychological activities of the participants which provided a sense of connection and comfort. Social support refers to the help and assistance that the participants received from their social networks, such as friends family members, and co-workers. This cluster was expressed by the participants through these statements:

"Psychologically and emotionally, I talked with my friends and coworkers who were having difficulties at that time because as I have said a lot of us are really under pressure and worried about contracting COVID-19 and exposing other people with the condition. So, if there was any time that we were co-workers and whenever I had time I talked to my friends and shared with them any emotional and psychological issues that I was having during that time because it helps when you talk to someone and share problems and sometimes it is you would be responsible and it is you would look for a solution to the problem. But having to vent out your problem or to talk to other people about your issue helps alleviate your feeling even sadness." (L495 to 502, P 1)

"When the pandemic was at its peak, your OR colleagues were the only people that you may share your problem with because you are far from your family. I got my support from them when we had a sharing and we opened up about our worries like those who were with me in the apartment, We asked each other how their day was." (L 716 to 719, P 5)

"Emotionally, I make new friends with my colleagues that I was not close to before. Like Sir Kobe, we were not 100% close before. To ease our worries emotionally, we open up with each other, we share our experiences inside. It's one way of voicing out our feelings so that we can adapt. That's it." (L 596 to 598, P5)

Strong social support is one of the most effective coping mechanisms for nurses. Social support, which can come from a spouse, relatives, friends, coworkers, or the community, is one of the most effective ways for people to cope with stressful events (Zhang, 2021). Nurses should be supported at all times for them to be happy at work. Nurses' stress responses can be significantly reduced with the help of social support (Sehularo, 2021).

Lastly, participants sought support from the supreme being. It shows how some participants used this adaptive technique to go on with their day-to-day struggles during the pandemic. In the field of nursing, the relationship between spirituality and healthcare has been considered one of the pillars of modern nursing. According to Florence Nightingale, spirituality is considered an intrinsic component of human nature and 'the most profound resource and powerful healing power available to the person.' This cluster was expressed by the participants through these statements:

"My first preparation all I can say is spiritually I pray to God for safety during caring to the patient, especially when there was still no administered vaccines to us." (L 148 to 150, P 7)

"Psychologically, during COVID-19 there was anxiety, there was fear of the unknown but luckily I have faith in the Lord I pray that he will give me strength in dealing with COVID-19 so that I can help despite the difficulty in wearing PPE. " (L 564 to 566, P 7)

"Unlike others, we were separated from our family during the peak of the pandemic, we were given an opportunity by God's grace." (L1295 to 1296, P 13)

Innate for us, Filipinos, to be devout to the religion we belong to. Faith has been one of the great factors in our resilience and this is evident in the responses of the participants. Similarly, previous studies have shown that including spiritual care in nursing practice not only provides benefits for patients but also for nurses, since the practice of their profession brings greater satisfaction (Ávila-Mantilla, 2022). In times of calamity and other unexpected and terrifying situations, people usually turn to religious rituals to find peace. The COVID-19 outbreak was unexpected, and no one knew when the pandemic would end or if it could be avoided or treated. Nurses were more affected than others because they were more exposed to death and relied on religious rituals to cope. Some nurses claimed that they relied on religious and spiritual activities to lift their spirits and calm themselves such as performing daily prayers. They attempted to find peace by praying to God (Irandoost, 2022).

Cluster Theme 2.4 Adaptive Strategies

This eight-cluster theme titled *Adaptive Strategies*, details the techniques used by the participants in adapting their lifestyle and developing new coping strategies during the pandemic. Adaptive strategies may involve activities such as watching movies, playing games, having fun with colleagues, or attending group therapy sessions. This cluster was expressed through these statements:

"Emotionally, in the working environment I overcame it a little bit because of the help of E-sports that we entertain before so as divert our anxiety." (SS 47, Lines 321 to 322, IP 7)

"I would complete whatever is necessary or I try my best so that everything is complete so that they'd have that energy to work because they know that the equipment or new and as much as possible the hospital has provided, hopefully, I can give, I would just put them into a group therapy for their emotional and mental state to be normal." (L 970 to 9710, P 4)

"Since we have time to rest, so I use it for Netflix and ML, to enjoy our tough moments. It's a big help that these could give us joy but even though it's a tough time; we can address the longingness for our family."(L 1286 to 1288, P 10)

Necessary adaptations are exhibited by individuals to cope with ongoing stress. Allowing oneself to have fun or allow oneself to express feelings through a group therapy session eases the burdens of the ongoing struggle. In hard situations, having good psychological reasoning and the ability to adapt to hard places could help nurses better care for patients and lessen their own psychological and social harm (Irandoost, 2022).

Emergent Theme 3. Towards Sustainability

This third emergent theme, *Towards Sustainability*, is the ability to meet the needs of the present generation without compromising the ability of future generations to meet their own needs. It involves balancing economic, social, and environmental factors to ensure that resources are used in a way that is equitable, responsible, and efficient. Towards Sustainability is an emergent theme that features the improvements highlighted to address holistic needs for efficient execution of intraoperative services.

Cluster Theme 3.1 Need for Protocol Enhancement

This ninth cluster theme, *Need for Protocol Enhancement*, details the need to improve protocols to conform with infection prevention and control and other safety measures. This cluster details the concerns raised by the participants on their suggestions to enhance the existing process:

"When you get in the OR, we should minimize who is coming in the theaters, the inside circle should not go out. Whatever your role is, when you are the outside circus, you are not supposed to come in." (L 788 to 791, P 2)

"Checking the equipment and stock levels of PPE. To be specific sizes, gloves, and wearables and also advise everybody if they can be stingy in the usage and talk to them and have themselves prepare for the day-to-day cases. There are a lot of levels, we are not sure if Delta, Omicron, or plain." (L 637 to 640, P 4)

"During patient intubation, you need to be outside (of the box), not inside because of the airway". (L618 to 619, P 6)

At times, the best people who can contribute to the enhancement of an existing process are by way of the end-users, as they are the ones well-versed in the do's and don'ts. New and unique infectious disease outbreaks are a danger to healthcare providers and other leading providers because of limited awareness of the emerging threats and reliance on IPC measures that do not account for all the dynamics of the new pathogens. Theoretically, infection prevention and control prevent or stop the spread of infections in healthcare settings, making it pivotal to reducing the spread of the pandemic (Shbaklo, 2021).

Cluster Theme 3.2 Opportunity for Teamwork

This tenth cluster theme, Opportunity for Teamwork, includes the narratives that detail the missed occasions of having the participants part of the team. One of the key characteristics of a positive team environment promotes psychological safety. To actively participate in patient care decision-making, staff must perceive that their work setting accepts and encourages collaboration and feedback. This cluster was expressed through these statements:

"Even if we give suggestions on things that we might implement, they will not listen. They only implement what is favorable to them, not addressing the issues experienced by the staff" (L 634 to 636, P 3)

"Sometimes they decide on their own, there is a problem among the Supervisors." (L741, P 6)

"If I were the head nurse I do more communication, I'll talk with my staff one by one if I have time, and then I'd come in interop to observe so that at least I'd feel what the staff would feel if they are wearing the hazmat. I want to know what is lacking or what needs to be improved or talk with the nursing staff about the concerns that they encounter in the intraoperative phase." (L 958 to 959, P 2)

Communication and feedback are essential for improving processes and looking into the welfare of team members. On those mentioned occasions, there was a failure to include staff in the discussion, yet they are key players in the process. Psychological safety refers to the shared belief that a work setting is a safe place to take interpersonal risks such as speaking up, asking questions, and sharing ideas and opinions. The importance of psychological safety in healthcare teams is emphasized by the ongoing, global response to COVID-19; the continuous adaptation and redesign of services has required enhanced collaboration, engagement, creativity, innovation, and knowledge sharing across teams and organizations (Anjara, 2021). Feedback is important in improving the provision of services, as staff are internal stakeholders of the organization.

Cluster Theme 3.3 Addressing Structural Improvement

This eleventh cluster theme, *Addressing Structural Improvement*, details the structural needs of the OR. COVID-19 poses significant social and health risks because even asymptomatic individuals can transmit the disease. Engineering and traffic control using barriers and zones of risk are infection control strategies to reduce the rate of contamination. Structural outcomes not only cover infrastructure but also logistic needs such as equipment and materials. This cluster was expressed by the participants through these statements:

"The OR tables need to be fixed. The OR Trendelenburg side rails are not usable. At least it would be easier to operate especially when there's positioning needed during the OR. There was a time when a patient needed to do lateral. We are using hazmats, and we need to put the patient in lateral but there is no positioner." (L 788 to 791, P 2)

"Regarding the physical setup in the OR, because all of the patients and health care workers are being affected. The process flow of the OR is affected because we have different setups or we have different physical setups we have the same entrance of positive and non-positive." (L 925 to 927, P 3)

"What I want to improve during intra, it's maybe about the equipment, especially about the environment, the aircon because it's hard to handle patients when the aircon is defective or while you're wearing your hazmat. It is hard to function when you're wearing your hazmat without aircon because you'd be drenched in sweat, and you would be more sweaty than your toxic patients." (L 918 to 922, P 2)

There are a lot of existing structural problems in the OR that need to be addressed by the management. Basic OR needs to provide safe and quality care such as OR tables with functional positioners needs to be looked into, as well as addressing the need for unilateral flow of clean to dirty to prevent cross contamination whether by patients, staff, materials, or equipment. There is also a need to address staff comfort through the provision of air conditioning units.

Cluster Theme 3.4 Call for Manpower Maximization

The twelfth cluster theme, *Call for Manpower Maximization*, details analyzing the workforce and developing strategies to ensure that the right amount of people, with the right training and support, achieve the organization’s objectives. Effective provision of health services is seriously affected by human resources. The main concerns in this area include inappropriate numbers, type, distribution method, and the performance of the personnel in the health sectors. In this regard, the optimal management of health human resources is considered as the significant responsibility of the managers containing those activities for improving the level of competency and knowledge increase as well as developing the personnel`s skills. This cluster was expressed by the participants through these statements:

"I think more training. Because there are new practices in other countries especially in the US that we should adapt. Even though we are senior nurses we are already capable of rendering effective care and competitive care to the patients inside the OR. I think there is still room for improvement for nurses in the OR for us to be informed, to gather knowledge with the new practices adopted by other countries so that we could implement it here in our hospital." (L 947 to 951, P1)

"When it comes to staffing, they need to improve everyone since they have an increasing number of nurses who are resigning and working abroad. Every month there are 3 to 4 nurses who resign to work abroad, until now From last year there are only a few who were added to the team. A decrease in OR staffing means increased workload for the staff. Once the workload would increase, stress levels of staff would increase." (L 823 to 827, P 3)

“I think number one is staffing. We all know that when the pandemic started when COVID started, a lot of staff resigned. A lot of people have limited work due to being at high risk of being infected with COVID-19. So I think the staff was lacking at that period they were very scared to work in a facility, especially since they were high-risk. That is what we need to improve, our staffing.” (L 879 to 882, P5)

The nursing shortage is a global problem, and this was experienced by the participants, especially when the demand became high during the onset of the COVID-19 pandemic. Although healthcare systems all over the world, increasingly face the challenges of shortages in human resources and the inappropriate distribution of their skills, applying optimal management along with applied plans for quality improvement of these recourses can lead to improvement in the competencies as well as increasing the quality of services and decreasing the related challenges (Yusefi, 2022).

Conclusion and Recommendations

This qualitative research on the lived experiences of OR nurses amidst the COVID-19 pandemic suggests improving support for OR nurses. This research can help nurse managers and other healthcare leaders understand the unique challenges faced by OR nurses, such as the need for adequate PPE, infrastructure requirements, and emotional support. OR nurses are in the best position to provide first-hand experience suggestions on how to comply with protocols while addressing the needs of people.

This research can help enhance the nursing curriculum by providing valuable insights into the experiences of OR staff during the COVID-19 pandemic. It can also be used to design nursing research studies that are more relevant and meaningful to healthcare professionals.

Research conclusions from a qualitative, phenomenologically oriented study are rarely generalizable or transferrable to other contexts. The sample size was limited to 14 participants, 4 female and 10 male. Future studies should look for participants from a diversity of demographic backgrounds, including those not necessarily with tenure of more than a year. Future studies may focus on issues such as updated evidence-based OR protocols in handling COVID-19 and occupational satisfaction and dissatisfaction of OR nurses.

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The Influence of Burn Out, And Psychological Well-Being on The Self-Awareness Among Staff Nurses in Selected Hospitals of Tagum City

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Abstract

This study focused on exploring self-awareness as influenced by burnout and the psychological well-being of staff nurses. This implies that nurses recognize their strengths and weaknesses and recognize the needs and feelings of others. As well as psychological well-being has a significant direct influence on the self-awareness of the respondents. The study's respondents were the 150 selected staff nurses out of 189 population in the hospitals of Tagum City. The researcher employed quota sampling in choosing the respondents for this study. The research instruments used were the three adapted modified survey questionnaires to measure the levels of self-awareness, burnout, and psychological well-being of staff nurses. Based on the findings of the study, most of the population had an age range of 25-30 years old. Analysis revealed that staff nurses had a higher level of proactive alignment to self-awareness compared to the development of continuous attention to the self. Findings indicate that respondents expressed a moderate level of exhaustion aligning with burnout compared to disengagement and had a more positive insight into environmental mastery. The indication with the greatest mean on environmental mastery- 4.44 - and a standard deviation of 0.31- a descriptive level of extremely high – indicates that they are confident in their ability to handle the circumstance. There is a significant positive relationship between burnout and self-awareness. The results of the regression analysis indicated by R^2 of 0.945. This would mean that 95% of the variance can also be attributed to other factors. Therefore, encouraging self-awareness in nurses is strongly recommended as a component of an Intervention to enhance nursing practice programs.

Keywords: *Burnout, Social Science, Descriptive-Correlational, Philippines*

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Introduction

Staff nurses need to be discerning and careful about striking the balance between workload and family, as burnout may have brought disturbance to the psychological well-being of individuals (Ather et al., 2020). Several studies highlighted personal factors as important antecedents of psychological well-being such as burnout (Bhagat, Haque, & Simbak, 2018) and self-awareness (Okpara & Agwu, 2015).

In theory, low self-awareness during patient encounters and workplace situations can lead to burnout and poor psychological well-being. Lack of self-awareness is thought to be a result of chronic occupational stress, which is mediated by nurses' adaptive capacity (Pakenham, 2017). Nurses have some of the highest burnout rates among healthcare professionals (Fuente et al., 2019). Burnout and poor psychological well-being are defined as the result of a mismatch between high workplace demands and healthcare workers limited adaptive capacity (Schaufeli & Buunk, 2019). Burnout contributes to absenteeism, nurse turnover, and decreased patient satisfaction (Canadas, 2019).

In Saudi Arabia, the study of Karimyar and Hojat (2018) found that workplace stress is a key precursor to nurse burnout, accounting for nearly 30% of called-in sick days among nurses in a study of 212 nurses and costing the system an estimated $300 - 400 million dollars per year. Burnout and workplace stress directly contribute to a more than 14% nurse turnover rate in the first five years of employment (Collini, Guidroz & Perez, 2017). High rates of nurse turnover result in chronic staff shortages and the constant onboarding of new nurses, all of which create vulnerability and burnout risk for working nurses while passing the risk of medical error on to patients and their families.

In Manila, Philippines, the prevalence of nurses experiencing high levels of burnout symptoms is frequently above 50%, albeit with a wide reported range of 21-67% (Morse, 2017). Recent large longitudinal studies have revealed an increasing trend of low psychological well-being among nurses, with a higher prevalence and accelerating rate than the general working population (Shanafelt, 2019). Burnout has been linked to organizational issues such as reduced working hours, increased sick leave, and higher job turnover rates (Awa, 2018).

Furthermore, psychological well-being and self-awareness have been linked to personal and professional issues such as increased mental illness, sleep problems, poorer intellectual function, service delivery errors, neck and back pain, and drug abuse (Peterson, 2018). The high prevalence and personal, professional, and organizational costs associated with nurses' burnout, psychological well-being, and self-awareness necessitate research into healthcare stress prevention.

The self-awareness of nurses in public and private hospitals in Davao del Norte has become more critical than ever due to the pressure caused by the coronavirus disease 2019 (COVID-19) pandemic (Soto-Rubio, 2020). The quality of healthcare provided by frontline personnel is dependent on their well-being, performance, and levels of engagement (Giménez-Espert et al., 2020). However, due to the pressure of performing their duties in difficult circumstances, nurses may experience work-related stress, which can lead to disruptions in both psychological and physical health, which can negatively affect their self-awareness (Oldenburg, 2019).

Nurse shortages, work overload, uncompetitive pay, ineffective management, an unsatisfactory working environment, and workplace violence characterize the local healthcare system (Rensburg et al., 2018). These aspects cause employees to feel fear, hostility, and anxiety, which can lead to stress and mental strain, jeopardizing employees' ability to be more self-aware (Terblanche & Borcherds, 2018).

Self-awareness is a novel phenomenon that has piqued the interest of researchers and practitioners due to its beneficial effects on nurse burnout and psychological well-being (Bailey et al., 2017). The concept emerged from burnout literature as an attempt to shift the focus from an employee's ill-being to an employee's well-being (Albrecht, 2019). Self-awareness was defined by Schaufeli, Salanova, González-Romá, and Bakker (2019) as a positive, fulfilling, work-related state of mind characterized by full concentration in one's work and having high levels of energy and enthusiasm while working. It is distinguished by vigor, dedication, and absorption.

. Much of today's literature focuses on system-level changes such as staffing ratios, financial initiatives, and collaborative practice initiatives as interventions to affect psychological well-being; however, literature targeting variables such as self-awareness and burnout as variables is less robust (Stirnaman 2019).

Therefore, in this study, the researcher investigated the self-awareness influenced by burnout and the psychological well-being of staff nurses in Tagum City's selected hospitals. The findings of this study served as the foundation for an intervention program encouraging nurses’ self-awareness to enhance their nursing practice.

Methods

The quantitative descriptive-correlational design was used by the researcher. The systematic empirical investigation of observable phenomena using statistical, mathematical, or computational techniques is known as quantitative design (Given, 2017). Furthermore, quantitative research designs emphasize numerical and static data as well as detailed, convergent reasoning rather than divergent reasoning (Brians et al., 2018). In addition, in the context of the study, this study quantified staff nurses' levels of self-awareness, burnout, and psychological well-being. Meanwhile, a correlational research design describes the statistical association between two or more variables (Creswell, 2003).

This study was conducted in selected private hospitals in Tagum City. The participants were selected by the following criteria: should be 25-45 years old, must be employed as a staff nurse in one of the chosen hospitals, and have the willingness to participate in the study. This study employed a quota sampling technique since this is a non-probability sampling method that relies on a predetermined number or proportion of randomly chosen units. It is called a quota when one divides the population into mutually exclusive subgroups (known as strata) and then employs sample units until the quota is met. A total sample number of 150 respondents from selected hospitals of Tagum City.

The researcher used an adapted modified survey questionnaire. It has three parts. The first part is about the demographic profile of the study. The second part concerns the burnout of staff nurses. This is based on the study of Qattan (2017). The reliability of the original scale obtained Cronbach’s alpha value of 0.86. The questionnaire is composed of 30 statements which are measured in terms of exhaustion and disengagement. The third part of the instrument concerns psychological well-being. This is based on Sutton (2016). Lastly, the fourth part of the instrument was adapted from the study of Anna Sutton (2016). The survey questionnaire is composed of 30 statements indicating the development of continuous attention to the self, acceptance of self and others, proactive at work, and emotional costs of self-awareness. The reliability of the original scale obtained Cronbach’s alpha value of 0.89.

Results and Discussion

Table 1. Demographic Profile of the Respondents

Demographic Profiles		**Frequency**	**Percentage**
Age			
	25 – 30	99	66%
	31 – 35	35	24%
	36 – 40	11	7%
	41 and above	5	3%
	Total	**150**	**100%**
Sex			
	Male	110	73%
	Female	40	27%
	Total	**150**	**100%**
Length of Service			
	1 – 5	98	65%
	6 – 10	48	32%
	11 and above	4	3%
	Total	**150**	**100%**

Note: n=150

The demographic profile of the responders is shown in Table 1. Out of 150 staff nurses, 99, or 66% of the population had an age range of 25-30 years old. and 5, or 3% of the staff nurses had an age range of 41 years old and above. This stressed that the younger generation is always up for a challenge and is keen to work, followed by those in their mid-30s to those nearing retirement age.

According to the findings, 110 or 73% of staff nurses were male, while 40 or 27% were female. This implies that the hospital recruits more male nurses than female nurses. In terms of duration of service, 98 or 65% of the population served for 1-5 years, while just 4 or 3% served for 11 years or more. The results indicated that 110 or 73% of staff nurses were male, and 40 or 27% of them were female. The study's findings show that most nurses have one to five years of experience before moving on to brighter pastures rather than staying longer in the same hospitals.

Table 2. Level of Burnout of Staff Nurses

Indicators	**M**	**SD**	**Description**
Exhaustion	3.06	1.06	Moderate
Disengagement	2.82	0.94	Moderate
Overall Mean	**2.94**	**0.45**	**MODERATE**

Legend: 5.00 - 4.21 – Very High; 4.20 – 3.41 – High; 3.40 - 2.61 – Moderate; 2.60 - 1.81 – Low; 1.80 - 1.00 – Very Low; M- (Categorical Mean); SD- Standard Deviation

The table shows the level of burnout among the respondents. As seen by the tabular data, the indicator that received the highest mean of 3.06 with a standard deviation of 1.06 and a descriptive level of moderate was exhaustion. The data show that the nurses had manageable fatigue, which might be attributed to mild pressures. Furthermore, numerous studies have discovered that employees experience a moderate level of mental exhaustion, specifically psychological distress, and burnout (Kovess Masféty, Sevilla-Dedieu, Rios-Seidel, Nerrièr, & Chan Chee, 2019).

Conversely, the indicator that received the lowest mean of 2.82 with a standard deviation of 0.94 and a descriptive level of moderate was disengagement. This means that the nurses are relatively distanced from their patients and are not usually emotionally fatigued, particularly while dealing with patients. Yet, it was said that they require longer time with their patients than was initially provided to decompress and feel better.

Additionally, Table 2 reveals the level of burnout of staff nurses in terms of exhaustion and disengagement. As shown in the table, the overall mean was 2.94, with a standard deviation of 0.45 and a descriptive level of moderate. This implies that staff nurses are moderately burned out. This indicates they've learned that interacting with their patient is a fulfilling experience.

Table 3. Level of Psychological Well-Being among Staff Nurses

Indicators	**M**	**SD**	**Description**
Autonomy	3.87	0.52	High
Environmental Mastery	4.44	0.31	Very High
Purpose in Life	4.32	0.36	Very High
Personal Growth	3.21	0.81	Moderate
Positive Relations with Others	3.99	0.41	High
Self-Acceptance	4.11	0.51	High
Overall Mean	**3.99**	**0.37**	**HIGH**

Legend: 5.00 - 4.21 – Very High; 4.20 – 3.41 – High; 3.40 - 2.61 – Moderate; 2.60 - 1.81 – Low; 1.80 - 1.00 – Very Low; M-(Categorical Mean); SD- Standard Deviation.

The indicator with the highest mean was environmental mastery with 4.44, and standard deviation of 0.31, and a descriptive level of very high. This implies that nurses believe they were quite efficient at managing the various responsibilities of patients. A similar result was found in Ryff's (2017) study, which found that while a high level of environmental mastery reflects control over one's context, a low level is associated with an inability to successfully control one's environment. Controlling physiological and cognitive arousal can help athletes gain control and understanding of their surroundings, as well as improve their interactions with others.

However, the indicator with the lowest mean was personal growth, with a mean of 3.21, a standard deviation of 0.81, and a verbal description of moderate. This implies that nurses believe that patients of all ages may continue to grow and develop.

The table above shows the level of psychological well-being among staff nurses. As reflected in the tabulated data, the overall mean was 3.99, with a standard deviation of 0.37 and a descriptive level of high. The outcome suggests that the nurses were extremely confident when confronted with new situations or people and that they are optimistic and have high self-esteem.

Table 4. Level of Self-Awareness of Staff Nurses

Indicators	**M**	**SD**	**Description**
The Development of Continuous Attention to the self	3.74	0.68	High
Acceptance of Self and Others	3.87	0.52	High
Proactive at Work	4.44	0.31	Very High
Emotional Costs of Self-Awareness	4.32	0.36	Very High
Overall Mean	**4.09**	**0.35**	**HIGH**

Legend: 5.00 - 4.21 – Very High; 4.20 – 3.41 – High; 3.40 - 2.61 – Moderate; 2.60 - 1.81 – Low; 1.80 - 1.00 – Very Low; M-(Categorical Mean); SD- Standard Deviation

Among the indicators, proactive at work received the highest mean of 4.44 with a standard deviation of 0.31 and a descriptive level of very high. This indicates that nurses may take a step back from the issue to better comprehend their patients, are pleased with their work position, and understand how they function as part of a team. Grant et al. (2017) found that the ability to monitor and evaluate are critical components of self-regulation and goal-directed behavior. While self-reflection is related to happiness, the relationship is not straightforward.

Moreover, the indicator with the lowest mean was the development of continuous attention to the self with a mean of 3.74. The standard deviations were 0.68, with a descriptive level of high, this suggests that nurses observe themselves to do more for their patients and that they explore why patients behave the way they do. This is consistent with Goleman's (2018) study, which defined self-awareness as "knowing one's internal states, preferences, resources, and institutions." Goleman went into greater detail about self-awareness, identifying emotional awareness, accurate self-assessment, and self-confidence as emotional competencies in self-awareness. This study focused on two specific self-awareness competencies because of Goleman's in-depth breakdown of self-awareness. The first was the emotional awareness self-awareness competency, which was defined as recognizing one's emotions and their effects. The second competency was self-confidence, which Goleman defined as a strong sense of one's worth and capabilities. This study focused on each of these competencies because they are two of the necessary EI skills identified that educators require to believe in their ability to complete professional tasks and obligations (Chesnut & Cullen, 2018).

Table 4 shows the level of self-awareness among staff nurses in terms of the development of continuous attention to self, acceptance of self and others, proactive at work, and emotional costs of self- awareness. The overall mean was 4.09, with a standard deviation of 0.35 and a descriptive level of high. This indicates that nurses can recognize their strengths and flaws, as well as acknowledge and discuss the needs and feelings of others.

Table 5. The Relationship Between Burnout and Psychological Well-Being on Self Awareness of Staff Nurses

Independent Variables	**r**	**p-value**	**Decision**	**Remarks**
	Self-Awareness			
1. Burn out	-0.328	0.000	Reject H_{o1}	Significant
2. Psychological Well-Being	0.933	0.001	Reject H_{o2}	Significant

Note: p<0.05 (significant)

Table 5 shows the relationship between burnout and self-awareness, and psychological well-being and self-awareness. The results show that there is a significant positive relationship between burnout and self-awareness with a p-value of 0.000 and an r-coefficient of -0.328. Specifically, the strength of the correlation between the two variables is moderate and directly proportional, which suggests that an increase in burnout is correlated with an increase in self-awareness. Such findings are consistent with the findings of Montroa (2018), who found that adequate attention to self-awareness can help mitigate the effects of burnout in staff nurses. Individuals' actual level of self-awareness may vary depending on factors such as employment, family dynamics, economic status, and academic aptitude. While nurses' need for self-awareness may vary, knowing how to manage the stressors that come with their job may be beneficial in terms of maintaining their social and cognitive health. With an influx of nurses suffering from untreated burnout, an increase in workload for workers is unavoidable. Myers et al. (2019) surveyed to assess nurses' self-awareness practices in the face of stress. Burnout was linked to emotional support, sleep hygiene, and emotional regulation. The findings revealed a direct relationship between higher levels of self-awareness practice and lower levels of perceived stress.

Similarly, the table above also believes there is a considerable link between psychological well-being and self-awareness with a p-value of 0.001 and an r-coefficient of 0.933. The correlation strength is moderate and directly proportional. This suggests that an increase in psychological well-being is also associated with an increase in self-awareness. Such findings supported Spelex's (2017) study, which found that nurses can save a patient's life by providing appropriate treatment through monitoring and early detection. Nursing is a tense profession because of these roles, and nurses may be unsure of their identity in the clinical setting. The constant emotional nature of nursing specialists' work causes burnout and workplace stress, leading to nurses becoming cynical about their self-awareness.

According to Halbesleben, Rathert, and Williams (2017), nurses have significantly higher levels of emotional burnout than those in other occupations, which lowers self-awareness and self-esteem. Nurse burnout is common and can have serious consequences for a patient's medical treatment. Emotional and psychological anxiety has a negative impact on hospital operations, causing issues such as a decrease in nurses' efficacy in performing their duties, a decrease in trust between patients and nurses, and a higher turnover of nurses (Norwesa, 2019). Hospitals should take care to maintain psychological well-being and reduce emotional problems related to emotional burnout for the efficient manpower management of medical institutions as well as individual nurses, which will, in turn, improve the self-awareness and job efficacy of nurses.

Table 6. The Significant Influence of Burn-Out and Psychological Well-Being on Self-Awareness.

Independent Variables	Unstandardized Coefficients		Standardized Coefficients	Self-Awareness		
	β	Std. Error	β	t	p-value	Remarks
(Constant)	-0.696	0.247		-2.816	0.006	
1. Burn-out	0.326	0.058	0.174	5.638	0.001	Significant
2. Psychological Well-Being	0.963	0.029	1.019	32.972	0.001	Significant

Note: R^2=0.945; F=617.899; α= 0.05; IV (Burn-out & Psychological Well-Being); DV (Self-Awareness).

Table 6 above presents the results of the regression analysis, which shows the significant predictors of self-awareness. Based on the tabulated data, psychological well-being has the highest influence on the self-awareness of the respondents (B = .963, $p <0.05$) This means that, with a p-value of 0.001, the regression weight for psychological well-being in the prediction of self-awareness at the 0.05 threshold, is substantially different from zero of self-awareness of the respondents. Thus, nurses' psychological well-being can positively affect their self-esteem, behavior toward patients, coping with conditions, and so on (Jourdain, 2019). Many schools of thought, philosophies, and cultures have a strong emphasis on self-awareness. It is defined as the virtue gained through daily meditation practice and denotes a conscious state for comprehending all mental content such as perception, senses, cognition, affection, and so on.

Likewise, burnout has a lower influence on the self-awareness of the respondents (B = .326, $p <0.05$). This means that the regression weight for burnout in the prediction of self-awareness is significantly different from zero at the 0.05 level (two-tailed). Therefore, for every unit increase in burnout, there is a corresponding increase in self-awareness measures by .326.

This implies that burnout can increase self-awareness. Thus, strong burnout among staff nurses can consequently enhance their self-awareness of staff nurses. This was supported by Maslach's (2017) study, in which he stated that individuals' relationships with their occupations and the problems they face under adverse conditions are important phenomena in the modern era. The stressed employee frequently spends a significant amount of time communicating with others, which is accompanied by a variety of problems as well as a wide range of feelings such as anger, fear, and disappointment, and the resulting stress may increase the risk of burnout, which may lead to low self-esteem and self-awareness.

Burnout, according to Jackson (2019), is a long-term response to chronic emotional and interpersonal stress that has three dimensions: 1) emotional exhaustion (a feeling of losing emotions after communicating with others), 2) depersonalization (negative feelings or cynical attitude toward service recipients), and 3) personal achievement deficits (a tendency to evaluate one's work negatively) (Iglesias, 2017). Burnout has a negative impact on not only personnel but also on self-awareness, the organization, employer, clients, and the entire working system in general (Bengia, 2019).

Further, the findings were apparent in the results of the regression analysis in which 94.5% of the variance of burnout and psychological well-being was indicated by an r-square of 0.945. This would mean that 5.5% of the variation can be attributed to other factors aside from the independent variable. Meanwhile, only 5% of the variance of self-awareness can be explained b as indicated by the r-square of .050, which means that 95% of the variance can be attributed to other factors as well.

Improving Nursing Practice by Raising Self-Awareness in Nurses Intervention Program

It aims to develop a contextual and relational awareness of one's emotional states and outlooks, meaningful life patterns, actions, beliefs, and preconceived ideas influencing daily personal and professional interactions (Rasheed et al., 2019). Becoming self-aware is imperative for personal and professional growth as it allows nurses to recognize their potential, temperaments, and stress management abilities to engage in self-care, and to assess and improve their professional performance (Rasheed, 2015; Turan, 2018).

Self-aware nurses are also better positioned to provide culturally competent nursing care to diverse patient groups (Younas, 2020). Self-awareness is an essential nursing competency (American Psychiatric Nurses Association, 2014; Nursing and Midwifery Council, 2015) as it enhances nurses' decision-making and critical thinking skills; their capabilities to develop a therapeutic relationship with patients and families across various clinical settings; and abilities to provide holistic and patient-centered care (Han & Kim, 2016; Jack & Miller, 2008; Ramvi, 2015; Rasheed et al., 2019). Despite the importance of self-awareness for nurses and its benefits for patient care, there is limited literature about whether nurses are self-aware and to what extent this capacity exists in nurses.

Conclusion and Recommendations

Most of the staff nurses were between the ages of 25 and 30, generally men with 1 to 5 years of experience. Most of the staff nurses felt moderately exhausted from their work and had less work disengagement. Overall, the staff nurses were moderately burned out at work. Staff nurses were extremely effective at managing patients' shifting roles on their environmental mastery, but meanwhile demonstrating moderate personal growth, indicating that staff nurses believe patients of all ages will continue to grow and develop. Overall, the psychological well-being of staff nurses suggests that they are highly progressive and self-assured while managing circumstances and patients.

Staff nurses who are proactive at work received the highest mean, indicating that they can take a proactive attitude. It shows that they may take a step back from the issue to better understand their patients, be satisfied with their work environment, and recognize how they perform as part of a team. And a lower level of growth in continuous attention to oneself and observing themselves to better serve their patients and understand why they act the way they do. Therefore, staff nurses' self-awareness in terms of developing continuous attention to self, acceptance of self and others, being proactive at work, and the emotional costs of self-awareness, reveals that staff nurses are highly capable of recognizing their strengths and weaknesses, as well as recognizing and discussing the needs and feelings of others.

The findings indicate a significant relationship between burnout and self-awareness of staff nurses' psychological well-being. Burnout and psychological well-being have a significant and inverse relation. Burnout has a strong direct impact on responders' self-awareness. Moreover, psychological well-being has a substantial direct impact on respondents' self-awareness. This implies that an increase in burnout would likely have a negative impact on the psychological well-being of staff nurses.

The suggested Fostering Self-awareness Intervention program for Staff Nurses is a cognitive-behavioral group intervention focused on enhancing and developing self-awareness, establishing psychological strength and job satisfaction, and developing confidence and competence.

Based on the findings that were gathered, the following recommendations were offered for consideration:

Staff Nurses. The study's findings indicated that the level of burnout among staff nurses is moderate, however, *exhaustion* obtained the highest mean; therefore, self-care is strongly encouraged. They should prioritize sleep, make every effort to get enough despite work schedules, and should participate in physical activities outside of work. Furthermore, even though staff nurses have high levels of psychological well-being and self-awareness, it is still recommended to facilitate the development of healthy professional self-awareness and thus affect patient care in a positive direction.

Community. The study's findings revealed a significant relationship between burnout and self-awareness, as well as psychological well-being and self-awareness. However, aligning to psychological well-being, personal growth gained the lowest mean. With this, eligible programs should be included in any psychological program delivered to the identified population with the goal of impacting their mental health, professional burnout, and/or well-being outcomes. These programs will be defined as focusing on stressful thoughts, feelings, and/or responses. Cognitive-behavioral therapy, mindfulness-based stress reduction, and emotional-skills training are a few examples.

Hospital Management. The study's findings emphasized that personal growth had the lowest mean among the indicators of psychological well-being; thus, they may provide a foundation for more effectively planning future continuing professional development interventions for nurses, drawing on examples from various contexts. They may also serve as a catalyst for strengthening existing programs and developing new strategies to address the impact of self-awareness on burnout and psychological well-being among staff nurses.

Policymakers. The findings revealed that exhaustion had the highest mean among the other indicators of burnout. As a result, it is recommended that professional self-development and awareness training programs, particularly for newly graduated, younger nurses in their first years of employment, be established and implemented.

Future Researchers. Because there is a significant positive relationship between burnout and self-awareness, as well as psychological well-being and self-awareness, new studies and research protocols that scope and deal with the influence of self-awareness on burnout and psychological well-being of staff nurses are encouraged to be developed to fully equip several generations to be more enlightened, keen, and active in dealing with the issue. They can also assess their knowledge, attitudes, and/or beliefs about the study, and design a study that adheres to the research methodology. Future researchers who intend to publish in the field should conduct a thorough, broad, and deep literature review, as well as critique existing research.

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Self- Awareness and Burnout as Predictors of Anger Management of Staff Nurses in Selected Hospitals in Tagum City

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Abstract

This study was focused on analyzing anger management as a predictor of self-awareness and burnout of staff nurses. The researcher used a quantitative descriptive-predictive research design. The respondents of the study were the 180 selected staff nurses in the selected hospitals of Tagum City. The study employed a stratified, random sampling technique in choosing the respondents of the study. Also, the research instruments used in this study were the three adapted-modified survey questionnaires to measure the levels of anger management, self-awareness, and burnout of staff nurses. Based on the findings of the study, the majority of the population had an age range of 21-30 years old. The respondents expressed a higher level of proactiveness at work, aligning with self-awareness compared to the emotional costs of self-awareness. Also, the respondents had a more positive insight on exhaustion compared to disengagement. The respondents expressed higher levels of negative attribution and escalating strategies aligning with anger management compared to calming strategies. Furthermore, there is a significant positive relationship between self-awareness and anger management, as well as burnout and anger management. Lastly, self-awareness significantly influences anger management. Likewise, burnout has a significant and direct influence on anger management among staff nurses.

Keywords: *Anger Management, Social Science, Descriptive-Predictive, Tagum City, Philippines*

Introduction

Burnout is a serious process that reduces the worker's quality of life and can result in serious physical and mental health problems. Professionals such as nurses have a high prevalence of this syndrome (Batista et al. 2019). Low self-awareness, on the other hand, is recognized as a factor that contributes to impairment in nurses' assessment ability, errors in judgment, and a decrease in job satisfaction and efficiency (Rosales, 2017). Because burnout and low self-awareness impair job performance, the overall quality of patient care may suffer as well (Morse, 2019). According to statistics, many people, including nurses, suffer from anger mismanagement syndrome because of burnout (Ribeiro, 2018). The lack of knowledge about anger management among nurses makes it difficult to detect, prevent, and possibly treat this problem early. More research and studies are needed to make healthcare professionals aware and informed enough to reduce this phenomenon and its consequences in the workplace.

Furthermore, Liunee (2018) discovers that the level of anger in the United States of America varies with culture. Furthermore, self-concept and interpersonal relationships are positively correlated in older adults. Anger has been linked to poor physical health, burnout, and depression in previous studies (Quinn, 2019). Anger expression style is found to be related to physical and psychological health status, as well as influencing the work environment in areas such as self-awareness, job satisfaction, organizational commitment, and organizational performance in studies focusing on nurses (Finn, 2017). Burnout and low self-awareness of nurses related to occupations have been widely recognized as serious issues affecting many employees whose jobs involve contact with humans, particularly healthcare professionals (Sogaard, 2017). Nurses suffering from burnout and low self-awareness syndrome experience emotional exhaustion, a negative or cynical attitude toward their patients, depersonalization, and a lack of personal implementation of their job (Marilaf Caro et al. 2017).

Furthermore, Bellin (2019) discovers that a shrinking nurse workforce, an aging patient population, aging nurses, and a mismatch between hospital demands and new nursing graduates all had an impact on the healthcare industry and nurses' attitudes in Sri Lanka. Whether fortunate or unfortunate, the recent global economic downturn has increased the number of nursing professionals re-entering the labor force (Evans, 2019). According to the literature, burnout and self-awareness are associated with lower employee job satisfaction, lower work productivity, mental and physical health, absenteeism from work, ineffectiveness, interpersonal conflicts, reduced organizational commitment, and it predicts increased rates of anger mismanagement, illness, fatigue, substance misuse, depression, anxiety, irritability, and nurses leaving their profession (Knudsen et al. 2018).

Meanwhile, Surrigan (2018) states in Manila, Philippines, that nursing is associated with stress and burnout, which can have a significant impact on individuals and organizations. These consequences can be both economic and harm patient care quality. According to a Department of Health (2018) review of nurses' health and wellbeing, the higher the level of nurses' wellbeing, the higher the level of patient care quality will be achieved. The high level of anger mismanagement among nurses occurs for a variety of reasons, including low self-awareness, disparity between what the person gives and receives in the workplace, organizational issues, emotional and physical intensity of nursing care, workplace stress, continuous exhaustion, inadequate physical working conditions, rotational work schedules that disrupt social and family relationships, unsafe working environment, and being exposed to the cl (Abdo et al., 2019).

Furthermore, Abutego (2019) finds that in the nursing profession in Davao del Sur, anger is a major emotional issue that arises as a result of stress. Anger may harm the quality of care due to ineffective management and unfavorable self-awareness among nurses. Nursing burnout has been described as a high-stress environment with complicated equipment and procedures, time constraints, distractions, and interruptions. As a result, nursing education must provide anger management training to nursing professionals/students.

Even though the studies mentioned above have been conducted, a concrete description of the level of self-awareness and burnout as predictors of anger management in staff nurses is lacking. As a result, the researcher believes that if the current situation is not addressed urgently, it exacerbates major issues that eventually harm the health and well-being of staff nurses. As a result, the study and analysis of anger management must be conducted by categorizing them into naturally occurring subgroups that can better consider the characteristics of each individual.

Despite the research demonstrating that anger is triggered by self-awareness and burnout and that anger management plays an important role in self-awareness and burnout problems, very few existing studies attempt to understand anger management in nurses, who must cooperate with patients, family members of patients, and healthcare workers in various disciplines. As a result, the purpose of this study is to determine the self-awareness, burnout, and anger management of Tagum City staff nurses. The findings of this study are expected to be used as the foundation for developing anger management programs for nurses in the future.

Methods

The staff nurses in the selected hospitals in Tagum City were the respondents of the study. In choosing the respondents, this study employed a convenient sampling technique. This was a type of non-probability sampling in which the sample was drawn from a small subset of the population. This sampling method was best suited for pilot testing. The process of categorizing a population into groups was known as stratification. A Raosoft calculator is used to calculate the number of samples.

The inclusion criteria of the study were the following: (1) The staff nurse must have an age range of 21-45 years old; (2) The staff nurse must be employed in a certain hospital chosen by the researcher; and (3) The staff nurse must be willing to participate in the process of data gathering. On the other hand, the exclusion criteria of the study were the following: (1) Those who were not employed in the institution chosen by the researcher, and (2) Those respondents who refused to participate in the survey.

The research instruments were adapted-modified survey questionnaires. This was validated by the three experts in the field. There were three parts of the tool. The first part of such was about the demographic profile of the respondents which is highlighted in terms of age, sex, and length of service. The second part was the anger management ability of nurses. The questionnaire was adapted from the study of Shrand and Devine (2013). This is measured in terms of escalating strategies, calming strategies, and negative attribution. The instrument had 40 items. The reliability of the original scale obtained a Cronbach alpha value of 0.89. The third part was concerned with self-awareness adopted from the study of Moe (2012). The survey questionnaire was composed of 36 statements indicating continuous attention to self, acceptance of self and others, proactiveness at work, and emotional costs of self-awareness. The reliability of the original scale obtained a Cronbach alpha value of 0.87. Lastly, the fourth part of the instrument is concerned with the burnout of staff nurses. This was based on the study of Qattan (2017). The reliability of the original scale obtained a Cronbach alpha value of 0.86. The questionnaire was composed of 30 statements which were measured in terms of exhaustion and disengagement.

The study incorporated Frequency Distribution and Percentage to describe the demographic profile of the respondents in terms of age, sex, and length of service. Moreover, Mean and Standard Deviation were used to measure the levels of anger management, self-awareness, and burnout of staff nurses. On the other hand, Pearson r was used to attest to the significant relationship between variables, while Simple Regression Analysis was utilized to determine which domains of self-awareness and burnout significantly predict the anger management ability of nurses.

Results and Discussion

Table 1. Profile of the Respondents

		Frequency	Percentage
Age			
	21 – 30	113	62%
	31 – 40	61	35%
	41 and beyond	6	3%
	Total	180	100%
Sex			
	Male	109	60%
	Female	71	40%
	Total	180	100%
Length of Service			
	1 – 5	99	55%

5 – 10	80	44%
11 and above	1	1%
Total	180	100%

Table 1 shows the demographic profile of the respondents. Out of 180 staff nurses, 113 (or 62%) of the population have an age range of 21-30 years old, 61 (or 35%) are 31-40 years old, and 6 (or 3%) are aged 41 and beyond. On the other hand, the results indicate that 109 (60%) of the staff nurses are male, and 71 (or 60%) of them are female. In terms of the length of service, 99 (or 55%) of the population renders 1-5 years, 80 (or 44%) of them offered 5-10 years into their job, and 1 (or 1%) of them renders 11 years and above.

Table 2. Level of Self-Awareness of Staff Nurses

Indicator	SD	Mean	Descriptive Level
Continuous Attention to Self	0.49	4.00	High
Acceptance of Self and Others	0.54	3.97	High
Proactive at Work	0.41	4.10	High
Emotional Costs of Self-Awareness	0.71	3.95	High
Overall	0.32	4.00	High

Legend: 5.00 - 4.21 – Very High; 4.20 – 3.41 – High; 3.40 - 2.61 – Moderate; 2.60 - 1.81 – Low; 1.80 - 1.00 – Very Low

Table 2 reveals the level of self-awareness of staff nurses in terms of continuous attention to self, acceptance of self and others, proactiveness at work, and emotional costs of self-awareness. As shown in the table, the overall mean is 4.00, with a standard deviation of 0.32 and a descriptive level of high. This implies that staff nurses possess a high level of self-awareness which helps nurses engage professionally with a diverse patient population and modify behavior as needed. Also, they better assess one's ability to provide care and assess patient needs which is pivotal when needed in evolving situations.

Furthermore, the indicator that received the highest mean of 4.10 with a standard deviation of 0.41 and a descriptive level of high is proactive at work. This implies that staff nurses can “take a step back” from situations to understand their patients better and are content with their work situation. Also, they understand how they work within a team and they have changed the way they work for the sake of their patients. According to Grant et al. (2017), these monitoring and evaluating abilities are critical components of self-regulation and goal-directed behavior. While self-reflection is related to happiness, the relationship is not straightforward. Insight is linked to increased psychological well-being and cognitive flexibility, whereas self-reflection is linked to increased anxiety but decreased depression. There appears to be a ‘self-absorption paradox,' in which higher self-attentiveness is associated with both improved self-knowledge and increased psychological distress (Sutton, 2017).

Conversely, the indicator that received the lowest mean of 3.95 with a standard deviation of 0.71 and a descriptive level of high was the emotional costs of self-awareness. This implies that nurses find making changes difficult and scary especially if it involves their patients’ health and security. Furthermore, nurses feel their emotions deeply especially if they are with their patients and they find it scary to try something new with their patients or step out of what they know. It means not being able to shut off thoughts about the self. Emotional costs of awareness are associated with rumination with neuroticism, which reflects a proclivity to focus on negative self-perceptions and emotions. The impact of these two types of self-attentiveness differs in many areas, including interpersonal relationships: rumination is associated with impaired interpersonal skills and increased negative affect, whereas reflection is associated with improved interpersonal skills and decreased negative affect (Takano, Sakamoto & Tanno, 2019). Furthermore, self-ruminators are more prone to sadness, poor self-image, and apprehension because they anxiously examine themselves and keep finding or focusing on negative aspects of themselves (Morin, 2017).

Table 3. Level of Burnout among Staff Nurses

Indicator	SD	Mean	Descriptive Level
Disengagement	0.94	3.87	High
Exhaustion	0.67	4.21	Very High
Overall	0.74	4.04	High

Legend: 5.00 - 4.21 – Very High; 4.20 – 3.41 – High; 3.40 - 2.61 – Moderate; 2.60 - 1.81 – Low; 1.80 - 1.00 – Very Low

The table above shows the level of burnout among staff nurses. As reflected in the tabulated data, the overall mean is 4.04, with a standard deviation of 0.74 and a descriptive level of high. The findings imply that the nurses had less commitment and satisfaction with their jobs. A study conducted by Molina-Praena et al., 2018) found that nurses are more likely to experience burnout due to the nature of their work: nurses expend the majority of their energy at the bedside with patients, assisting patients with activities of daily living as well as more advanced procedures such as intravenous drug therapy. Because of high patient acuity, high levels of responsibility, working with advanced technology, caring for families in crisis, and being involved in morally distressing situations, critical care nurses are especially vulnerable to burnout (Epp, 2012).

The indicator with the highest mean is exhaustion with 4.21, and standard deviation of 0.67, and a descriptive level of very high. This implies that there are days when staff nurses feel tired of their patients. Also, after work, they tend to need more time with their patients than in the past to relax and feel better and they can tolerate the pressure of their work with their patients very well. According to Saragaie (2018), exhaustion refers to the degree of physical and psychological exhaustion felt by a person regardless of occupational status. Burnout appears to be a reaction to workplace interpersonal stressors, in which an overload of contact with people results in changes in attitudes and behaviors toward them. On the other hand, the indicator with the lowest mean is disengagement, with a mean of 3.87, a standard deviation of 0.94, and a verbal description of high. Such a result implies that staff nurses do not find new and interesting aspects in their work with their patients, and lately, they tend to think less at work with their patients and do their job almost mechanically. Furthermore, they find their work with their patients to be a difficult challenge. According to Chuani (2017), disengagement measures the degree of physical and psychological exhaustion perceived by the person as related to working with patients. People's fatigue can be attributed to factors other than their client's work.

Table 4. Level of Anger Management of Staff Nurses

Indicator	SD	Mean	Descriptive Level
Escalating Strategies	0.55	3.98	High
Calming Strategies	0.75	3.96	High
Negative Attribution	0.47	3.98	High
Overall	0.39	4.02	High

Legend: 5.00 - 4.21 – Very High; 4.20 – 3.41 – High; 3.40 - 2.61 – Moderate; 2.60 - 1.81 – Low; 1.80 - 1.00 – Very Low

Table 4 shows the level of anger management among staff nurses in terms of escalating strategies, negative attribution, and calming strategies. The overall mean is 4.02, with a standard deviation of 0.39 and a descriptive level of high. This implies that the nurses effectively attenuated anger and job stress, improved psychological well-being, and regulated heart rate variability. Similarly, studies have shown that personnel should be able to remain calm and not easily become angry towards their coworkers, as well as become responsible and aware of the behavior that they display towards their coworkers regardless of how angry they are. Tian (2019) proposes that an individual's general perception of life, moods, and dispositional characteristics may all play a role in anger management. The concept of affectivity is related to anger management.

Among the indicators, negative attribution and escalating strategies receive the highest mean of 3.98 with a standard deviation of 0.47 and 0.55 with a descriptive level of high. This implies that the nurses' workmates like to make them mad. Also, they mention that their workmates are nice to them, and when their workmates are around, they feel like a bomb waiting to explode. They even state that when arguing with their workmates, they often raise their voices, and when their workmates pick a fight with them, they fight back. Anger appears to be a reaction to workplace interpersonal stressors, in which an overload of contact with people results in changes in attitudes and behaviors toward them (Gemlik et al., 2017). Anger, in particular, has been defined as a syndrome of emotional exhaustion, depersonalization, and a diminished sense of personal accomplishment that can occur in people who work in some capacity (Maslach, Jackson &Leiter, 2019).

Moreover, the indicator with the lowest mean is 3.96 stating calming strategies. The standard deviation is 0.75, with a descriptive level of high, which implies that nurses take time out as a way to control their anger at their workmates, and they often think of something pleasant to keep from thinking about their anger at their workmates. They often think of something pleasant to keep from thinking about my anger at my workmates. Moreover, they prefer to get out of the way when their workmate hassles them. This is consistent with Curray's (2019) findings, which show that calming strategies focus on the person's attribution of symptoms to her/his work. It determines and identifies people who are angry or tired but attribute their fatigue to non-work factors such as health issues or family obligations.

Table 5. 1 The Relationship between Self-Awareness and Anger Management among Staff Nurses

	Anger Management			
Independent Variable	**r Value**	**p Value**	**Decision**	**Remarks**
Self Awareness	*.821*	*.000*	Reject H_0	Significant

Note: p<0.05

Table 5.1 shows the relationship between self-awareness and anger management among staff nurses. The results show that there is a significant positive relationship between self-awareness and anger management with a p-value of .000 and an r-coefficient of .821. Specifically, the strength of the correlation between the two variables is moderate and directly proportional, which suggests that an increase in self-awareness is correlated with an increase in anger management. This finding is consistent with Rubbina's (2018) findings that self-aware people act consciously and effectively manage their anger. Furthermore, those who are self-aware are generally in good psychological health and have a positive outlook on life (Gyuan, 2019).

Table 5. 2 The Relationship between Burnout and Anger Management among Staff Nurses

	Anger Management			
Independent Variable	**r Value**	**p Value**	**Decision**	**Remarks**
Burn-Out	*.240*	*0.001*	Reject H_0	Significant

Note: $p<0.05$

Similarly, the table above also shows that there is a significant positive relationship between burnout and anger management with a p-value of .001 and an r-coefficient of .240. The strength of the correlation is moderate and directly proportional. This implies that an improvement in burnout is also associated with an improvement in anger management. According to Maslach and Jackson (2017), burnout is a psychological syndrome that manifests as emotional exhaustion, depersonalization, and decreased personal accomplishment. Employees' anger management may be affected by emotional exhaustion, which is the feeling of being depleted and empty of resources.

Table 6. Regression Analysis Between Self-Awareness, Burn-Out, and Anger Management

Anger Management		**Beta**	**T**	**Sig.**
Self-Awareness		1.270	19.741	.000
Burn-Out		.410	4.372	.000
R	.304			
R^2	*.192*			
F	*1.745*			

Note: $p<0.05$

The table above presents the results of the regression analysis, which shows the significant predictors of anger management. Based on the tabulated data, self-awareness has a significant direct influence on the anger management of the respondents (B = 1.270, p <0.05). This means that the regression weight for self-awareness in the prediction of anger management is significantly different from zero at the 0.05 level (two-tailed). Therefore, for every unit increase in self-awareness, there is a corresponding increase in anger management measures by 19.741. This suggests that self-awareness can help with anger management. As a result, strong self-awareness among staff nurses can improve their anger management. According to Bhujia (2017), as a result of Goleman's work's in-depth breakdown of self-awareness, the self-awareness competency of emotional awareness was defined as recognizing one's emotions and their effects, which may predict anger management among employees.

Likewise, burnout has a significant direct influence on the anger management of the respondents (B = .410, $p < 0.05$. Based on the findings, burnout has a significant direct influence on the anger management of the respondents. This means that the regression weight for burnout in the prediction of anger management is significantly different from zero at the 0.05 level (two-tailed). Therefore, for every unit increase in burnout, there is a corresponding increase in anger management measures by 4.372. This suggests that managing one's burnout can help with anger management. As a result, strong management of burnout among staff nurses can improve their anger management.

Moreover, the R^2 value of .192 implies that the model generated by the regression can only attribute or can only explain 19.2 percent of the overall change in self-awareness and burnout to anger management, the remaining 80.8 percent is attributable to other factors or constructs not covered in this study. On one hand, when taken singularly, all domains of self-awareness and burnout influence anger management.

This supports Rammeli's (2018) findings which stated that people whose jobs involve people, and their problems are more likely to be stressed and, as a result, burned out, resulting in anger mismanagement. People who work with other people are affected by their emotions, fears, waves of anger, and problems. According to Hannes (2019), burnout can have serious consequences for workers, clients, and the working environment. They researched to learn more about this phenomenon and its consequences. Burnout can result in lower quality care, job turnover, absenteeism, low morale, personal dysfunctions, physical exhaustion, sleeping disorders, alcohol and drug misuse, and family problems, according to their findings.

Table 7. A Proposed Intervention programs

Program	*"Halika Usap Tayo Program"*
Purpose	At the end of the activity session, the participants will be able to track their stress levels, identify their stressors, create a habit of journaling, seek professional help from a coach or therapist, build a support network, learn stress management techniques, verbalize feelings appropriately which may able to manage burnout and anger issues properly.
Timeline	It is a year-round activity that will be done every last Friday of the week until all batches are accommodated.
Activity	This is a whole day activity. The participants are all staff nurses. However, they are divided into groups of 12 members. A total of 9 batches.
Budget	The proposed budget for this is P70,000 which includes the venue.
Involved Personnel	Staff Nurses, and Psychologists, Papers and Pens, Tables and chairs, sound system, Laptop and projectors.

Table 7 reveals the study's proposed intervention program. The primary program is *"Halika Usap Tayo Program"*, which aims to track nurses' stress levels, identify their stressors, develop a habit of journaling, seek professional help from a coach or therapist, build a support network, learn stress management techniques, and appropriately verbalize feelings to manage burnout and anger issues. The indicated timeline is a year-round activity that will be carried out on the last Friday of each week until all batches have been accommodated. Furthermore, this is a full-day event. The participants are all staff nurses who will be divided into groups of 12 people. There will be nine batches in total. The budget proposed is P70,000.00, which includes the venue. Nurses and psychologists are on staff.

This intervention alone has been shown to reduce the impact on doctors and nurses when treating patients without the necessary support from psychiatry/mental health services (Bourgeois & Sharpe, 2020). In addressing their patients' mental health needs, oftentimes, they also utilize the program for the alleviation of their stresses. They provide a safe outlet for them to express their anxieties, fears, grief, and hopeless/helpless feelings. This can help to reduce stigma and encourage others to seek help as well. Staff begins to appreciate their unique contribution as a member of the healthcare team as they overcome their sense of isolation.

Psychological counseling and meetings can also provide a safe space for employees to express concerns about workplace demands and brainstorm with colleagues about how to work together more effectively. Staff can leave feeling energized and optimistic because they are part of a proactive process that addresses many of their fears and concerns.

Conclusion and Recommendations

The current study concludes that the majority of the population has an age range of 21-30 years old. On the other hand, several of the staff nurses are male. In terms of the length of service, most of the staff nurses render 1-5 years. The respondents express a higher level of proactiveness at work, aligning with self-awareness compared to the emotional costs of self-awareness. The respondents have a more positive insight on exhaustion compared to disengagement. The respondents express higher levels of negative attribution and escalating strategies aligning with anger management compared to calming strategies.

Furthermore, there is a significant positive relationship between self-awareness and anger management, as well as burnout and anger management, with p-values of .000 and .001, and r-coefficients of .821 and .240, respectively. Lastly, self-awareness significantly influences anger management. Likewise, burnout has a significant and direct influence on anger management among staff nurses. The proposed intervention program was the "*Halika Usap Tayo Program"* to track their stress levels, identify their stressors, develop a habit of journaling, seek professional help from a coach or therapist, build a support network, learn stress management techniques, and appropriately verbalizing feelings to manage burnout and anger issues.

Based on the findings that are gathered, the following recommendations are offered for consideration such as for staff nurses, the findings of the study reveal that there are high levels of self-awareness and anger management among staff nurses. Through this study, they could provide them more empowerment through engaging themselves in relevant anger management and wellness programs that possess and provide wider reflection which may effectively serve as a good impetus for them to responsibly manage their health and well-being to readily address patients' needs. The hospital administration, helps those struggling with anger issues, through anger management programs should be implemented by them. An anger management program should teach every individual how to handle their anger appropriately. When one can understand their behavior and cope with it healthily, that is when anger management has been successful. Thus, there should be a pursuit of such.

Based on the findings of the study, the data may help future researchers to get more specific references and data on the subjects of the study, and they may provide similar research aligning to the variables of the study. This study could also make them assess their knowledge, attitudes, and/or beliefs regarding the study, and they may create a study aligning with the research approach.

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Husbands' Involvement in Wives Postpartum Adjustment in Selected Barangay in Davao City

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Abstract

Postpartum adjustment is one of the most crucial milestones of a mother. It affects the well-being of the family including the husband. This study determined the relationship between husbands' involvement in wives' postpartum adjustment in selected barangay in Davao City. Using the descriptive-correlational and comparative research designs, the study was conducted to 75 postpartum mothers, who were purposively selected based on the following criteria: postpartum not more than one month, 18 years old and above, and were residents of Davao City. A questionnaire adapted from the study of Zhou et al. (2009) which was modified and subjected to validity and reliability testing with Cronbach's Alpha of 0.972 was used in gathering the data. Results showed that majority of the respondents were 38 to 42 years old, who were college graduates in terms of education and have family income of Php10,000 and below. In addition, postpartum mothers were living together with their husbands for one to five years and having one child. Also, in terms of husband's involvement the strength is on affection but the support aspect must be enhanced. In the case of wives' postpartum adjustment, respondents are better adjusted physically but found it hard to adjust socially. Further, there is no significant difference between demographic profile and wives' postpartum adjustment. Furthermore, there is a significant positive relationship between the husband's involvements, in the wife's postpartum adjustment, which suggest that the more husbands are involve, the faster their wife's postpartum adjustment would become. Hence, husbands must take part in the postpartum journeys of their wives.

Keywords: Health, Wives' Postpartum Adjustment, Descriptive-correlational and Comparative, Davao City

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Introduction

The postpartum period is a critical phase in a woman's life, marked by significant physical, psychological, emotional, and social adjustments. In the selected barangay of Davao City, there is a growing concern regarding postpartum adjustment among mothers. Understanding the challenges faced by postpartum women in this locality is crucial for developing targeted interventions and support systems. This study aims to investigate the postpartum adjustment of women in the selected barangay of Davao City, with a particular focus on the role of husband's involvement and support.

Globally, postpartum adjustment has gained considerable attention due to its impact on maternal well-being and family dynamics. Recent research has revealed several noteworthy issues in different countries. For instance, a study conducted by Smith et al. (2022) in Canada emphasized the prevalence of postpartum depression and the associated risk factors. Similarly, in Sweden, a study by Andersson and colleagues (2021) examined the challenges faced by immigrant women during the postpartum period. These examples highlight the significance of understanding the global landscape of postpartum issues and the need for tailored interventions in different cultural contexts.

In the Philippines, postpartum adjustment has emerged as a pressing concern in recent years. A study by Santos et al. (2020) revealed high rates of postpartum depression among Filipino women, highlighting the need for enhanced support and intervention strategies. Additionally, cultural practices and beliefs surrounding postpartum care pose unique challenges to maternal well-being. These issues call for an in-depth exploration of the postpartum landscape in the Philippine context, specifically within the barangay of Davao City.

Within Davao City, several recent studies have shed light on postpartum challenges faced by women. For example, a study by Garcia et al. (2021) examined the impact of limited access to postpartum healthcare services on maternal well-being. Additionally, cultural factors, such as traditional postpartum practices, have been identified as influencing women's experiences during this period. Understanding the specific postpartum issues faced by women in Davao City is vital for tailoring interventions and support systems to meet their unique needs.

One significant aspect of postpartum adjustment is the role of husband's involvement, support, and affection. Research has consistently shown that when husbands actively participate in caregiving responsibilities, provide emotional support, and create a nurturing environment, their wives experience better postpartum outcomes. Studies by Johnson and colleagues (2018) and Wang and Shen (2019) have demonstrated the positive impact of husband's involvement on maternal well-being and adjustment. Therefore, exploring the level and nature of husband's support during the postpartum period in the selected barangay of Davao City is crucial for understanding and promoting positive postpartum experiences.

In addition to husband's support, women's postpartum adjustment encompasses various dimensions, including physical, psychological, emotional, and social aspects. Physically, women undergo hormonal changes, recover from childbirth, and adjust to the demands of breastfeeding. Psychologically, they may experience postpartum depression, anxiety, and mood disorders. Emotionally, they navigate the challenges of bonding with their newborns and adjusting to their new roles as mothers. Socially, they face changes in relationships, support networks, and social roles. Examining these multifaceted dimensions of postpartum adjustment is essential for developing comprehensive support programs and interventions.

Despite the growing body of research on postpartum adjustment, there is still a research gap regarding the specific context of the selected barangay in Davao City. This study aims to address this gap by providing valuable insights into the postpartum experiences, challenges, and needs of women in this community. The urgency of this study lies in the potential to inform policymakers, healthcare providers, and stakeholders about the importance of targeted support programs that address the unique postpartum issues faced by women in the selected barangay.

In summary, this study seeks to explore the postpartum adjustment of women in the selected barangay of Davao City, focusing on the role of husband's support and the physical, psychological, emotional, and social aspects of wives' adjustment. By bridging the research gap in this specific context, this study aims to contribute to the development of tailored interventions and support systems, ultimately improving maternal well-being and promoting positive postpartum experiences.

Methods

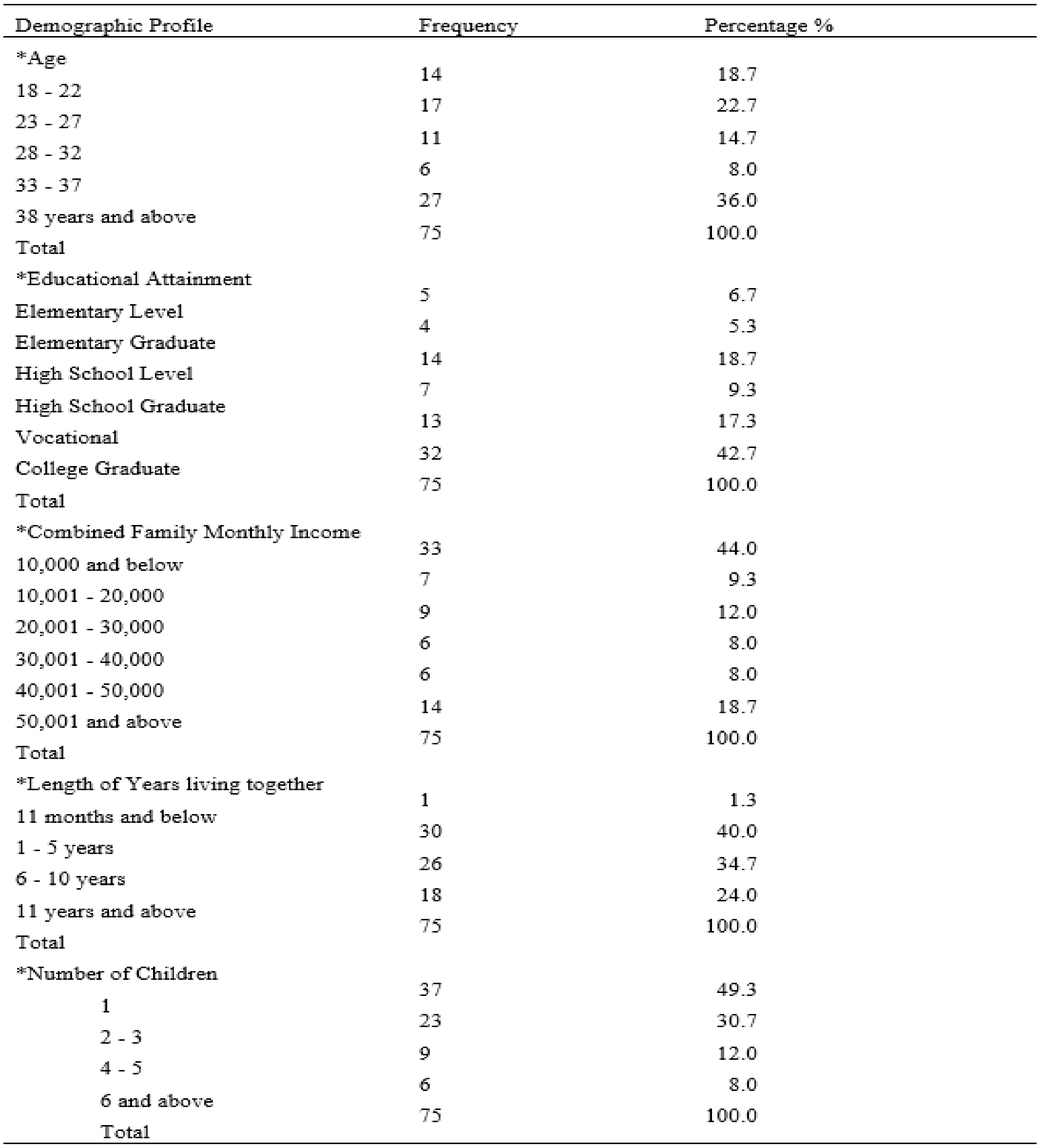
The researcher utilized descriptive comparative and correlational research design as it best aligns with the study's objective. The descriptive research method was employed to organize, describe, and summarize data without any interference or manipulation. During the descriptive phase of the study, the researcher focused on summarizing the respondents' demographic profile, which encompassed factors such as age, educational attainment, combined family monthly income, length of years living together, and the number of children. Furthermore, the study aimed to describe the level of the husband's involvement in providing support and affection, as well as the postpartum adjustment experienced by the wives across physical, psychological, emotional, and social dimensions.

In addition, a comparative and correlational approach was adopted to investigate the relationships between the husband's involvement and the wives' postpartum adjustment. The research design allowed for the exploration of potential associations and comparisons among variables of interest. To gather relevant data, a modified researcher-made questionnaire was employed, adapted from the study conducted by Zhou et al. in 2009. The questionnaire demonstrated high internal consistency, as indicated by a Cronbach's Alpha coefficient of 0.972, ensuring its reliability. By employing this research design and utilizing a validated questionnaire, the study aimed to provide a comprehensive understanding of the husband's involvement in postpartum adjustment and its potential impact on various aspects of the wives' well-being. The data collection for this study was conducted within a specific barangay in Davao City, which is known for its vast geographical expanse. With a total area of 2,444 square miles, Davao City stands as the largest metropolis in the Philippines. It encompasses eleven administrative districts, divided into three congressional districts. The first congressional district comprises the Poblacion and Talomo Districts, serving as vibrant hubs within the city. These districts are characterized by bustling urban areas and a mix of residential, commercial, and institutional establishments. The second congressional district encompasses the administrative districts of Agdao, Buhangin, Bunawan, and Paquibato. These districts exhibit diverse landscapes, ranging from urbanized zones to more suburban and rural areas. District III includes the districts of Toril, Tugbok, Calinan, Baguio, and Marilog. These districts are renowned for their natural beauty, with lush greenery, rolling hills, and serene landscapes. They provide a tranquil escape from the urban bustle and are often associated with agricultural activities and eco-tourism. By focusing on a specific barangay within this dynamic city, this study aimed to gain insights into the unique characteristics and dynamics of the chosen area while contributing to the broader understanding of Davao City as a whole.

The researcher used the purposive sampling design to determine the samples used in the analysis. Dudovskiy, 2022 defines "purposive sampling" as a non-probability sampling strategy that occurs when "the researcher's judgment chooses components picked for the sample." Researchers frequently assume they can acquire a representative sample by applying sound judgment. A total of 75 postpartum mothers completed the survey questionnaire. The respondents were postpartum mothers who had at least one (1) child and were at least 18 years old, were residents of Davao City (both married and unmarried mothers), and were at least one month postpartum.

Results and discussion

Table 1. Demographic Profile of the Respondents



Demographic Profile	Frequency	Percentage %
*Age		
18 - 22	14	18.7
23 - 27	17	22.7
28 - 32	11	14.7
33 - 37	6	8.0
38 years and above	27	36.0
Total	75	100.0
*Educational Attainment		
Elementary Level	5	6.7
Elementary Graduate	4	5.3
High School Level	14	18.7
High School Graduate	7	9.3
Vocational	13	17.3
College Graduate	32	42.7
Total	75	100.0
*Combined Family Monthly Income		
10,000 and below	33	44.0
10,001 - 20,000	7	9.3
20,001 - 30,000	9	12.0
30,001 - 40,000	6	8.0
40,001 - 50,000	6	8.0
50,001 and above	14	18.7
Total	75	100.0
*Length of Years living together		
11 months and below	1	1.3
1 - 5 years	30	40.0
6 - 10 years	26	34.7
11 years and above	18	24.0
Total	75	100.0
*Number of Children		
1	37	49.3
2 - 3	23	30.7
4 - 5	9	12.0
6 and above	6	8.0
Total	75	100.0

The demographic profile in Table 1 provides information on participants' frequency and percentage distribution across different demographic categories. Most participants (36%) are 38 years and above, indicating a significant number of older participants in the study. In terms of educational attainment, the highest percentage (42.7%) of participants are college graduates. Taking educational attainment into account can help identify the role of education in shaping postpartum experiences and inform interventions that address the unique challenges faced by women with varying levels of education. In addition, the distribution of participants across income brackets reflects a range of economic backgrounds. The largest proportion (44%) of participants have a monthly income of Php10,000 and below, indicating a significant number of participants from lower-income households. This suggests that socioeconomic factors may play a role in postpartum adjustment, as financial constraints can impact access to healthcare, support services, and resources.

In terms of years living together, most participants (40%) have been living together for 1-5 years. Also, with regards to the number of children, the majority of participants (49.3%) have one child, while 30.7% have 2-3 children. Considering the number of children can shed light on the unique challenges faced by mothers with different family sizes and help tailor interventions to address their specific needs.

Table 2. Level of Husband's Involvement

Indicator	Mean	Std. Deviation	Descriptive Level
Support	3.21	1.15	Moderate
Affection	3.29	1.21	Moderate
Overall Mean	3.25	1.18	Moderate

Legend: 4.21 – 5.0 Very High; 3.41 – 4.20 High; 2.61 – 3.40 Moderate; 1.81 – 2.60 Fair; 1.0 – 1.80 Poor

The degree of the husband's involvement is displayed in Table 2. The mean for support is 3.21 and is moderate with a standard deviation of 1.15. Similarly, the affection category means, which is 3.29, is similarly moderate. 1.21 is the standard deviation. The two indicators' combined mean is 3.25, considered moderate, and their standard deviation is 1.18. The highest mean value among the two indicators is for affection, indicating a slightly higher level of husband's involvement in terms of expressing affectionate behavior. It suggests that, on average, husbands in the study or survey tend to demonstrate moderate levels of affection towards their partners. This can be seen as a positive aspect, as affectionate behavior can contribute to emotional well-being and a sense of closeness in a relationship. It coincides with the study of Asadi et al.2022 that women desire more physically demanding displays of affection from their spouses during the postpartum period. They feel that their husband's actions make them feel appreciated. Men's involvement in maternal healthcare, especially during pregnancy, positively affects labor and probably the postpartum period (Kashaija et al., 2020).

On the other hand, the lowest mean value is for support, which indicates a slightly lower level of the husband's involvement in providing support. Although the level is still considered moderate, it suggests that there might be room for improvement in terms of husbands offering support to their partners. This could refer to emotional support, practical assistance, or any other forms of support that contribute to the well-being and functioning of the relationship.

Overall, the implication of these mean values highlights that while husbands are moderately involved in terms of both support and affection, there may be opportunities to enhance the level of support provided. This could potentially improve the overall quality of the relationship and the well-being of both partners. It may be beneficial to further explore the specific areas where support could be strengthened and consider strategies to foster a higher level of support in the relationship.

Finally, in a study conducted by Pebryatie et al. 2022, an ideal husband can support in various ways, including practical financial and physical support, emotional comfort, and enlightening advice. Asadi et al. 2022 that women desire more physically demanding displays of affection from their spouses during the postpartum period. They feel that their husband's actions make them feel appreciated. Men's involvement in maternal healthcare, especially during pregnancy, positively affects labor and probably the postpartum period (Daniele, 2021). Early pregnancy complication detection will be established if the husband plays a role in aiding the wife's (Wayanti et al., 2018). According to one study, women's happiness and satisfaction in their marriage were positively correlated with their husbands' emotional support, including displays of affection like kissing and hugging (Braithwaite et al., 2017).

Table 3. Level of Wives' Postpartum Adjustment

Indicator	Mean	Std. Deviation	Descriptive Level
Physical	3.26	1.36	Moderate
Psychological	3.23	1.22	Moderate
Emotional	3.31	1.12	Moderate
Social	3.22	1.20	Moderate
Overall Mean	3.25	1.23	Moderate

Legend: 4.21 – 5.0 Very High; 3.41 – 4.20 High; 2.61 – 3.40 Moderate; 1.81 – 2.60 Fair; 1.0 – 1.80 Poor

Table 3 above displays the level of wife postpartum adjustment in four different dimensions: physical, psychological, emotional, and social. The table includes the mean and standard deviation for each dimension, as well as an overall mean. For the dimension "Physical," the mean is 3.26, and the standard deviation is 1.36. This suggests a moderate level of the wife during postpartum adjustment in physical aspects. For the dimension "Psychological," the mean is 3.23, and the standard deviation is 1.22, indicating a moderate level of the wife during postpartum adjustment in psychological aspects. For the dimension "Emotional," the mean is 3.31, and the standard deviation is 1.12, suggesting a moderate level of the wife during postpartum adjustment in emotional aspects. For the dimension "Social," the mean is 3.22, and the standard deviation is 1.20. This indicates a moderate level of the wife during postpartum adjustment in social aspects. The overall mean, combining all four dimensions, is 3.25, with a standard deviation of 1.23. This suggests an overall moderate level of wife postpartum adjustment in the different dimensions assessed.

Generally speaking, when examining the highest mean value among the indicators (3.31 for emotional adjustment), it suggests that, on average, wives tend to experience a moderate level of emotional adjustment during the postpartum period. This could indicate that most wives are coping reasonably well with their emotions after giving birth. However, it's important to note that a mean value alone doesn't provide a complete picture of the distribution or individual experiences within the population. Some wives may have higher emotional adjustment levels, while others may have lower levels.

On the other hand, the lowest mean value among the indicators (3.22 for social adjustment) suggests that, on average, wives may experience slightly lower levels of social adjustment during the postpartum period compared to the other aspects measured. This could indicate that some wives may face challenges or difficulties in adapting socially after giving birth. It could be beneficial to explore the specific factors contributing to this lower social adjustment and identify potential areas of support or intervention to improve the social well-being of postpartum wives.

It's important to remember that the interpretation of these mean values should be made in conjunction with the standard deviations and the specific context of the study or assessment. Additionally, other factors and individual differences can influence postpartum adjustments, such as personal circumstances, support systems, and cultural influences.

Firstly, it's noteworthy that all the mean values fall within the moderate range, suggesting that overall, wives' postpartum adjustment is not extremely high or low but rather falls in the middle. This indicates a moderate level of adjustment across various aspects, including physical, psychological, emotional, and social well-being

The moderate level of physical adjustment (mean = 3.26) implies that, on average, wives experience a reasonable degree of physical well-being after giving birth. However, it's essential to consider the individual variances and potential challenges that women might face in terms of physical recovery, sleep deprivation, or adjusting to the physical demands of caring for a newborn. The result agrees with the statement of Murphey et., 2017 that new mothers often experience physiological changes and battle with weight gain, body image, sexuality, and other physical issues, including exhaustion. Physical discomforts in early pregnancy, such as back pain and pelvic cavity pain, were reported in 6.6 percent of the women at eight weeks postpartum.

The moderate level of psychological adjustment (mean = 3.23) suggests that wives, on average, are coping reasonably well with the psychological changes that accompany the postpartum period. However, it's important to acknowledge that some women may experience heightened levels of stress, anxiety, or mood fluctuations during this transitional phase, and they may require additional support and resources to enhance their psychological well-being. These feelings can be worsened by fatigue, abrupt changes in one's life, and irregular sleeping patterns. As weariness exacerbates despair and anxiety, spouses can also aid in easing the mental health issues that moms face (Rogers, 2020).

The moderate level of emotional adjustment (mean = 3.31) indicates that wives generally experience a moderate level of emotional well-being during the postpartum period. This implies that, on average, they are able to manage the emotional challenges that can arise from hormonal changes, adjust to the new role of motherhood, and deal with the demands and joys of raising a child. However, it's crucial to recognize that individual experiences may vary significantly, and some women may require extra support to navigate the emotional rollercoaster of the postpartum period.

The moderate level of social adjustment (mean = 3.22) suggests that, on average, wives may face some difficulties in adapting socially after giving birth. This could indicate challenges in maintaining social connections, participating in social activities, or experiencing changes in their social roles and dynamics. It may be beneficial to explore the specific factors contributing to this lower social adjustment and develop interventions or support systems to help women build or maintain their social networks and overall well-being. According to the study, early postpartum social support was associated with fathers and mothers both expressing competence and happiness in their parenting roles. Parenting satisfaction and self-efficacy were also linked to higher social support (Yang et al., 2019). Close friends and family members can provide postpartum mothers with ongoing assistance and support. In the study of women by Blacker et al., 2018, it was demonstrated that greater husband support and contentment with the availability of leisure time were negatively correlated with maternal depression.

Overall, these mean values highlight a moderate level of adjustment in multiple areas of postpartum life. However, it's crucial to consider that each woman's experience is unique, and these averages may not capture the full spectrum of individual variations. It's recommended to consider the standard deviations, additional statistical analyses, and qualitative data to gain a more comprehensive understanding of the wives' postpartum adjustment and tailor support accordingly.

Table 4. Test of Difference between profile and wive's postpartum adjustment

Profile		**Physical**	**Psychological**	**Emotional**	**Social**
Age	Sig. Decision	0.202 Accept Ho	0.129 Accept Ho	0.297 Accept Ho	0.153 Accept Ho
Educational Attainment	Sig. Decision	0.125 Accept Ho	**0.032*** **Reject Ho**	**0.015*** **Reject Ho**	**0.033*** **Reject Ho**
Combined Family Monthly Income	Sig. Decision	**0.001*** **Reject Ho**	**0.001*** **Reject Ho**	**0.004*** **Reject Ho**	**0.000*** **Reject Ho**
Length of Years Living Together	Sig. Decision	0.310 Accept Ho	0.299 Accept Ho	0.480 Accept Ho	0.527 Accept Ho
Number of Children	Sig. Decision	0.216 Accept Ho	0.112 Accept Ho	0.190 Accept Ho	**0.045*** **Reject Ho**

*Significant at 5 percent level ** Significant at 1 percent level

The findings of examining wives' postpartum adjustment results based on demographic characteristics are displayed in Table 4. In terms of age, there is no statistically significant physical, psychological, emotional, or social aspect in wives' postpartum adjustment. The lack of statistically significant relationships between age and adjustment suggests that age alone may not be a significant predictor of postpartum adjustment. This implies that factors other than age, such as individual differences, personal circumstances, and support systems, may play a more influential role in determining postpartum adjustment.

With regard to the relationship between educational attainment between physical adjustment of the mother, there is no statistically significant. However, the relationship between educational attainment and psychological adjustment is statistically significant at a 5% significance level (p = 0.032). The null hypothesis (Ho) is rejected. Likewise, the relationship between educational attainment and emotional adjustment is statistically significant at a 5% significance level (p = 0.015). The null hypothesis (Ho) is rejected. As well as the relationship between educational attainment and social adjustment is statistically significant at a 5% significance level (p = 0.033). The null hypothesis (Ho) is rejected. The statistically significant relationships between educational attainment and psychological, emotional, and social adjustment indicate that higher levels of education may contribute to better overall adjustment during the postpartum period. This implies that increased access to education and knowledge may provide individuals with better coping skills, resources, and support networks, leading to improved adjustment outcomes.

In terms of combined family monthly income, the relationship between combined family monthly income and physical adjustment is statistically significant at a 1% significance level (p = 0.001). The null hypothesis (Ho) is rejected. Equally, the relationship between combined family monthly income and psychological adjustment is statistically significant at a 1% significance level (p = 0.001). The null hypothesis (Ho) is rejected. In this manner, the relationship between combined family monthly income and emotional adjustment is statistically significant at a 1% significance level (p = 0.004). The null hypothesis (Ho) is rejected. Correspondingly, the relationship between combined family monthly income and social adjustment is statistically significant at a 1% significance level (p = 0.000). The null hypothesis (Ho) is rejected. The statistically significant relationships between combined family monthly income and all aspects of adjustment highlight the potential impact of financial stability on postpartum adjustment. Higher-income levels may enable families to access better healthcare, support services, and resources, which can positively influence physical, psychological, emotional, and social adjustment. Conversely, lower income levels may create additional stressors and limited access to support, potentially affecting adjustment negatively.

In terms of the length of years living together, the relationship between the length of years living together and physical, psychological, emotional, and social aspects is not statistically significant. The lack of statistically significant relationships between the length of years living together and adjustment suggests that the duration of the relationship may not directly impact postpartum adjustment. Other factors, such as the quality of the relationship, communication, and support within the relationship, may have a more substantial influence on adjustment outcomes.

Lastly, the number of children, the relationship between the number of children and physical, psychological, and emotional adjustment is not statistically significant. However, the relationship between the number of children and social adjustment is statistically significant at a 5% significance level ($p = 0.045$). The null hypothesis (Ho) is rejected. The statistically significant relationship between the number of children and social adjustment implies that having more children may present unique challenges to postpartum social adjustment. As the number of children increases, the demands of parenting and managing family dynamics may increase, potentially affecting social interactions and support networks. This highlights the importance of providing adequate support and resources to parents with multiple children to facilitate their social adjustment during the postpartum period.

In summary, based on the statistical analysis, some demographic factors (such as educational attainment, combined family monthly income, and the number of children) show statistically significant relationships with psychological, emotional, and social adjustment. However, age and the length of years living together do not show a significant association with postpartum adjustment. Overall, these findings suggest that various demographic factors can influence postpartum adjustment. Educational attainment, combined family monthly income, and the number of children emerged as significant factors that may impact psychological, emotional, and social adjustment. Understanding these relationships can guide the development of targeted interventions, support systems, and resources to promote positive adjustment outcomes for postpartum women and their families. Additionally, these results emphasize the importance of addressing social and economic factors in promoting well-being during the postpartum period.

Therefore, the result of this study coincides with the study conducted by Pebryatie (2022), who found that happier marriages were more prevalent in families with higher incomes and fewer children. The impact of marital pleasure on males' psychological well-being and, subsequently, on how they treat their wives may explain. Likewise, in the same study by Howard et al., 2021, women with greater salaries had lower PPD scores, but low family income increased the likelihood of PPD development. A postpartum mother's mental health may suffer from a lack of resources, access, and support. Hence, Nawaz (2022) argues that men should be physically more robust and responsible for working and earning money because they are expected to handle the family's financial demands.

Table 5. Test of Relationship between husband's Involvement in Wive's postpartum adjustment

		Husband's Involvement	
Wive's Postpartum Adjustment		Support	Affection
Physical	Correlation Coefficient	$.858^{**}$	$.824^{**}$
	Sig. (2-tailed)	.000	.000
	Decision	Reject Ho	Reject Ho
Psychological	Correlation Coefficient	$.723^{**}$	$.786^{**}$
	Sig. (2-tailed)	.000	.000

	Decision	Reject Ho	Reject Ho
Emotional	Correlation Coefficient	.805**	.833**
	Sig. (2-tailed)	.000	.000
	Decision	Reject Ho	Reject Ho
Social	Correlation Coefficient	.803**	.810**
	Sig. (2-tailed)	.000	.000
	Decision	Reject Ho	Reject Ho

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

The Table 5 presents the results of the test of the relationship between the husband's involvement and their wives' postpartum adjustment, specifically in terms of support and affection. The results show strong positive correlations between the husband's involvement, both in terms of support and affection, and wives' postpartum adjustment across all aspects: physical, psychological, emotional, and social. These correlations are statistically significant at a significance level of 0.01. The significant positive correlations indicate that higher levels of husband's involvement in terms of providing support and showing affection are associated with better postpartum adjustment for wives. This suggests that when husbands are actively engaged, supportive, and emotionally available during the postpartum period, wives experience higher levels of well-being in various domains.

In terms of physical adjustment, the strong positive correlations suggest that when husbands provide support and show affection, wives are more likely to have better physical well-being during the postpartum period. This could be due to the support provided by husbands in tasks such as caring for the newborn, assisting with household chores, and ensuring the wife's physical comfort. Similarly, the positive correlations between the husband's involvement and psychological, emotional, and social adjustment indicate that husbands' support and affection contribute to wives' better psychological well-being, emotional stability, and social adjustment after giving birth. Husbands who are understanding, empathetic, and actively involved create a supportive and nurturing environment that promotes positive adjustment for wives. The rejection of the null hypothesis (Ho) for all correlations indicates that there is a significant relationship between the husband's involvement and the wives' postpartum adjustment. Husbands who actively assist with tasks such as childcare, household chores, and ensuring the wife's comfort can help alleviate the physical demands on the wife, allowing her to recover more effectively and adjust to the physical changes associated with childbirth. This highlights the importance of shared responsibilities and teamwork within the couple's dynamic to promote the wife's physical adjustment.

This strengthens the evidence that the role of husbands in providing support and affection is influential in shaping wives' overall adjustment during the postpartum period. These results emphasize the importance of involving husbands in the postpartum period and encouraging their active participation and emotional support. Couples who maintain open communication, share responsibilities, and show mutual affection and support are more likely to experience positive adjustment outcomes during this transitional phase. It is important to note that the correlations observed in this study do not imply causation. Other factors, such as individual differences, social support networks, and personal circumstances, may also contribute to postpartum adjustment. Nevertheless, the results highlight the potential benefits of promoting and nurturing a husband's involvement as a supportive factor in facilitating positive postpartum adjustment for wives.

The positive correlation between husbands' involvement and psychological adjustment indicates that husbands' support and affection play a crucial role in promoting positive psychological well-being for wives during the postpartum period. Emotional support, understanding, and validation from husbands can contribute to a sense of emotional stability, reduce stress and anxiety, and enhance the wife's overall psychological adjustment. The presence of an involved and supportive partner can create a safe and nurturing environment, fostering the wife's emotional well-being and mental health.

The strong positive correlation between husbands' involvement and emotional adjustment implies that husbands' support and affection positively influence wives' emotional well-being during the postpartum period. The husband's empathetic understanding, active listening, and validation of the wife's emotions can create a sense of security and emotional connection, allowing the wife to navigate the emotional challenges associated with postpartum hormonal changes, adjustment to motherhood, and the demands of caring for a newborn. This highlights the importance of emotional attunement and responsiveness in the husband-wife relationship for promoting positive emotional adjustment.

The positive correlation between husbands' involvement and social adjustment suggests that husbands' support and affection contribute to wives' better social adjustment after giving birth. Husbands who actively participate in social activities, encourage social connections, and provide a supportive environment can help mitigate the potential social isolation or disruption that can occur during the postpartum period. This can enhance the wife's social well-being, support her engagement in social networks, and facilitate a smoother transition into the new role of motherhood within the broader social context.

Overall, these significant correlations highlight the important role that husbands' involvement, support, and affection play in promoting positive postpartum adjustment for wives. The findings underscore the significance of creating a supportive and nurturing couple relationship during this transformative period. Encouraging husbands' active participation, open communication, and emotional support can have far-reaching implications for the well-being of both the wife and the entire family unit. It is important to promote awareness and provide resources to help couples foster a strong partnership that contributes to positive postpartum adjustment.

Relatively to the study of Puswati et al., 2019 that the husband is the most vital support for moms, especially after giving birth. According to Maslow's Hierarchy of needs, theory support and affection is one of the examples of love and belongingness, which is one of the essential needs of a postpartum mother during an adjustment period. In addition, according to the study of Firouzan (2018), the mother's and neonate's health will improve due to the husband's physical support, accompanying, and encouragement of a healthy lifestyle and perinatal care. A supportive husband is one type of connection in a reciprocal giving and receiving relationship. Both partners and families will benefit from this support, providing affection, attention, and a sense of attachment (Fan et al., 2020). The husband's support is crucial and should not be overlooked because it will help create a positive home atmosphere (Nurbaeti et al., 2019).

Thus, husbands should contribute significantly to ensuring, comforting, and promoting their wives' physical and mental wellness (Li, 2022). Additionally, the postpartum period has been linked to numerous physical, mental, and emotional problems, including exhaustion, issues with sexual activity, hemorrhoids, constipation, breastfeeding difficulties, anxiety, stress, and depression, as well as sleep issues, bleeding, urine incontinence, and post-traumatic stress disorder (Milani et al., 2010). (2017). Her husband's comments and attitude may significantly impact a postpartum wife's moods and how well he performs household duties. Hence, substantial PPD symptoms were highly related to unhappiness with the husband's support. (Li,2020).

However, husbands are being ignored during postpartum teaching by health care providers. Healthcare providers often neglect to teach the husband what happens to the wife after giving birth. For example, as a woman's hormones become erratic following childbirth, she becomes unhappy and moody, which is caused by the effects of hormonal changes that most husbands do not understand. The woman's body changes, and the image will have an impact on how she feels after giving birth: no desire for sex due to a sense of poor body image, lack of interest, and the trauma of giving birth, all of which cause a lack of interest in having sexual interaction with her husband. These things are not being taught during prenatal class or postnatal teaching. The husband looks clueless when they go home, and the wife's behavior has changed. The husband gets confused, feels lost, and feels useless too. Health teachings should include body image changes, sexual interest, mood changes, support, and training. With all these factors, the husband's involvement, such as support and affection, will be boosted, thus improving the mother's postpartum adjustment.

Conclusion and Recommendations

The findings of the study suggest that demographic factors, such as educational attainment, combined family monthly income, and the number of children, have statistically significant relationships with psychological, emotional, and social adjustment during the postpartum period. Higher levels of education and higher income levels are associated with better overall adjustment, while having more children may present challenges to social adjustment. However, age and the length of years living together do not show significant associations with postpartum adjustment. These findings highlight the importance of considering social and economic factors in supporting postpartum women and their families. Providing targeted interventions, support systems, and resources that address these demographic factors can promote positive adjustment outcomes and overall well-being for postpartum women.

In conclusion, the results of the study demonstrate a strong positive correlation between the husband's involvement, both in terms of support and affection, and wives' postpartum adjustment across all aspects: physical, psychological, emotional, and social.

These correlations are statistically significant, indicating that higher levels of husbands' involvement in providing support and showing affection are associated with better postpartum adjustment for wives. The findings highlight the importance of involving husbands in the postpartum period and encouraging their active participation and emotional support. Couples who maintain open communication, share responsibilities, and show mutual affection and support are more likely to experience positive adjustment outcomes during this transitional phase. It is crucial to promote awareness and provide resources to help couples foster a strong partnership that contributes to positive postpartum adjustment.

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In Emergency Disaster Care: Lived Experiences of Army Nurse Reservist

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Abstract

This research aimed to investigate the experiences of army nurse reservists using the qualitative descriptive phenomenological study to explore and understand army nurse reservists' experiences serving their clients during emergency disasters. It utilized the phenomenological approach to investigate research problems. The study has focused on nurse army reservists in Davao City providing accurate and speedy relief goods, emergency help, and health education alerts to the communities needing assistance. The emergent themes were as follows: Sacrifices and Struggles of Army Nurse Reservists in Emergency Disasters, Coping Strategies, and Resilience and Readiness. The themes that emerged during the data analysis process provided the foundation to accurately reflect the lived experience of the participants of this study. Implications of this study for the organizations and policymakers can improve the experiences of army nurse reservists during disasters by providing social support, ensuring safety and well-being, providing flexible work arrangements, encouraging a positive mindset, training programs, and logistical support, and conducting after-action reviews.

Keywords: *Army Nurse Reservist in Emergency Disasters, Social Science, Descriptive- Phenomenology, Davao City*

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Introduction

Nurses are considered Army Reservists and have unique and challenging tasks when disasters arise. A disaster is a complex event requiring a load of work to accomplish, accommodating injured patients, working inside an ambulance, or providing relief goods to victims during disaster calls. Thus, they are at high risk of stress overload, injuries, and work and family-related loads as their nature is generally like a medic with a backpack. Despite the challenges, they are expected to provide the best care under the most terrible situations to protect and save lives (Groomes, 2021).

Managing disasters requires the Army reservist to play a crucial role, it remains one of the responders in a crisis event. Reservists' primary role in disaster management is to conduct rescue operations, provide first aid or emergency care, and evacuate people. The major challenge for them is to always be among the responders to any disaster and carry out all tasks that are ultimately accountable to the head of the state and are expected to follow instructions. Because of their enormous ability to overcome any adversity, the speed of operational response, as well as the resources and capabilities at their disposal anytime (Jayaram, 2021).

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In World War I, skilled military nurses cared for sick soldiers due to the influenza pandemic. And history has revealed that nurses are more vital to overcoming challenging encounters. The army nurse corps reserve started in 1916 (Talbot et al., 2021).

The Philippine Army was open to reservist enlisted personnel and allied medical professionals in the Philippines. They now have nurses, doctors, medical technologists' pharmacists, therapists, midwives, and radiology technicians (Summit Express,2020). And the reserve force is transforming according to the directives of the headquarters roadmap in the future year 2028.

In all of these, army reserve nurses play a significant role in many of the maintenance and restoration of health services and emergencies. Hence, their readiness after training and life course concerns influence their services to care recipients (Stanton et al., 2017).

A study by Pinto et al. (2019) revealed that serving as an army reservist is not easy as it causes stress and feelings of uncertainty, and there is less study about how to deal with it. Also, available studies and literature about army corps and nurse reservists are mostly from Western countries. And as of today, there is a dearth of literature about nurse reservists in the Philippines. Hence, the gaps in the encounters, particularly of the nurse reservists in responding to emergency disasters in the Philippines, mean the need to research it.

The study emphasizes the critical role that Army Nurse Reservists play in disaster response efforts and the need to support and enhance their capabilities. However, despite the crucial role played by army nurse reservists in disaster response, few studies have explored their experiences in such situations (Navarro et al., 2017). Moreover, the study result may significantly contribute to the development of nursing knowledge regarding the lived experience of army reservist nurses in emergency disasters.

Methods

The study utilized the qualitative descriptive phenomenological type of research design particularly the descriptive phenomenological approach to describe and understand the lived experiences of Army Nurse Reservists during emergency disasters.

The data gathered were analyzed using Colaizzi’s strategy of descriptive phenomenological data analysis. Accordingly, Colaizzi's method of data analysis is rigorous and robust, and therefore a qualitative method that ensures the credibility and reliability of its results

Creswell and Poth (2017) explained that phenomenology's fundamental goal was to arrive at a description of the nature of the phenomenon. This approach facilitated a comprehensive level of understanding of the participants' lived experiences.

A total of 201 significant statements were formulated, and cluster themes were derived through the grouping or clustering of the formulated meanings that represented similar ideas related to the objectives of the study. Nine cluster themes were identified. From that nine cluster themes, three emergent themes arose to form the foundation of the findings reported in the study that answers to the research questions: “What are the experiences of army nurse activists serving clients during emergency disasters?”, “How do participants of this study cope with the challenges of their experience?” and “What insights can participants share with their fellow army nurse reservists and to the community as well?

The study utilized the snowball sampling technique, and a total of sixteen Army Nurse Reservists from Davao City participated. Nine participants underwent in-depth interviews while seven participants took part in a focus group discussion. Included in the study are participants had to meet specific inclusion criteria, including having served as an army nurse reservist for at least 2 years, having experience in rendering emergency disaster care, currently working in a hospital, willingness to participate, ability to communicate experiences and opinions, and residency in Davao City.

This study was conducted in Davao City where participants are resided. This setting has been chosen in this study because of the proximity of the location to the researcher's workplace and the availability of the required participants, particularly at the heart of Davao City. Interviews were held at a time selected by the participant where they are in a position of control.

Results and Discussion

The research participants' age ranged from 27 to 48 with a median age of 37.5 years old. Five participants are female, while all the remaining 11 are male. Their years of experience as army nurse reservists ranged from 2 to 6 years.

Through the process of extracting significant statements, creating formulated meanings, and developing cluster and emergent themes, the narratives of the participants revealed a comprehensive explanation of their lived experience. The following section describes the emergent themes using narratives of the participants, extracted from interview data. It contains a discussion of the participant's answers to the research questions: "What are the experiences of army nurse reservists serving clients during emergency disasters?", "How do participants of this study cope with the challenges of their experience?" and "What insights can participants share with their fellow army nurse reservists and to the community as well? Afterward, three emergent themes arose as the cluster themes formed part of a particular category. An exhaustive description and fundamental structure of the phenomenon were formed and presented back to the participants for further validation of the findings.

Emergent Theme 1: Sacrifices and Struggles of Army Nurse Reservist in Emergency Disasters The first emergent theme, *Sacrifices, and Struggles of Army Nurse Reservists in Emergency Disasters* During times of emergency, Army Nurse Reservists who are called to duty must be willing to make significant sacrifices. They may be required to leave their families and homes for extended periods of time, often with little notice. They also face the physical and emotional stresses of working in high- pressure, difficult environments where resources are limited, and the needs of patients are great.

These sacrifices and struggles can be especially challenging for Army Nurse Reservists who have other civilian jobs or responsibilities, such as caring for children or aging parents. They must juggle their military duties with their civilian obligations, which can cause additional stress and strain. Despite these challenges, Army Nurse Reservists play a vital role in responding to emergencies and disasters. They provide critical medical care to those in need, often under difficult and dangerous conditions. Their dedication to serving their country and the well-being of their fellow citizens is commendable, and their sacrifices should be recognized and valued.

Cluster Theme 1.1 Successful Emergency Response

Successful Emergency Response discusses the resources, or successful encounters that the participants experienced. Through their sacrifices and struggles during emergency disasters army nurse reservists have gained valuable knowledge and skills in emergency management. make critical decisions and provide timely and appropriate medical care during emergencies. A successful emergency response also requires resource management. The effective and timely allocation of resources like personnel, equipment, and supplies will help ensure that immediate and urgent needs are attended to in a timely and effective manner. It requires preparedness, quick assessment, and coordinated action to protect people, property, and the environment.

Their lived experiences offer insights into the complexities, hardships, and triumphs that emerge during emergencies. These challenges often contribute to nurses leaving after deployment due to the difficulties they encounter.

*"We handle cases where people twist their limbs and we have to do splinting and bring them to the hospital, other cases such as people fainting or accidentally cutting themselves are also common. We did our first aid before we bring them to the hospitals." (Participant 1, Lines 400-402***)**

"I was a member of the responder during a mass vehicular accident ma'am. And during the flood at Jade Valley. I was a member of the responder, and we rescued people who were flooded." (Participant 3, Lines 447-448)

"We have rescue at one house. We told them that they should leave because the water level is rising." (Participant 4, , Lines 492- 493)

Cluster Theme 1.2 Fear for Own Life

Fear for Own Life is the next cluster under sacrifices and struggles during emergency disasters. This cluster theme details the exposure of the participants to high-risk situations making them fear for their own lives. Army Nurse Reservists may experience fear for their own life while deployed in hazardous and dangerous environments, especially when they are assigned to combat zones, natural disaster sites, or outbreaks of infectious diseases. In these situations, they face various health and safety risks like disease transmission, physical violence, and exposure to hazardous materials.

The fear for one's life can be compounded by other factors, such as inadequate training and lack of traumatic experiences from previous deployments. Consequently, Army Nurse Reservists may experience stress, anxiety, and other related mental health issues, leading to reduced work performance and quality of life.

Unforgettable experience when NGO driver was almost headshot by a stray bullet." (Participant 8, Lines 634-636)

"Those sympathizers we don't know what's going on their minds, so we just think of ourselves also because it's hard to lose a life. While waiting for others an after shock happened and the building at our back collapsed we don't know where to go." (Participant 6, Lines 616-618)

"I didn't expect that... when I entered our transport, the rifle was handed over to our commanding officer, that's why I was alarmed." (Participant 2, Lines 511-512)

Cluster Theme 1.3 Work-life Imbalance

The next cluster theme is *Work-life Imbalance* which discusses the disrupted balance of duty versus family time by the army nurse reservist participants. Army nurses are often called upon during emergency disasters to provide essential medical care to victims and patients. They may be deployed for long hours to disaster zones or hospitals with little notice. This work can be stressful and demanding, with little time for rest or personal care.

Army nurses may also experience a sense of guilt because their work keeps them away from loved ones during emergencies. In summary, the work-life imbalance is a common issue faced by Army nurses during emergency disasters. Adequate management strategies, recognition, and support of the vital roles played by Army nurses in emergency situations, and open communication can help these caregivers to better manage their work obligations and maintain a healthy work-life balance.

"I can't participate in family activities due to my busy schedule." (Participant 1,
, Lines 910-911

"Family gatherings are rescheduled due to emergency." (Participant 4, Lines 938)

"Reservists set aside birthdays to be prepared for emergencies." (Participant 8,
, Lines 943)

Conclusion and Recommendations

The purpose of this study is to delve into the experiences of army nurse reservists in serving during emergency disasters, shedding light on the adversities they face and the successes they achieve. By focusing on their firsthand experiences, coping strategies, and the knowledge they can offer, this study aims to contribute to the nursing profession and public understanding. The sample participants consisted of sixteen army nurse reservists who met specific inclusion criteria, residing in Davao City, and actively serving for at least two years as reservists while also working as hospital nurses. Through the identification of emergent themes, this study uncovers various aspects of the reservists' experiences within the context of emergency response, including coping strategies, resilience, readiness, fear for one's life, work-life imbalance, duty adaptations, positive mindset, love of country, social support, reservists' skills and commitment, and the need to enhance support and preparedness.

Army nurse reservists play a crucial role in providing medical care and aid during emergency events, such as natural disasters, humanitarian crises, and conflict scenarios. The nature of their experiences can vary depending on the specific disaster, affected area, and level of destruction. Reservist army nurses are often required to respond immediately to disaster-stricken areas, leaving behind their current occupations and personal lives to provide urgent assistance to the victims. These nurses perform remarkably well under pressure, fueled by the willingness to sacrifice their lives for the benefit of many. Assurances and support systems play a vital role in alleviating their fears regarding personal safety. However, the immediate mobilization and increased workload disrupt the work-life balance of many participants, impacting their overall well-being.

Reservist army nurses undergo training to adapt to the ever-changing strategies in disaster response. Their ability to quickly adjust to new duties and responsibilities is crucial in effectively managing unexpected situations. However, there is a tendency to revert to their original duties, which poses a challenge. A positive mindset is key to maintaining self-esteem and motivation during periods of pressure and anxiety. This positive outlook directly correlates with better work performance. Additionally, a strong sense of patriotism and the desire to serve the nation are driving factors for these nurses.

In the medical field, social support is essential for the resilience and well-being of army nurse reservists. It serves as a vital source of fuel, ensuring they feel connected and not alone in their work. Reservists' skills and commitment are significant variables that should align and cohere. Skillfulness without commitment or vice versa can hinder optimal performance. Commitment is demonstrated by their willingness to report for active duty when requested and the continuous effort to enhance their knowledge and abilities through regular training and continuing education.

The study emphasizes the importance of integrating reservists' skills and commitment while also enhancing support systems and preparedness. Future research should focus on developing training programs, support networks, and recognition campaigns to promote resilience among nurse reservists. Psychological, emotional, and physical readiness is crucial in enabling these nurses to effectively face the obstacles they may encounter during emergency response efforts.

The emergent themes identified in this study provide valuable insights into the experiences of army nurse reservists, offering implications for improving support systems, addressing challenges, and enhancing emergency response capabilities within healthcare organizations. Future research should concentrate on implementing and evaluating interventions based on these findings to promote the well-being of nurse reservists and optimize their contributions during emergencies.

Implications for Practice

This research shows many important implications for further study and an opportunity to be informed and motivated by the subject for future researchers.

The challenges the army nurse reservists are facing may be loaded, but this would improve their knowledge and skills to be more capable of serving the people, technically and committedly, when emergencies arise.

The findings of this research indicate that the government, particularly the Armed Forces of the Philippines (AFP), should have the prospect and likelihood to help these reservists and serve them right. It also involves the families of the reservists to become aware of the responsibilities and duties that may somehow affect the work-life balance of the said army nurse reservist; a proper understanding may be executed. To the nurse army reservists, especially to those who committedly want to serve and join the field, this study may help them to become aware and conscious of how to deal with and manage the quandaries they may encounter, and an implication in self-assessment if they are capable to join or not. This study could also be helpful to other researchers who want to know the lived experiences of army nurse reservists.

Implication for Future Research

It's crucial to keep in mind that research conclusions from a qualitative, phenomenological-oriented study like this are seldom generalizable or transferrable to other contexts. Asserts that phenomenology strives to give a full explanation of the occurrences that results in a comprehension of the fundamental structure of lived experiences. And since this study deals with the lived experiences of the army nurse reservists in the Davao Region, the following future research is recommended:

First, since the results of this study are not generalizable beyond the sixteen participants, future research may be conducted about the lived experiences of the army nurse reservists in the Davao Region with another set of participants to reinforce the validity of this study. Also, in nursing practice, to fulfill the changing healthcare demands of military members and the communities they serve, this study understands how important continuing education and skill development are. In-depth training in specific fields like emergency medicine, trauma care, critical care, and mental health is now provided to Army nurses. This gives them the skills and information necessary to manage a variety of medical situations and emergencies.

Second, future research may be conducted in other regions, local or national to add more information from other army nurse reservists in terms of their lived experiences and nursing education. The incorporation of military-specific topics into nursing education has also received more attention. Nursing curricula increasingly include coursework and practical experiences that specifically address the special characteristics of military nursing in recognition of the healthcare requirements and problems experienced by military people. This includes subjects such as battlefield medicine, trauma care, combat casualty care, post-traumatic stress disorder (PTSD), and military ethics. Army nurses are prepared to deliver high-quality care in military contexts, whether in peacetime, during deployments, or humanitarian operations, by incorporating military-specific information into nursing education.

Third, research may be conducted to explore whether the unheard response of army nurse reservists is either positive or negative, which may affect their overall lived experiences in the field. Additionally, among army nurses, there has been a rising emphasis on networking and research collaboration. Partnerships and multidisciplinary engagement with academic institutions, research groups, and other military healthcare facilities are encouraged by military healthcare organizations. These partnerships make it possible to exchange knowledge, pool resources, and conduct multi-site research projects, all of which increase the generalizability and significance of the nursing research done by army nurses.

Fourth, future research may be done by conducting a re-interview or can be a survey of other participants to get their personal views in terms of their lived experiences as a nurse army reservist.

Fifth, a different study may be conducted by investigating and delving deeper into the type of training and the frequency of training they provide to the army nurse reservists.

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The Influence of Self-Concept and Coping Style on the Caring Behavior of Nurses in a Tertiary Hospital in Davao City

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Abstract

The study aimed to determine the influence of self-concept and coping style on the caring behavior of nurses in a tertiary hospital in Davao City. The descriptive-predictive research design was used to delineate their significant influence. The respondents were 125 nurses who were chosen using the convenient sampling technique. The researcher used an adopted questionnaire for caring behavior, self-concept, and coping style. The results revealed that the level of self-concept among nurses was very high. Nurses are more responsible for their patient's care and the results of their work; they treat patients with greater respect and attention. It also shows that the overall level of coping styles of the nurses was high. This manifested that nurses' coping styles have an impact on the practice of their profession with a reduced filing of sick leave of absence, retention of personnel with fewer chief errors, and healthy relationships with the other team members. Moreover, its indicators involving problem-focused coping were also high along with emotion-focused while avoidant coping was described as very low. On the other end, the level of caring behavior among the respondents was very high in terms of Assurance to Human Presence, followed by Knowledge and Skills, Respectfulness, and Positive Connectedness. Significantly, the results also showed that self-concept and coping style has no significant influence on the caring behavior of nurses. Consequently, the results of this study have implications for developing interventions to address issues with staff nurses and give information on the effectiveness of providing quality and excellent care to the sick and well patients.

Keywords: *Social Science, Self-concept, Coping Style, Caring Behavior, Descriptive - Predictive - Correlation, Davao City.*

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Introduction

Since the beginning of the COVID 19 pandemic, nurses' job satisfaction has been significantly impacted due to the stressors around them brought on by this illness; as a result, reducing turnover and increasing work engagement becomes a problem, which leads to poor basic functioning, feelings of in effectivity and inefficiency, but somehow these nurses managed to come to work and provide nursing care to the patients. It has been noted all throughout the world that the caring side of nursing is no longer particularly obvious. As a result, health institutions always devote a lot of resources to improving the nursing staff's compassion toward other team members. The need for a competent and compassionate nurse in a highly competitive worldwide market has increased this effort.

In Ethiopia, a study indicated that nurses are more emphasized on the expressive aspects of caring such as listening to the patient and less observable aspects of care like patient monitoring. Complaints of poor attitude among health workers toward patient care were increasing because of the perception that health care professionals are increasingly giving impersonal care especially in overcrowded settings (Oluma & Abadiga, 2020). The perception of nursing as a profession characterized by compassion is pervasive. Caregiving necessitates nurses who put their attention on the relationship with the human person by observing, understanding, and accepting responsibility, as stressed by Karlsson and Pennbrant (2020). A shared concept of nursing, compassion, and an awareness of one's own ethical underlying beliefs are requirements for professional nursing practice. It is critical to emphasize caring concepts in nursing because they can help nurses better reflect on their own moral principles and advance their knowledge of caring in nursing practice. The most fundamental and fundamental element of nursing is the caring component of nursing. As a result, it must be inherent to the nurse-client relationship and incorporated into it.

For many Filipino nurses who are working here on the Philippines, being able to assist help or care for individuals in times of need is satisfying. There are times though that this helping role becomes challenging and demanding. Instances, nurses are given less time to spend with their clients thus making it more difficult for them to know who their clients are, and reliance on technology to “standardize work processes” such that client becomes mere numbers and their real needs are either overlooked or ignored and in some occasions, the client is perceived as object and the focus of attention is the disease, not the individual experiencing the illness (Walker, 2019).

Other dehumanizing behaviors that the researcher personally witnessed and, in some cases, experienced include checking the equipment's functioning status first and the patient's health condition later, failing to respond to the patient's expressed need because the laboratory revealed the contrary, and communicating a lack of interest in what the clients say because there is no real nurse-patient interaction Those and other situations are common in technologically advanced societies. In today's generation, technology does pose a danger to the caring function that nurses do. The employment of technology, according to Bernardo (2018), could, however, make care more person-focused than technology-focused.

Furthermore, as the self-concept is the biggest influence on behavior, it follows that examining existing and future nursing practice must consider nurses' professional self-concepts, or how they view themselves as nurses. Nurses who have a positive self-concept are more likely to have a beneficial impact on patient care. On the other hand, nurses with low self-esteem are more likely to have a detrimental impact on patient care.

In Davao City, scenarios concerning nurses’ care behavior are evident among the patients who displayed different approaches, behaviors, and attitudes towards them. Nurses’ care behavior seemed to deviate from what they experienced from the patients. Showing compassion and displaying care in such a way that it will help patients to lessen their burden tends to wane because of some factors like patients’ perception towards them, patients’ demotivation to cooperate, and patients’ financial capacity.

In terms of the coping style of nurses, a certain methodological and empirical gap was found in a study by Zafra et al. (2020). Their study which utilized a cross-sectional, correlational-descriptive design found only a strong correlation between the level of stress and anxiety but failed to establish its significant influence/prediction towards the level of coping strategy. The researcher has not come across a study on the caring behavior of nurses in the locality and limited literature on the current study fills the gap. Thus, the researcher plans to conduct this study to determine the influence of caring behavior and self-concept on the coping style of nurses. This study aims to take a larger picture of the problems it relates to and, in light of the incidence of adverse events worldwide, may also hint at potential areas for improvement.

Methods

The researcher used a convenient sampling in selecting the group of nurses. This non-probability sampling method involves the sample being drawn from that part of the population that is close to hand; can be due to geographical proximity, availability at a given time, or willingness to participate in the research. Overall, 125 nurse respondents were gathered from Hospital A. They were selected through the following inclusion criteria to be able to participate in this study: must be a staff nurse of the identified hospital (any unit), currently employed as a full time regular with at least 0 - 2 years length of service, a resident of Davao City and has willingness to participate in the study. The study was conducted in a private tertiary hospital in Davao City. The name of the stock hospital was coded to maintain confidentiality – Hospital A (HA). At the time of the interview with the hospital administrator, the researcher gathered the following statistical data: HA is a 250-bed healthcare facility with an 80% to 90% occupancy rate, the leader in all medical specialties, including cardiovascular medicine, orthopedics, gastroenterology & endocrinology, neurology and neurosurgery, cancer, ophthalmology, and digestive and liver diseases in the region. It is a teaching and learning institution for medical, nursing allied health courses as well as community health and development programs. In this study, the researcher utilized three (3) parts of questionnaires that were given to the respondents. The first part focused on the demographic profile of the respondents which includes the following: age, sex, civil status, educational attainment, and number of years in the service. The second part of the questionnaire was about the level of caring behavior of nurses. The researcher utilized the caring behavior inventory-24 originally developed by Wu et al. (2006) which was cited from the study of Klarare et al. (2021) that comprises 4 correlated subscales. Primarily, the first domain is the assurance of human presence. Next is the knowledge and skills. Lastly, is respectfulness This caring behavior inventory-24 has an established Cronbach alpha of 0.96 internal consistency is considered reliable in the study. The third part of the questionnaire addresses the self–concept of the nurses. The researcher adopted a questionnaire of self-concept 36 (QSC-36) by Dojels et al. (2022). This questionnaire of self-concept 36 (QSC-36) has an established Cronbach alpha of 0.90 for its reliability. The fourth portion of the questionnaire addresses the coping style of nurses. The researcher adopted a questionnaire of Coping Orientation to Problems Experienced Inventory (Brief-COPE) of Carver et al., (1997). This questionnaire of Coping Orientation to Problems Experienced Inventory (Brief-COPE) has a Cronbach alpha of 0.86 for its reliability. Furthermore, the three (3) sets of questionnaires underwent content validation by the 3 experts in the field of interest and have an average rating score of 4.52, indicating that the three sets of questionnaires are highly valid.

From the data gathered, the researcher, tabulated, analyzed, and interpreted the results by utilizing frequency and percentage to determine the demographic profile of nurses in terms of age, sex, civil status, educational attainment, and length of service. Distribution wherein the gathered data were arranged by categories plus their corresponding frequencies and class marks or midpoints, then the distribution was divided into one hundred parts. Moreover, mean and standard deviation were also used to describe the level of self-concept of nurses; and the coping style of nurses in terms of problem-focused, emotion-focused, and avoidant coping and the level of caring behavior of nurses in terms of assurance of human presence, knowledge and skills, respectfulness and positive connectedness wherein the arithmetic average will be computed, the mean of distribution will be computed first then the deviation will be squared by multiplying each deviation divided by N. The square root will be taken to obtain the final answer. Additionally, spearman-rho was also employed to measure the strength of the relationship between three variables to determine the significant relationship between the level of self-concept of nurses, the level of coping style of nurses, and the level of caring behavior of nurses. Ordinal logistic regression was incorporated to predict the significant relationship of self–concept, the level of coping style, and the level of caring behavior of nurses. Additionally, a Kolmogorov-Smirnov test was used to determine the assumptions of normality/normal distribution of data before subjecting it to multiple linear regression analysis.

Results and Discussions

Table 1. The Demographic Profile of the Respondents

Demographic Profile		f	%
Age			
	20-24	29	23.20
	25-29	41	32.80
	30-34	32	25.60
	35-39	14	11.20
	40-44	8	6.40
	45-49	1	0.80
	50 and above	0	0.00
	Total	125	100.00
Sex			
	Male	32	25.60
	Female	93	74.40
	Total	125	100.00
Civil Status			
	Single	76	60.80
	Married	49	39.20
	Widowed	0	0.00
	Divorced or separated	0	0.00
	Total	125	100.00
Educational Attainment			
	BSN-RN	123	98.40

Master of Arts in Nursing (with Units)	2	1.60

Master of Arts in Nursing	0	0.00
PhD (with Units)	0	0.00
PhD	0	0.00
Total	125	100.00
Length of Experience in the Hospital		
less than a year	23	18.40
1-2 years	37	29.60
3-4 years	29	23.20
5-6 years	16	12.80
7-8 years	15	12.00
9 years and above	5	4.00
Total	125	100.00

Note: n = 125

Table 1 shows the demographic profile of the participants. Out of 125 staff nurses, 32.80 percent are from ages 25-29 which is the highest. However, only 1 (or 0.80%) of the staff nurses had an age range of 45-49 years old. On the other hand, results indicated that 93 (74.40%) out of 125 staff nurses were female and 32 (25.60%) were male. Moreover, the civil status of the staff nurses indicated that 76 (60.80%) of 125 staff nurses were single and 49 (39.20%) were married. In terms of educational attainment, 123 (98.40%) of 125 staff nurses are in their baccalaureate degree, and only 2 (1.60%) have master's degrees with units. In terms of length of service, 37 (29.60%) of 125 population rendered 1-2 years in service; 29 (23.20%) of them rendered 3-4 years in service; 23 (18.40%) of them rendered less than a year in service; 16 (12.80%); 15 (12%) of them rendered 7-8 years in service and 5 (4%) of them rendered 9 years and above in service.

Table 2. The Level of Self-concept of the Nurses

Indicator	**M**	**SD**	**Description**
Self-concept	3.43	0.33	Very High

Note: 3.26-4.00 –Very High; 2.51-3.25 --High; 1.76-2.50—Low; 1.00-1.75—Very Low; M- Mean; SD-Standard Deviation.

The parameter self-concept received a mean of 3.43 with a standard deviation of 0.33 and had a descriptive equivalent of Very High. This means that self-concept was always felt/manifested. Nurses are more responsible for their patients' care and the results of their work, they treat patients with greater respect and attention. It's also important to note that having a strong professional identity influences how patients accept and demand evidence-based practice. The result is consistent with the study of Jankowski (2021) who mentioned that self-concept is a self-belief about one's physical attributes, personality traits, abilities, behaviors, thoughts, values, and roles. Professional self-concept in nursing is correlated with how they view and perceive themselves as nurses (Farhadi et al., 2021).

In the study of Asi Karakas et al. (2021) and Kim (2020), they explored the association of nurses' professional self-concept with other psychological characteristics, suggesting that it is associated with features such as attitude, for example, the attitude toward evidence-based nursing and reality shock. Professional self-concept may influence the burnout, and work-related quality of life of nurses.

Moreover, the professional self-concept showed an increase in clinical practice, which may be related to the further deepening of nurses' understanding of the nursing profession in the clinical context. Nurses' professional self-concept can be shaped in the following ways: social perception ("mirror self"), social comparison (comparing the profession they practice with another profession), and self-referencing, which is comparing their professional behavior against that of others (that means, comparing one's future professional behavior with that of others) (Chang et al., 2021; Diel et al., 2021).

Furthermore, improving professional self-concept in nursing presents specific gains in personal, relational, interpersonal communication, and social skills, favoring academic and clinical path evolution. Nurses with high professional self-concept are more accountable for their patients and work outcomes and see patients more respectfully and interestedly. It is also worth mentioning that a high professional self-concept positively influences the acceptance and demand for evidence-based practice in nursing (Yang & Zang, 2022; Karakas et al., 2022).

In contrast, adverse effects of poor professional self-concept led nurses to develop reduced clinical skills, show lower job satisfaction, and have a higher intention to rotate between services and institutions. This turnover and institutional liability lead to high daily costs for the health system, care providers, and patients. Additionally, this fact may lead to consequences such as early dropout from the profession and decreased academic quality and performance (Wang et al., 2019; Poorgholami et al., 2016; Yoo et al., 2016; Barry et al., 2020).

Table 3. The Level of Coping Styles of Nurses

Indicators	**M**	**SD**	**Description**
Problem-focused	3.68	0.32	Very High
Emotion-focused	3.46	0.41	Very High
Avoidant-coping	1.47	0.44	Very Low
Over-all	2.87	0.20	High

Note: 3.26-4.00 –Very High; 2.51-3.25 --High; 1.76-2.50—Low; 1.00-1.75—Very Low; M- Mean; SD-Standard Deviation.

The table above shows the level of coping styles of nurses had an overall mean of 2.87 with a standard mean of 0.20. It has a descriptive equivalent of High. This manifested that nurses' coping styles have an impact on the practice of their profession with a reduced filing of sick leave of absence, retention of personnel with fewer chief errors, and healthy relationships with the other team members. The indicator that got the highest mean of 3.68 with a standard deviation of 0.32 was problem-focused. It has a descriptive equivalent of Very High which means that the level of coping style of nurses was always felt/manifested.

This is in parallel with the study of Martinez et al. (2020) who stated that problem-solving coping and social coping have been associated with less sick leave among female nurses working in hospital environments. Moderate associations were found between the experiences of hospice nurses and planned problem-solving or seeking social support. The retention and recruitment of staff who have low perceived workplace stress and who utilize problem-focused coping approaches may reduce absences due to sickness and this may be associated with fewer critical incidents and errors. While problem-focused coping approaches were not associated with fatigue, coping through alcohol, venting emotions, and avoiding situations were significant predictors of chronic fatigue. Problem-focused coping approaches appear to mediate the association between emotional intelligence traits and compassion fatigue.

On the other hand, avoidant coping got the lowest mean of 1.47 with a standard deviation of 0.44 and a descriptive equivalent of Very Low. Seeking social support and avoidance are both primary coping mechanisms undertaken by individuals dealing with stress. Such coping strategies positively reduce the possible negative effects of stressful events by easing emotions (Mo et al., 2020). In fact, in a study, over 70% of participants adopted the escape-avoidance mechanism, maybe due to the external pressure caused by the spread of COVID-19. The beneficial impacts of both social support and avoidance toward health and general well-being have been widely recognized. Specifically, previous studies have confirmed that social support directly provides well-being and promotes mental health, hence buffering the adverse effects of stressors. In addition, an attitude of avoidance as a self-protective mechanism can be actively adopted, for example, searching for diversions or companies (Htay et al., 2021; Vitale et al., 2021).

Table 4. The Level of Caring Behavior of Nurses

Indicators	M	SD	Description
Assurance of Human Presence	4.54	0.40	Very High
Knowledge and Skills	4.45	0.44	Very High
Respectfulness	4.35	0.44	Very High
Positive Connectedness	4.39	0.41	Very High
Over-all	4.33	0.33	Very High

Note: 4.21-5.00—Very High; 3.41-4.20---High; 2.6-3.40---Moderate; 1.81-2.60---Low; 1.00-1.80---Very Low; M-Mean; SD- Standard Deviation.

Table 4 shows the level of caring behavior of nurses in terms of assurance of human presence, knowledge and skills, respectfulness, and positive connectedness. To note, Table 4 shows the level of caring behavior of nurses had an overall mean of 4.33 with a standard deviation of 0.33 and a descriptive equivalent of Very High. The table above reflected that among the four indicators, assurance of human presence got the highest mean of 4.54 with a standard deviation of 0.4 and a description of Very High.

This is confirmed in the study of Khademian and Vizeshfar as cited by Labrague et al., (2015), Iranian students attending a university-based nursing program received instrumental behaviors as the most important while expressive behaviors were perceived as the least important caring behaviors. The same findings were also noted in a recent study conducted by Labrague (2015), where nurses reported they demonstrated physically based caring behaviors in taking care of the patients. In the current study, the highest-ranked CBI items were “talk to the patient” and “give patient treatments and meds on time”, which are part of the assurance of human presence subscale, which was also the highest-ranked subscale in the CBI.

Moreover, respectfulness had the lowest mean of 4.35 with a standard deviation of 0.44 with the descriptive equivalent of Very High. According to ANA Position Statement (2018), displaying respect for patients has been part of the foundation of excellent nursing care. Respect is the international act of showing consideration for another person's interests and well-being. Nurses recognize another human being as someone with their likes and dislikes, thoughts and ideas, and values and morals. The patient is an autonomous and independent being; the nurse recognizes this individuality and ultimately accepts the patient for who they are whether they align in their beliefs. Through acceptance, without consequence of behaviors or attitudes, a nurse can provide care in the best interest of the patient.

In addition, patients can show respect for their nurses. This is called mutual respect, or when two show positive regard for each other. While they might have drastically different backgrounds and inherently varying life perspectives, there is value in creating an environment for mutual respect develops. Better patient outcomes as well as greater patient satisfaction is associated with respect between patient and healthcare provider. Suffering might also be lessened or alleviated when healthcare providers show respect for their patients (ANA Position Statement, 2018). Furthermore, respect in healthcare is seen in several ways. They are as follows: listen to understand, keep your promises, be encouraging, connecting with others, expressing gratitude, sharing information, speaking up, walking in their shoes, growing, and developing, and being a team player (James, 2018).

Table 5. The Test of Relationship Between Self-concept, Coping Styles, and Caring Behavior

Independent Variables	Caring Behavior			
	r_s	p-value	Decision	Remarks
Problem-focused	0.202	0.024	Reject H_{01}	S
Emotion-focused	0.222	0.013	Reject H_{01}	S
Avoidant coping	-0.168	0.062	Accept H_{01}	NS
Self-concept	0.273	0.002	Reject H_{01}	S

Note: p<0.05(S-Significant); NS- Not Significant; $r_{s=}$ rho; IV- Self-concept & Coping Styles; DV-Caring Behavior.

Table 5 shows the relationship between the level of self-concept and caring behavior of nurses and the level of coping styles and caring behavior of nurses. The results show that there is a significant relationship between self-concept and caring behavior (r_s =0.273. p= 0.002). The strength of correlation between the two variables is directly proportional. This is conformed in the study of Thomas et al. (2021) and Oluma et al. (2020) which generally show significant differences in perceptions between nurses and patients about nursing caring behavior. The differences in the prioritization of caring behaviors between patients and nurses may be related to the different ways of understanding the various aspects of caring (humanitarian aspects, technical skills, knowledge, safety) as these aspects are expressed by nurses and expected by patients. Thus, patient needs remain unmet, and this leads to patient dissatisfaction with the nursing care provided.

However, these differences are to some extent expected. People in society come from various socio-economic classes, with different experiences and their philosophies. Instead, nurses have received training and, in addition, think and act based on their experiences in the clinical setting and the environment in which they provide care. These differences are far from contradicting each other. Rather, they are complementary (Kieft, 2014).

In the same way, there is a significant relationship between coping styles and caring behavior. The results shown above articulated coping style in terms of problem-focused (r_s =0.202, p= 0.024) and emotion-focused coping (r_s =0.222. p= 0.013) has a significant relationship with caring behavior. The strength of the correlation is moderate and directly proportional. In contrast, only the avoidant coping (r_s =-0.168. p= 0.062) did not have a significant relationship with caring behavior. It is concretized in the study of Wrubel (2018) who investigated the connection between stress and caring. Their argument on coping and health was that caring is fundamental since it implies that people care about other people, events, projects, and objects. The author claims that providing care is at the core of all medical procedures and sees it as essential to human skill, healing, and curing. "Nurses endeavor to nurse patients through an illness to a satisfactory outcome, whether this is regarding health and function, coping with disability, or the ultimate transition to peaceful death," according to Le Vasseur (2019).

Independent Variables	Caring Behavior						
	β	SE	Wald χ^2	OR	p-value	Decision	Remarks
Problem-focused	1.105	0.709	2.431	3.019	0.119	Accept H_{02}	NS
Emotion-focused	-0.261	0.639	0.167	0.770	0.683	Accept H_{02}	NS
Avoidant coping	-0.242	0.427	0.321	0.785	0.571	Accept H_{02}	NS
Self-concept	1.203	0.668	3.243	3.330	0.072	Accept H_{02}	NS

Note: p<0.05 (Significant); NS= Not Significant B= Beta Coefficient/Estimate; SE=Standard Error;

OR= Odds Ratio/Exponential Value; df =1. 091; Pseudo R-squared (Nagelkerke)= 0.091

Based on the parameter estimates table of ordinal logistic regression analysis, it shows that coping styles in terms of problem-focused (Wald $\chi^2(1)$ =2.431, p>0.05), emotion-focused (Wald $\chi^2(1)$ = 0.167, p>0.05), and avoidant coping (Wald $\chi^2(1)$ =0.321, p>0.05) did not significantly influence the level of caring behavior of nurses. Similarly, the level of self- concept (Wald $\chi^2(1)$ =3.243, p>0.05) did not also influence the level of nurse's caring behavior. Additionally, an exponential value or odds ratio of 3.019 means that nurses with problem-focused coping have a 3.019 times higher level of caring behavior than those nurses with emotion-focused and avoidant coping. A negative estimate value of emotion-focused (β= -0.261) and avoidant coping nurses (β= -0.261) implies a lower level of caring behavior. It also means that for every 1 unit increase in the independent variable (emotion and avoidant coping), there is a predicted decrease of -0.261 (emotion-focused coping) and avoidant-focused coping (β= -0.242) in the long odds of the caring behavior. Inversely, for every 1 unit increase in self-concept, there is a predicted increase of 1.203 in the long odds of caring behavior. Thus, the researcher rejected the null hypothesis (H_{o2}) and accepted the alternative hypothesis as the p-value of independent variables is lower than the 1.5 alpha level of significance.

This confirmed the notion that in Iran, it highlighted that the workplace environment influences nurses' professional self-concept; this means that an oppressed work environment and bullying present a negative impact on professional self-concept (Zhang et al., 2021). To further underline the importance and timeliness, the professional self-concept of nurses who had received care regarding the COVID-19 pandemic was assessed and was found to be lower than that of their professional colleagues who had not received the same care. This difference was more pronounced in the knowledge and care dimensions, which may be related to the lack of preparation and the absence of concrete standards to deal with a pandemic on a global scale. It may also be related to working under high pressure, as well as the lack of qualified human resources to provide care and not having enough time to update their knowledge (Allobaney et al., 2022).

Furthermore, the findings were apparent in the results of the regression analysis in which 9.1% of the variance of caring behavior can be explained by self-concept and coping styles as indicated by a pseudo-r-square of 0.091. This would mean that 90.9% of the variation can be attributed to other factors aside from the independent variables.

Conclusions and Recommendations

The research study concluded based on the findings that most of the respondents were female and middle-aged staff nurses; most of them are single and are working for 1-2 years in the hospital. Moreover, respondents have a good response in terms of their self-concept. They have a good belief in themselves and others. The staff nurses' coping styles develop a strong positive relationship with themselves and others and maintain an ongoing and positive rapport, which can have a far-reaching impact and lead to effective patient care. Thus, this implies that staff nurses communicate well with the patients, establish physical contact and good relationships, allow them to assess themselves on their own, and show their human side. Additionally, there is a significant positive relationship between self-concept and caring behavior, as well as coping styles and caring behavior of nurses, and self-concept significantly influences caring behavior. Likewise, coping styles do have a significant direct influence on the caring behavior of nurses.

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Personal Belief Predictors and COVID-19 Compliance Behavior among the Residents of Barangay Casisang

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Abstract

Personal beliefs and COVID-19 behavior have been recognized as important predictors in controlling the infection. Using the descriptive-correlational research design, this study intended to determine the personal belief predictors andCOVID–19 voluntary compliance behaviors among Barangay Casisang, Malaybalay City residents. A total of 395 respondents were selected conveniently and included in this study following the inclusion criteria: must be 18 – 75 years old, must be a resident for at least six months, and must be willing to participate in the study. An adapted questionnaire from the study of Clark et al. (2020) was utilized in data gathering. Results revealed that most respondents were female, married, ages 18 – 30, and worked full-time. Respondent's personal belief ($\bar{x}$=3.31) and COVID-19 compliance behavior ($\bar{x}$=3.3) were very high, indicating that the behavior in COVID-19 voluntary compliance is extremely manifested in the respondents. More so, a significant association exists between demographic profile, personal belief level, and COVID-19 behaviors. However, the government's trust and effectiveness of health procedures are the personal beliefs that significantly predict the COVID-19 behaviors of the respondents.

Keywords: *COVID-19 behaviors, Social Science, Descriptive-Correlational, Casisang, Malaybalay City*

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Introduction

The coronavirus disease 2019 (COVID-19) pneumonia pandemic is a newly emerging global challenge in managing infectious diseases. The COVID-19 virus does not have a medical cure or fully effective treatment. There are procedures recommended by the World Health Organization that are effective in reducing the transmission of the virus. However, compliance with these COVID-19 management practices varies greatly among people's behavior (Hagan, 2021).

The World Health Organization has published its comprehensive set of World Health statistics for 2020, the first year of the COVID-19 pandemic –which led to an estimated 4.5 million excess deaths. The Philippines was noted as having the most active cases in Southeast Asia on July 16, 2020. In Mindanao, the Province of Bukidnon, the number of people dying of COVID-19 has also increased. The cities of Valencia and Malaybalay topped the list in the region 10 in terms of total recorded deaths (Cantal-Albasin, 2021). As of August 10, 2021, Malaybalay City has reached a critical level. The total number of cases in Malaybalay City has increased to 4,022. In barangay Casisang, the total confirmed cases reached 1,042, and almost 26% of the cases were in Malaybalay City out of 46 barangays (Bukidnon MIS Portal, 2022.).

Additionally, communities worldwide have tremendous difficulties maintaining their healthcare systems and successfully halting the spread of COVID-19 (Cory et al., 2020). Despite taking preventive programs, the rate of COVID-19 infection remains high, indicating that these programs have not been effective in controlling the infection (Karimy et al., 2021), especially in Barangay Casisang Malaybalay City, which has the highest number of confirmed cases (Cantal-

Albasin, 2021). The researcher wants to investigate public, voluntary compliance behavior, with these measures as the key to successfully controlling the spread of infection. New variants like Omicron are a reminder that the COVID-19 pandemic is far from over. The Omicron variant of Covid-19 is spreading faster than any previous variant. The danger associated with this variant is still relatively high overall. It is, therefore, essential that people continue to be more vigilant and comply with existing advice on preventing the spread of the virus (Unicef, 2021). The community is now lifting public health measures such as face shields and hand washing in public areas. The public is now modifying the wearing of masks, social distancing, avoiding crowds, and travel arrangements.

The current study aims to explain and predict voluntary compliance with COVID-19 recommendations by finding individual beliefs and expectations that predict three COVID-19 health behaviors, including adhering to legal requirements, taking health-protective actions, and advising others to do the same. This research empirically tested the effects of five main factors as key determinants of voluntary compliance behaviors: perceived vulnerability, perceived severity/disruptiveness of catching the disease, perceived efficacy of health behaviors for avoiding the disease, trust in government, and individual health importance. (Clark et al., 2020)

Investigating voluntary compliance with public and social measures is essential. Government trust, disruptive perception of the risk in everyday life, health, and social life, following the quarantine protocols sanctioned by the government, health importance, taking health precautions, and effectiveness of health procedures are the measures for voluntary compliance. The researcher of this study intended to investigate how the community complies with the new guidelines or so-called new normal.

Methods

The researcher utilized the descriptive-correlational design. According to Fowler (2013), information has been analyzed to reveal the basic features of data collected or used in a study. Descriptive research uses quantitative methods to describe what is, describe, record, analyze, and interpret existing conditions. It involves comparing or contrasting and discovering relationships between existing non-manipulated variables. The study was conducted within Barangay Casisang, City of Malaybalay, province Bukidnon, Northern Mindanao (Region X), Philippines. Barangay Casisang, as of 2020, has 29,406 residents. There will be 395 respondents who will be selected using an uncontrolled quota sampling technique. To be included in the study, the respondents must be 18 to 75 years old and a resident of Barangay Casisang for at least six months. The respondents must sign the Certificate of Consent Form to be included in the study.

The study utilized an adopted survey questionnaire from Clark et al., 2020 with Cronbach’s alpha of 0.70. The questionnaire has three parts. The first part of the survey questionnaire measures the demographic profile of the respondents in terms of age, gender, marital status, educational attainment, employment status, and religion**.** The second part of the questionnaire measures the respondent’s belief behavior regarding COVID-19 voluntary compliance and predictors. Lastly, the third part of the questionnaire measures the COVID-19 behavioral outcomes of the respondents.

The study incorporated frequency distribution and percentage to determine the demographic profile of the residents in terms of age, gender, marital status, educational attainment, employment status, and religion. Moreover, the mean was used to measure the respondent's belief behavior and COVID-19 voluntary compliance. On the other hand, Pearson-r was utilized to check the relationship between the variables. The study measured the relationship between the belief predictor and COVID-19 voluntary compliance. Furthermore, Multiple Linear Regression was used to compute the predictors of a dependent variable given the list of independent variables. The study measured which variables in the belief predictor significantly influence COVID-19 voluntary compliance.

Results and Discussions

Table 1. Demographic Profile of the Residents

	223	56.5	
	Widow/er	27	6.8
	Separated	3	.8
	Living in	29	7.3
Total		395	100
Employment	None	147	37.2
	Contractual	29	7.3
	Job order	37	9.4
	Part-time	27	6.8
Total		395	100

note: n = 395 *legend: f-frequency* *total:395*

The profile of the residents is shown in Table 1. Residents are mostly between the ages of 18 and 30 (29.6%), followed by those between the ages of 41 and 50 (26.3%). Those over the age of 70 have the lowest percentage (0.8%), followed by those aged 61 to 70 (3.8%).

Furthermore, the majority of residents are females (71.4%) who are mostly married (56.5%), followed by single residents (28.6%). Those who are separated make up the smallest proportion (0.8%). On the other hand, the majority of residents (39.2%) are employed full-time or have regular status, followed by those who are unemployed (37.2%). Part-time workers made up the smallest proportion (6.8%).

Table 2. Level of Respondents' Personal Belief

Indicators	Mean	SD	Description
1. Government trust	3.36	0.59	Very High
2. Disruptively	3.32	0.70	Very High
3. Health Importance	3.60	0.49	Very High
4. Invulnerability	2.67	0.84	High

5. Effectiveness of health procedures	3.60	0.61	Very High
Overall Mean	**3.31**	**0.44**	**Very High**

Legend: 3.26 – 4.0 Very High; 2.51 – 3.25 High; 1.76 – 2.5 Moderate; 1.0 – 1.75 Low

Table 2 displays the level of personal beliefs held by respondents. The respondents strongly believe that the following belief factors can predict COVID-19 behavior: health importance (x = 3.60) and effectiveness of health procedures (x = 3.60). With an overall mean of 3.31, respondents almost believe that invulnerability (x =2.67) is one of the belief factors that predicts the COVID-19 personal belief. It implies that respondents strongly believe that the personal belief factors listed below predict COVID-19 behavior.

Furthermore, the Department of Health (2021) argued that accurately predicting what others will do is mediated by our understanding of the actions driving them rather than necessarily by what we believe or know to be true. As a result, the overall belief predictors are the foundation upon which we select the behavior we predict as a function of a specific phenomenon, such as the COVID-19 pandemic.

The respondents have an extremely high level of trust in the government (x =3.36). In terms of government trust, respondents' belief predictor is very high. "Having everyone follow government recommendations, which are described as very high," is the highest indicator. The lowest indicator, which is described as high, is "managing COVID-19 is the government's job."

Since the beginning of the COVID crisis, Bargain and Aminijonov (2020) have emphasized the importance of trusting the government as the driver of compliance. After all, a state that values my ability to stay healthy tends to increase my freedom to do things in life in the long run. Governments should also demonstrate greater confidence in themselves by agreeing to delegate authority to locally elected officials.

The respondents believed that disruptivity ($\tilde{x}=3.32$) has a categorical mean of *very high*. The highest indicator shows "*having COVID-19 would be disruptive to my physical health*, which is described as *very high*. The lowest indicator shows *"having COVID-19 would be disruptive to my life overall"*, which is described as *high*.

Giuntella et al. (2021) mentioned that COVID-19 has unprecedentedly affected daily life. There were dramatic changes in physical activity, sleep, time use, and mental health. Physical health is mostly disrupted because of the pandemic, showing a tightened link between lifestyle behaviors and depression. Furthermore, physical activity and mental health disruptions are strongly associated, but restoring physical activity through a short-term intervention does not help improve mental health. Invulnerability has a categorical mean of *high*. This finding means that the belief predictor in terms of the invulnerability of the residents is high. The highest indicator shows *"having a body that could fight off COVID-19 infection"*, which is described as *very high*. The lowest indicator shows "*having people like me don't get COVID-19,"* which is described as *low*.

The United Nations (2021) suggests that young people are not invincible, which means that they can be infected, could die, and could transmit the virus. It was stressed that not all people could fight off infection; instead, people should be leaders and drivers of change during the pandemic. The effectiveness of health procedures has a categorical mean of *very high*. This means that the belief predictor in terms of the effectiveness of health procedures of the residents is very high. The highest indicator, which is characterized as being very high, states that "using a surgical mask is an effective technique for avoiding COVID-19".The lowest indicator is "*avoiding crowds is an effective method for fighting COVID-19*", which is described as *very high*.

Bargain and Aminijonov (2020) argued that measures taken to curb infection brought on by the COVID-19 pandemic are effective. This includes wearing a mask, washing and disinfecting hands, performing physical distancing, subjecting one's self to vaccination, isolating when infected, and other government-related mandates. This recommendation is aimed at preventing the transmission of the illness by asymptomatic and presymptomatic persons, and it is used in combination with other well-established preventive strategies, including social isolation. Face masks reduce the amount and spread of exhalatory droplets released when breathing, speaking, and coughing. Hence, it is an effective health procedure to lessen viral infections.

Table 3. Level of COVID-19 Behaviors

Indicators	Mean	SD	Description
Rule Following Predictor	3.18	0.84	High
Taking Health Precautions Predictors	3.53	0.59	Very High
Giving Health Advice	3.25	0.72	Very High
Overall Mean	3.32	0.58	Very High

Legend: 3.26 – 4.0 Very High; 2.51 – 3.25 High; 1.76 – 2.5 Moderate; 1.0 – 1.75 Low

Table 3 shows the level of COVID-19 behaviors among the respondents. The respondents' behavior regarding COVID-19 voluntary compliance is extremely manifested in taking health precautions ($\tilde{x}$=3.53), which is described as very high. The respondents' voluntary compliance with the residents is very high, which implies that the behavior of COVID-19 voluntary compliance is extremely manifested in the respondents. On the other hand, rule-following predictors ($\tilde{x}$=3.18) behavior on COVID-19 voluntary compliance almost manifested in the respondents.

Eleviant Tech (2022) cited that better compliance obligations may arise because of the pandemic. The regulatory changes impact people to make the changes, stride, and adapt to the new regulations. The significant reasons for voluntary compliance are general health and safety. Since COVID-19 is a highly contagious illness, adhering to COVID-19 compliance is important to lowering the infection incidence. To reduce contact and avoid a lot of unnecessary travel, governments around the world have instructed firms to provide their staff with the option of working from home.

Rule following predictor has a categorical mean of high. The COVID-19 voluntary compliance of the residents in terms of rule-following predictor is high. The highest indicator shows “only leaving home for reasons sanctioned by the government,” which is described as high. The lowest indicator is “following the rules for sheltering in place,” which is also described as high.

Taking health precautions predictor has a categorical mean of very high. The COVID-19 voluntary compliance in terms of taking health precautions predictor is very high. The highest indicator shows “intending to wear a surgical mask to avoid COVID-19”, which is described as very high." Intending to stay at home to avoid COVID-19", which is categorized as very high, is the lowest indicator.

Giving health advice has a categorical mean of high. The COVID-19 voluntary compliance in terms of giving health advice to the respondents is high. The highest indicator is “explaining to others how to behave to stay healthy and safe,” which is described as very high. The lowest indicator shows “expressing my opinions on health and safety matters even when others disagree,” which is described as high.

Table 4. Association of the Demographic Profile and the Level of Personal Beliefs

Profile	**C**	**p**	**Decision**	**Remarks**
Age	.088	.000	Reject Ho_2	Significant
Sex	.080	.000	Reject Ho_2	Significant
Marital status	-.016	.000	Reject Ho_2	Significant
Employment status	-.086	.000	Reject Ho_2	Significant

Note: Significant at p < .05

Table 4 shows the association between the respondent's demographic profile and the level of personal beliefs. The result shows that age has a significant relationship with personal beliefs. Hence the null hypothesis was rejected, and the alternative hypothesis was accepted. Age has a (p=.000), which rejects the null hypothesis that there is no significant association between the demographic profile and the personal beliefs of the respondents. There is a significant association between age and personal beliefs on voluntary compliance. Hughes and West (2017) argued that older adults hold complex yet predominantly positive beliefs. The beliefs the older people are based on the knowledge, experiences in life, and exposure counteracted by their influence.

Sex has a (p=.000), which rejects the null hypothesis that there is no significant association between the demographic profile and the personal beliefs of the respondents. Hence, there is a significant association between sex and personal beliefs on voluntary compliance. According to Galasso et al. (2020), women who are older, poorer, or generally in worse health or who engage in a line of work where there is a larger danger of transmission may be more concerned about COVID-19 and more comply with the guidelines. Furthermore, Babwah et al. (2021) mentioned that women are more likely to comply than men. Compared to women, men are more prone to participate in health-risky behaviors.

Marital status has a (p=.000), which rejects the null hypothesis that there is no significant association between the demographic profile and the personal belief of the respondent. Hence, there is a significant association between marital status and voluntary compliance with COVID-19. Paramita et al. (2021) argued that married people are most likely to comply with COVID-19 measures. The success of stopping the pandemic is largely because married people are better leaders in times of crisis. After all, they are rooted in empathy, love, compassion, and working together than people of other civil statuses, whose aggressiveness, dominance, and competitiveness are strongly linked to being single.

Employment status has a (p=.000), which rejects the null hypothesis that there is no significant association between the demographic profile and the personal beliefs of the respondents. Hence, there is a significant association between employment status and voluntary compliance with COVID-19. The result is contrary to what Liu et al. (2021) suggested, that behavioral compliance and other related factors for COVID-19 prevention are associated mostly with those who are working full-time or regularly. The compliance of the working class people is accounted mostly to regular workers who are focusing more on their safety for fear of getting sick and infecting their family members once they reach home.

Table 5. Test of Association between the Demographic Profile and the Level of COVID-19 Behaviors

Profile	**C**	**P**	**Decision**	**Remarks**
Age	.063	.000	Reject Ho	Significant
Sex	.137	.000	Reject Ho	Significant
Marital status	.035	.000	Reject Ho	Significant
Employment status	.164	.000	Reject Ho	Significant

Note: Significant at p < .05

Table 5 shows the association between the respondents' demographic profile and the level of COVID-19 behaviors. Age has a (p=.000), which rejects the null hypothesis that there is no significant association between the demographic profile and the COVID-19 behaviors of the respondents. Hence, there is a significant association between age and COVID-19 behaviors. Kim and Crimmins (2020) argued that the association between age and these preventive behaviors has significantly changed over time. At the start of the pandemic, there was no difference in the likelihood that older or younger people would engage in these preventive behaviors, but in the initial months, older persons promptly embraced more preventative personal practices compared to the youngest people.

Sex has a (p=.000), which rejects the null hypothesis that there is no significant association between the respondents' demographic profile and the COVID-19 behaviors of the respondents. Hence, there is a significant association between sex and COVID-19 behaviors. According to Alshawary et al. (2021), women process and express affective experiences, such as fear, with a greater intensity than men. Hence, women have better behaviors than men regarding behavior and other consequences of the pandemic. On the other hand, men have negative behaviors about the health-related consequences of COVID-19. Women also often report having more distressing emotional reactions to the pandemic, particularly when other people or the government engage in ways that worsen the situation.

Marital status has a (p=.000), which rejects the null hypothesis that there is no significant association between the respondents' demographic profile and COVID-19 behaviors of the respondents. Hence, there is a significant association between marital status and COVID-19 behaviors. Nkire et al. (2021) cited that during the first six weeks of the pandemic, singles demonstrate better COVID-19 behaviors, thereby having better mental health outcomes than those in an unhappy union. Research shows that differences in mental health related to marital status are bigger when the comparison group is made up of divorced or widowed people and smaller or insignificant when compared to people who have never been married. This notion shows that marriage has a more complex effect on mental health outcomes like anxiety and depression. Employment status has a (p=.000), which rejects the null hypothesis that there is no significant association between the respondents' demographic profile and the COVID-19 behaviors of the respondents. It can be gleaned that there is a significant association between employment status and COVID-19 behavior. McDowell et al. (2021) mentioned that those working in regular or full-time positions have better behaviors, better mental health outcomes, more physical activities, and better responses to the pandemic than their single counterparts. Furthermore, an association of a full-time job to behavior prevents deterioration in mental health. However, job loss during the pandemic created societal stress, which created adverse effects on the mental state of the employee.

Table 6. Test of Relationship between Personal Belief Predictors and COVID-19 Behaviors

	r	p	Decision	Remarks
Belief Predictors and COVID-19 Behaviors	.385**	.000	Reject Ho_2	Significant

*Note: **Significant at p < .01*

Table 6 shows the relationship between belief predictors and COVID-19 behaviors. It has a (p=.000), which rejects the null hypothesis that there is no significant relationship between personal belief and COVID-19 behavior. With this, it can be understood that there is a significant relationship between belief predictors and COVID-19 behaviors. Improving belief predictors on COVID-19 compliance creates a moderate improvement in COVID-19 behaviors (r=.385).

Cherry (2021) cited that compliance involves changing the behavior in some way because someone else requested a person to do so. While one may have had the option to refuse the request, one may choose to comply. Compliance is a type of social influence by changing one's beliefs or behavior to match the majority's expectations. Being agreeable or obedient is characterized by compliance, which is the act of fulfilling others' requirements.

Table 7. Domains of Personal Beliefs that Significantly Predict COVID-19 Behaviors

Domains	B	t	p	Decision	Remarks
(Constant)	1.204	5.872	.000	Reject Ho_2	Significant
Government trust	.123	2.435	.015	Reject Ho_2	Significant
Disruptivity	.005	.121	.904	Accept Ho_2	Not significant
Health Importance	.085	1.183	.237	Accept Ho_2	Not significant

Invulnerability	-.028	-.865	.387	Accept Ho_2	Not significant
Effectiveness of health procedures	.404	7.797	.000	Reject Ho_2	Significant

Note: Model fit at p < .05; r=.528; r^2=.279

Table 7 shows the domains of personal beliefs that significantly influence COVID-19 behaviors. Disruptivity has a (p=.904), which accepts the null hypothesis that no significant relationship exists between personal belief predictors and COVID-19 behaviors. Disruptivity is not a domain that influences the COVID-19 behavior of the residents. Furthermore, health importance has a (p=.237), which accepts the null hypothesis that no significant relationship exists between personal belief predictors and COVID-19 behaviors. Health importance is not a domain that influences COVID-19 behavior. Adding on, invulnerability has a (p=.387), which accepts the null hypothesis that no significant relationship exists between personal belief predictors and COVID-19 behaviors. Invulnerability is not a domain that influences COVID-19 behavior.

However, government trust has a (p=.015), which rejects the null hypothesis that there is no significant relationship between personal belief predictors and COVID-19 behaviors. Thus, government trust is significantly related to personal belief predictors and COVID-19 behaviors. Government trust is a domain that significantly influences COVID-19 behavior. Han et al. (2021) examined that higher trust in the government regarding COVID-19 control was significantly associated with higher adoption of health behaviors such as handwashing, avoiding crowded spaces, self-quarantine, and prosocial behaviors in specification curve analyses. The government was perceived as well organized, disseminating clear messages and knowledge on COVID-19, and perceived fairness was positively associated with trust in the government. Higher trust at baseline survey was significantly associated with a lower rate of decline in health behaviors over time. Hence, it is important to trust the government to control COVID-19 and for better COVID-19 behaviors.

The effectiveness of health procedures has a (p=.000), which rejects the null hypothesis that there is no significant relationship between personal belief predictors and COVID-19 behaviors. Hence, the effectiveness of health procedures has a significant relationship between personal belief predictors and COVID-19 behaviors. The effectiveness of health procedures is a domain that significantly influences COVID-19 behaviors. Karimy et al. (2021) claimed that when a person participates in a health practice based on individual beliefs, the likelihood of adopting recommended behaviors such as preventive COVID-19 behaviors will increase, changing the individual perceptions.

Conclusion and Recommendation

The current study concluded that the respondents have manifested that the health importance and effectiveness of health procedures predict COVID-19 Behavior in voluntary compliance. However, some residents believe that they are invulnerable to Covid-19. Study findings also showed that the respondents have an extreme belief that the behavior of COVID-19 voluntary compliance is extremely manifested in the respondents in terms of taking health precautions. On the other hand, the respondents received the lowest level of behavior in rule-following, like following rules in sheltering in place, choosing not to visit friends and family, and leaving home only for reasons sanctioned by the government. The study also concluded a significant association between demographic profile and the level of personal beliefs of the respondents. Furthermore, there is a significant relationship between the demographic profile and the COVID-19 behaviors of the respondents and a significant relationship between belief predictors and COVID-19 behaviors. Moreover, both Government trust and effectiveness of health procedures are personal belief domains that had a significant direct influence on predicting the COVID-19 behavior of the respondents.

However, the researcher recommends performing the same study on a different time scale, on an enormous scope, and using qualitative design to capture the residents' experiences in dealing with the challenges during the pandemic, particularly in the areas of compliance and behaviors.

In addition, researchers may further research why, even at the height of the pandemic, many residents still opt to disregard COVID-19 measures set by the government and exhibit poor behaviors. Further research on this perspective is recommended to further understand the reasons for this phenomenon. Subsequently, efforts can continue to discover the reasons for compliance and behaviors towards the pandemic. Finally, studies supporting the present study can be done to further understand the meaning of their responses.

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Performance Appraisal, Employees Development and Organizational Commitment Among Nurses

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Abstract

High turnover and acute shortage of nursing staff are widespread healthcare issues faced by hospitals globally. This study aims to explore the relationship between performance appraisal, employee development, organizational commitment, and turnover intention among nurses at CRMC. A total of 301 respondents meeting specific criteria were included in the study. Various measurement scales were used to assess the constructs. The findings indicate that the majority of respondents were aged between 26-30, married, and employed as full-time nurses. Performance appraisal and employee development were rated as high, while organizational commitment was described as moderate across affective, continuance, and normative dimensions. The relationship between performance appraisal and organizational commitment was weak and insignificant. Similarly, the correlation between performance appraisal, employee development, and organizational commitment was also weak and non-significant, suggesting that organizational commitment operates independently from performance appraisal and employee development. These results shed light on the factors contributing to turnover intentions and organizational commitment among nurses, providing valuable insights for addressing the healthcare challenges related to nurse retention and commitment.

Keywords Nursing, Turnover intention, Descriptive correlational study, Qualitative Exploration, Public Hospital, Cotabato City

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Introduction

In this contemporary world, there is high competition in the global market. High performers are significantly required by all types of organizations to deliver their products and quality service and to accomplish goals to achieve competitive advantage to become a premier organization. The healthcare sector is one of the country's sectors that significantly influences the economy and overall health. Hence, there has been a growing recognition of the wellness of nurses in the workplace because this factor significantly impacts their productivity and effectiveness, which reflects the organization's performance (Rehman et al., 2022). However, the inevitable shortage and higher nurse turnover rate have become crucial issues in the healthcare sector. High turnover and acute shortage of nursing staff are symptoms of severe healthcare issues encountered by several hospitals worldwide.

Turnover pertains to the retraction of employees from the organization and profession voluntarily, resulting in consequential impacts such as low productivity of nurses, inadequate nursing care, and added expenses to the organization. This can be associated with individual and organizational influences, according to studies. Individual factors include age, gender, and tenure (Al Zamel et al., 2020; Schneider & Weigl, 2018). Organizational influence may be the availability of hospital beds, not enough job orientation, work-related stress, environmental stress, scarcity of management support, and non-conducive working.

According to the study of Drennan & Ross in 2019, leaving nurses is associated with burnout experience aside from other identified factors such as their relationship with fellow nurses, staff managers, physicians, and limited leadership support. In the past few decades, the global shortage of employees has been steadily growing. The shortage internationally occurs with variability influenced by the health system development, size of the economy, population size, and medicine. According to Rehman et al. (2022), high turnover rates generally reflect a lower level of organizational commitment (OC), which is a potential sign of a dejected staff in healthcare settings. Thus, research emphasizing organizational commitment among the nursing staff can generate a more realistic and comprehensive knowledge about this phenomenon. The issue related to organizational commitment becomes essential because of its relationship with a propensity to leave and turnover (Gadzali, 2022).

The Philippines, the origin of most nurses worldwide that worked overseas, ironically suffers from a shortage of nurses. (Habito, 2022; Liu et al., 2018). According to the report of the Philippine Overseas Employment Administration (POEA) (No, 1992), an agency that monitors the deployment of Filipino workers abroad, the number of emigrant professional nurses from the year 2004 to 2010 is extremely high. The Philippines has been a significant source country for migrant nurses, driven by a state-sponsored labor exportation system aimed at economic development through remittances. The number of nursing schools in the Philippines grew substantially, resulting in a larger pool of nurses. By the end of the 20th century, an estimated 250,000 Filipino nurses were employed overseas in 31 countries. Initially, Filipino nurses migrated mainly to the United States, with New York City having a significant concentration of Filipino RNs. The migration to the U.S. was facilitated by established migration corridors, favorable immigration schemes, and English-language nursing training that prepared Filipino nurses well for work in the United States. In recent years, there has been an increasing trend of nurse migration from the Philippines to Middle Eastern and Asian countries. Saudi Arabia had the highest number of Filipino nurse migrants between 1993 and 2010, followed by the United Kingdom and the United States. However, Singapore and the United Arab Emirates have emerged as major destinations for Filipino nurses in more recent years. Migration rates have also accelerated in the past decade, with 19,815 nurses leaving the Philippines in 2014, according to the Philippine Overseas Employment Agency. In 2014, the top three destination countries for all Filipino migrant workers (excluding seafarers) were Saudi Arabia, the United Arab Emirates, and Singapore (Trines, 2018).

Furthermore, their decision to migrate was significantly due to myriad factors such as low income, lack of benefits, lack of opportunities and professional growth, increased number of patients to nursing ratio, and poor enforcement of nursing laws (Liu et al., 2018; Dubale et al., 2019). This has created negative consequences for providing healthcare services efficiently and effectively in the country. Losses in the number of nurses impact the potential of new nurses to provide effective patient care due to the loss of experts and experienced mentors, increasing the workload for new nurses without expert trainers, which results in a negative impact on the nursing workforce. The Philippine nursing community has identified highly qualified nurses leaving the country, contributing to the shortage and management difficulties in providing safe and effective patient care. The rural areas have experienced more struggles as more nurses leave the area due to low salaries, heavy workloads, reduced growth opportunities, and poor working environments; hence, they prefer to work in urban areas. These phenomena affect work performance, work satisfaction, and work commitment and ultimately increase the intention of nurses in the country to leave their jobs (Liu et al., 2018).

Similarly, in Cotabato City, the same issues and problems in health care delivery are still a concern because, other than the turnover problem, there is a continuous increase in the nurse-client ratio, which is 1:30-40 (Bisnar & Pegarro, 2018). The burden of this crisis has a significant impact on the healthcare receiver and the healthcare system.

The limited research on the reasons for nurse migration and turnover among Filipino nurses has implications for management. Therefore, there is a pressing need to study these issues and develop interventions that can enhance nurse retention and reduce turnover rates in healthcare organizations (Dubale et al., 2019).

In light of this, the current study serves as an update to the research conducted by Lorenzo et al., which examined rural nurses' organizational commitment and turnover intention. The study found significant associations between nurses' characteristics of organizational commitment and turnover intention, as well as between nurses' overall organizational commitment and their intentions to leave their positions (Dubale et al., 2019).

This updated study specifically focuses on linking Human Resource (HR) practices with registered nurses' organizational commitment, aiming to provide unique insights for hospital administration to effectively manage their talented workforce. Previous research has highlighted the role of HR Management in optimizing employee commitment. However, there has been limited attention given to HR practices such as employee performance appraisal and employee development in understanding the precursors of organizational commitment, particularly among nurses in Cotabato City. This study aims to address this gap by investigating the relationship between employee performance appraisal, employee development, and organizational commitment.

The relationship between employee performance appraisal, employee development, and organizational commitment is complex and interconnected. Implementing a fair and transparent performance appraisal system that accurately assesses employees' job performance against predetermined criteria can positively influence their level of organizational commitment. A well-designed appraisal process that provides meaningful feedback, recognition, and rewards for good performance can enhance employees' sense of value and job satisfaction, ultimately increasing their commitment to the organization.

Furthermore, employee development initiatives play a vital role in shaping organizational commitment. Organizations that invest in their employees' growth by offering opportunities for skill enhancement, learning, and career advancement tend to foster higher levels of commitment. Employees who perceive that their organization supports their personal and professional development are more likely to be motivated, engaged, and committed to the organization's success.

Additionally, there is a correlation between employee performance appraisal and employee development. The outcomes of performance appraisals can provide valuable insights into areas where employees need improvement or further skills development. This information can be utilized to customize employee development plans and initiatives, ensuring that training and growth opportunities align with individual needs and organizational goals. Effective performance appraisals serve as a foundation for identifying areas where employee development would be beneficial, leading to targeted and relevant development activities.

In conclusion, a positive relationship among employee performance appraisal, employee development, and organizational commitment suggests that implementing fair and transparent appraisal systems, providing ample development opportunities, and aligning these efforts with individual needs contribute to higher levels of commitment among employees. This fosters a supportive and engaged work environment, reduces turnover intentions, and promotes overall organizational success. Therefore, this study aims to investigate the relationship between employee performance appraisal, employee development, and organizational commitment.

Methods

The study employed a descriptive correlational research design to examine the relationship between performance appraisal, employee development, and organizational commitment. The researchers aimed to create a comprehensive understanding of the current levels of these variables and their interrelationships. The study was conducted in a public hospital in Cotabato City, which is a tertiary government hospital regulated by various authorities.

A quota sampling method was used to select a total of 301 respondents from different employment statuses, ensuring a balanced representation of perspectives. The researchers utilized Likert scales to measure the constructs, with a 5-point rating scale ranging from strongly disagree to strongly agree. Questionnaires were adapted from existing literature, and a pilot test was conducted to ensure validity and comprehensibility.

The data analysis involved various statistical tools. Frequency and percentage were used to analyze the distribution and composition of categorical variables, providing insights into the demographic profile of the respondents. Mean was employed to determine the average levels of performance appraisal, employee development, and organizational commitment. Standard deviation was utilized to assess the dispersion of the gathered data points. Spearman's rank correlation coefficient was used to evaluate the monotonic relationship between variables and ordinal logistic regression was applied to model the relationship between an ordinal dependent variable and independent variables. Linear regression was used to understand the relationship between a dependent variable and independent variables.

Overall, the study aimed to provide a comprehensive understanding of the variables under investigation, using appropriate research design and statistical analyses to gather and interpret the data effectively.

Results and Discussion

Table 1.1 Demographic Profile of the respondents, precisely their Age, Sex, Marital Status, and Tenure during the survey.

Demographic Profile	*f*	%
Age		
18-25	81	26.91
26-30	105	34.88
31-40	89	29.57
41-50	25	8.31
51-60	1	0.33
Total	301	100
Sex		
Female	243	80.73
Male	56	18.60
Prefer Not to Say	2	0.66
Total	301	100
Marital Status		
Single	163	54.15
Married	124	41.20
Widowed	14	4.65
Total	301	100
Tenure		
Regular/Full Time	159	52.82
Casual/Job Order	129	42.86
Shift Worker	4	1.33
Probation	2	0.66
Fixed Term	5	1.66

Part-Time	2	0.66
Total	301	100

The study surveyed a total of 301 respondents and analyzed their demographic characteristics. The majority of respondents (34.88%) fell within the age range of 26-30, followed by the age range of 31-40 (29.57%) and 18-25 (26.91%). Respondents aged 41-50 and 51-60 constituted 8.31% and 0.33% of the sample, respectively. In terms of gender, females accounted for 80.73% of the respondents, while males represented 18.60%. A small percentage (0.66%) chose not to disclose their gender. Regarding marital status, the majority of respondents were single (54.15%), followed by married individuals (41.20%), and a smaller proportion were widowed (4.65%). In relation to employment status, the largest group consisted of regular or full-time nurses (52.82%), followed by those with casual/job offer employment (42.86%). Fixed-term, shift worker, probationary, and part-time nurses represented smaller percentages of the respondent population (1.66%, 1.33%, 0.66%, and 0.66% respectively). In summary, the surveyed nurses were predominantly within the age range of 26-30, female, unmarried, and engaged in regular or full-time nursing roles within the hospital. These findings suggest that the nursing workforce primarily comprises young married professionals actively involved in providing healthcare services.

Table 2. Performance Appraisal

Statement	MEAN	SD	DESCRIPTION
In this organization, employees are provided performance-based feedback and counseling.	3.76	0.90	High
There is a regular appraisal for promotion	3.66	0.91	High
The appraisal data is used for decision-making like promotion, job rotation, training, compensation, transfers, and discharge	3.68	0.89	High
The Appraisal system is growth and development-oriented	3.69	0.89	High
Adopting different periods of appraisal for the different unit	3.70	0.88	High
There is a performance appraisal for the identification of a motivational strategy	3.72	0.90	High
There is a set performance goals/ requirement for individuals	3.73	0.92	High
There is a well-defined performance management strategy	3.69	0.91	High
There are corrective measures for under-performance	3.68	0.91	High
Retraining, redeployment, and employability take precedence over downsizing.	3.66	0.94	High
Overall	3.42	0.83	High

Legend: 5.00 - 4.21 – Very High; 4.20 – 3.41 – High; 3.40 - 2.61 – Moderate; 2.60 - 1.81 – Low; 1.80 - 1.00 – Very Low; SD – Standard Deviation

Table 2 presents the level of performance appraisal experienced by the respondents in the healthcare organization. It includes various aspects such as performance-based feedback and counseling, regular appraisal for promotion, use of appraisal data for decision-making, appraisal system for growth and development, identification of motivational strategies, setting performance goals, and more. The table shows that the overall mean score for performance appraisal is 3.42, indicating a high level of appraisal. The standard deviation is 0.83, suggesting some variability in the responses. The data is positively skewed (skewness = 0.81) and exhibits a normal distribution (kurtosis = 0.26, K-S statistical value = 0.19, p-value = 0.79). These findings suggest that the nurses in the organization perceive a high level of performance appraisal. They have a positive perception and generally agree with the statements related to performance appraisal in the survey. The data indicates that the organization has a well-established evaluation system for assessing the performance of nurses. This may be attributed to fair and unbiased appraisal practices, providing feedback to nurses about their strengths and weaknesses, and recognizing exemplary nursing models.

Table 3. Level of Employee Development.

Statement	MEAN	SD	DESCRIPTION
There is a budget dedicated to training and development every year	3.68	0.83	High
Every employee goes through various training programs every year	3.64	0.88	High
Learning opportunities are in own time	3.69	0.88	High
Training and development enable one to learn and develop new skills	3.73	0.89	High
There is a training strategy and a coherent training program	3.69	0.84	High
Training incorporates the interests of the organization as well as the individual	3.70	0.85	High
The training needs identified are realistic, practical, and based on the business strategy of the organization	3.69	0.84	High
Training needs are discussed with employees	3.71	0.85	High
The organization enables us to have a clear understanding of career or promotion path	3.68	0.83	High
Training is an opportunity to keep knowledge and skills up to date	3.73	0.86	High
Overall	3.69	0.02	High

Legend: 5.00 - 4.21 – Very High; 4.20 – 3.41 – High; 3.40 - 2.61 – Moderate; 2.60 - 1.81 – Low; 1.80 - 1.00 – Very Low; SD – Standard Deviation

The table above presents the respondents' perception of employee development in the organization. It covers various aspects such as the presence of a dedicated training and development budget, participation in training programs, availability of learning opportunities, the effectiveness of training in acquiring new skills, the existence of a coherent training strategy, alignment of training with organizational and individual interests, realistic identification of training needs, discussion of training needs with employees, clarity on career and promotion paths, and the opportunity to update knowledge and skills. According to the table, the overall mean score for employee development is 3.69, indicating a high level of agreement with the statements. The standard deviation is 0.02, suggesting a low degree of variability in the responses. The data is negatively skewed (skewness = -0.50) and exhibits a slightly higher than normal kurtosis (kurtosis = 1.11). The K-S statistical value is 0.19, and the p-value is 0.81, indicating that the data does not significantly deviate from a normal distribution. These findings suggest that the majority of respondents agree with the statements related to employee development, indicating a positive experience with the organization's employee development program. The data implies that the organization has a well-established training and development framework that supports employees in acquiring new skills and strategies for delivering better healthcare services.

Table 4.1. Affective commitment

Statement	MEAN	SD	DESCRIPTION
I would be delighted to spend the rest of my career with this organization	3.31	0.94	Moderate
The organization has a great deal of personal meaning for me.	3.37	0.90	Moderate
This organization's problems are my own.	3.29	0.92	Moderate
I enjoy discussing my organization with people I see	3.37	0.91	Moderate
I think that I could not easily detach from the organization	3.34	0.91	Moderate
I have reasons to continue to work in this organization	3.38	0.89	Moderate
I think that spending most of my time in this organization is good for me	3.36	0.89	Moderate
I feel emotionally attached to this organization.	3.35	0.89	Moderate
I feel like part of the family at my organization.	3.39	0.91	Moderate
I experienced a strong sense of belonging to my organization	3.39	0.87	Moderate
Overall	3.36	0.31	Moderate

Legend: 5.00 - 4.21 – Very High; 4.20 – 3.41 – High; 3.40 - 2.61 – Moderate; 2.60 - 1.81 – Low; 1.80 - 1.00 – Very Low; SD – Standard Deviation

Table 4.1 provides insights into the respondents' organizational commitment, specifically focusing on affective commitment, which refers to the emotional connection employees have with the organization. The table indicates that the overall mean score is 3.36, suggesting a moderate level of organizational commitment. The standard deviation is 0.31, indicating some variability in the responses. The data exhibits a negatively skewed distribution (skewness = -0.97) and a kurtosis of 0.12, indicating a relatively flat distribution. The K-S statistical value is 0.18, and the p-value is 0.84, suggesting that the data does not significantly differ from a normal distribution. The respondents tend to feel neutral towards their organizational commitment based on the statements provided in the table. These statements include factors such as having a personal attachment to the organization, considering the organization's problems as their own, enjoying discussions about the organization, having difficulty detaching from the organization, having reasons to continue working there, valuing spending time in the organization, feeling emotionally connected, considering themselves part of the organizational family, and experiencing a strong sense of belonging. Overall, the respondents' perceptions indicate a neutral stance or a lack of strong agreement or disagreement regarding their organizational commitment experiences. This could be attributed to a range of factors, such as their overall positive experiences during their tenure in the organization.

Table 4.2 Continuance commitment

Statement	MEAN	SD	DESCRIPTION
Right now, staying with my organization is my desire.	3.33	0.9	Moderate
It would be tough for me to leave my organization right now	3.27	0.90	Moderate
My life would be disrupted if I decided to leave my organization now.	3.24	0.90	Moderate
I have no options to consider leaving this organization.	3.23	0.93	Moderate
I had already put so much of myself into this organization, that I do not consider working elsewhere	3.21	0.90	Moderate
One of the few negative consequences of leaving this organization would be the scarcity of available alternatives.	3.25	0.90	Moderate
I am very committed to this organization; I do not consider working elsewhere.	3.23	0.88	Moderate
Staying in the organization is an excellent decision for me	3.28	0.92	Moderate
I cannot visualize myself leaving the organization	3.23	0.89	Moderate
The organization provides me room for professional growth, hence, I committed to myself to continue working here	3.33	0.87	Moderate
Overall	3.26	0.04	Moderate

Legend: 5.00 - 4.21 – Very High; 4.20 – 3.41 – High; 3.40 - 2.61 – Moderate; 2.60 - 1.81 – Low; 1.80 - 1.00 – Very Low; SD – Standard Deviation

Table 4.2 presents the respondents' continuance commitment, which relates to the perceived costs associated with leaving the organization. The table indicates that the respondents hold a moderate or undecided stance regarding their intention to stay in the organization, as reflected by a mean score of 3.26. The standard deviation is 0.04, suggesting relatively low variability in the responses. The data distribution is positively skewed (skewness = 0.89) and exhibits negative kurtosis (kurtosis = -0.40), indicating a slightly flattened distribution. The K-S statistical value is 0.20, and the p-value is 0.76, indicating that the data does not significantly deviate from a normal distribution. The respondents' perceptions regarding their continuance commitment are measured through various statements in the table. These statements include their desire to stay in the organization, the perceived difficulties of leaving at the moment, the potential disruption to their life if they were to leave, the perceived lack of alternative options, the investment they have already made in the organization that deters them from considering other work opportunities, the scarcity of viable alternatives, their strong commitment to the organization, the belief that staying is the right decision, the inability to envision themselves leaving, and the organization's provision of professional growth opportunities. Overall, the respondents express a moderate or undecided sentiment about their continuance commitment to the organization. They consider factors such as the costs associated with leaving, their investment in the organization, and the perceived scarcity of alternative options. These factors contribute to their commitment to continue working in the organization, although their level of commitment may not be strong or definitive.

Table 4.3 Normative commitment

Statement	MEAN	SD	DESCRIPTION
I feel an obligation to remain with my current employer	3.14	0.97	Moderate
I feel it would be fitting to stay in my organization now	3.21	0.97	Moderate
I would feel guilty if I left this organization now.	3.14	0.97	Moderate
This organization deserves my loyalty.	3.19	0.98	Moderate
I feel obligated to the people in it hence, I would not leave my organization right now	3.16	0.98	Moderate
1 owe a great deal to my organization.	3.18	0.99	Moderate

I was taught that there is value in remaining loyal to one organization	3.20	0.98	Moderate
Even if I get an offer for a better job elsewhere, I will feel guilty if I am to leave the organization	3.13	1.0	Moderate
Things were better for people who stayed with the organization for most of their careers	3.16	0.99	Moderate
I think that wanting to be in the organization is sensible	3.19	0.99	Moderate
Overall	3.17	0.026	Moderate

Legend: 5.00 - 4.21 – Very High; 4.20 – 3.41 – High; 3.40 - 2.61 – Moderate; 2.60 - 1.81 – Low; 1.80 - 1.00 – Very Low; SD – Standard Deviation

Table 4.3 presents the respondents' normative commitment, which reflects their sense of moral obligation to stay with the organization. The table indicates that the respondents hold a moderate or undecided level of normative commitment, with an overall mean score of 3.17. The standard deviation is 0.026, suggesting relatively low variability in the responses. The data distribution is slightly negatively skewed (skewness = -0.08) and exhibits negative kurtosis (kurtosis = -1.49), indicating a flattened distribution with some outliers. The K-S statistical value is 0.18, and the p-value is 0.87, indicating that the data does not significantly deviate from a normal distribution. The respondents' normative commitment is measured through various statements in the table, which assess their feelings of obligation and moral duty to remain with their current employer. These statements include their belief that it is fitting or appropriate to stay, the potential guilt they would feel if they were to leave, the perception that the organization deserves their loyalty, the sense of obligation towards the people in the organization, the recognition of owing a great deal to the organization, the belief instilled in them about the value of remaining loyal to one organization, the inclination to feel guilty even when offered a better job elsewhere, the notion that staying with one organization for most of their career is beneficial, and the rationality behind wanting to be part of the organization. Overall, the respondents demonstrate a moderate or undecided level of normative commitment to the organization. They consider factors such as moral obligations, loyalty, guilt, and the perceived benefits of long-term commitment. Their commitment level is not strongly pronounced, indicating that they have not fully committed themselves to staying or leaving the organization.

Table 5.1 Performance Appraisal and Organizational Commitment

Performance Appraisal	ρ	p-value	Decision	Remarks
	Organizational Commitment			
Affective Commitment	-0.42	0.23	Accept the H_{01}	Not Significant
Continuance Commitment	-0.15	0.67	Accept the H_{01}	Not Significant
Normative Commitment	-0.24	0.50	Accept the H_{01}	Not Significant
Employee Development	**ρ**	**p-value**	**Decision**	**Remarks**
	Organizational Commitment			
Affective Commitment	0.22	0.54	Accept the H_{02}	Not Significant
Continuance Commitment	0.07	0.85	Accept the H_{02}	Not Significant

Normative Commitment	-0.03	0.93	Accept the H_{02}	Not Significant

Note: $p < 0.05$ – Significant

Table 5 reveals that there is a weak and non-significant relationship between performance appraisal and organizational commitment (affective, normative, and continuance). This suggests that although respondents experience a high level of performance appraisal, their commitment to the organization remains moderate or undecided. The p-values for continuance commitment (p = 0.152), affective commitment (p = 0.23), and normative commitment (p = 0.50) indicate that there is no significant relationship between the variables. Therefore, we accept the null hypothesis, concluding that performance appraisal does not strongly influence organizational commitment.

Table 5 also reveals a weak and non-significant relationship between employee development and organizational commitment. Despite a positive experience with employee development, respondents remain undecided about their commitment to the organization. This suggests that other factors play a more significant role in influencing organizational commitment. The p-values for normative commitment (p = 0.93), affective commitment (p = 0.54), and continuance commitment (p = 0.85) indicate no significant relationship. Therefore, we accept the null hypothesis, concluding that employee development does not strongly impact organizational commitment.

Table 6. Performance Appraisal and Employee Development

Independent Variables	Performance appraisal and Employee Development						
	β	SE	Wald χ^2	OR	*p*-value	Decision	Remarks
Affective Commitment	0.18	9.49	0.00036	1.19	0.98	Accept the H_{03}	Not Significant
Continuance Commitment	0.00089	5.86	2.332	0.99	1.0	Accept the H_{03}	Not Significant
Normative Commitment	0.08	11.45	0.000051	0.92	0.99	Accept the H_{03}	Not Significant

Note: p<0.05 (Significant); NS= Not Significant B= Beta Coefficient/Estimate; SE=Standard Error; OR= Odds Ratio/Exponential Value; df =1; Pseudo R-square (Nagelkerke)= 0.000005344

Table 6 presents logistic regression analysis results for the relationship between performance appraisal, employee development, and three independent variables: affective commitment, continuance commitment, and normative commitment. The beta coefficients (β) show the estimated change in log odds for a one-unit increase in the independent variables. Affective commitment had a beta coefficient of 0.18, indicating a 19% increase in odds, but the p-value of 0.98 suggested no statistical significance. The same lack of significance was found for continuance commitment (beta = 0.00089) and normative commitment (beta = 0.08). Overall, the logistic regression model did not provide a better fit than the model without the independent variables, as indicated by the chi-square test.

The findings of this study highlight the significant influence of factors such as age, gender, education, rank, and work experience on nurses' organizational commitment. Additionally, age and education were found to be significantly correlated with turnover intention, while organizational commitment correlated negatively with turnover intention. Previous studies have primarily focused on job satisfaction as a factor affecting commitment and turnover among nurses, with high demands and workloads contributing to increased turnover. However, there is limited research on the role of employee development and performance appraisal in relation to turnover. It is important to consider that individual nurses may have varying opinions on factors such as pay, promotions, supervisors, and benefits, which can influence their commitment to the organization. While the statistical significance of the study's outcomes may vary, it is evident that nurses' experiences in terms of performance appraisal and employee development can impact their organizational commitment.

Conclusion and Recommendations

In conclusion, the study's findings offer valuable insights into the characteristics and perceptions of healthcare providers in the nursing field, providing a foundation for strategic actions by healthcare organizations. Notably, the majority of nursing professionals are young, married, predominantly female, and hold full-time positions within hospital settings. These demographic revelations equip healthcare institutions with the knowledge to tailor their recruitment strategies, effectively targeting and retaining these specific demographic groups.

A significant discovery from the study is the positive perception of nurses toward performance evaluations, indicative of a well-established appraisal system. However, there is still potential for refinement. Tomaximize its effectiveness, healthcare organizations should prioritize clear communication of performance expectations, the establishment of regular feedback mechanisms, and opportunities for professional advancement. Continual reviews and adjustments, incorporating inputs from both nurses and supervisors, are crucial for sustaining the efficacy of the appraisal system.

The study underscores the efficacy of employee development programs, reflecting positive experiences and the organization's commitment to enhancing healthcare service delivery through skill enhancement. It is advised that healthcare institutions not only sustain these programs but also construct a comprehensive career development framework. Such a framework would provide a structured approach to skill enhancement, outline pathways for growth, and ultimately boost workforce morale.

A noteworthy insight from the study pertains to the moderate levels of organizational commitment observed among staff nurses, coupled with an underlying uncertainty about their future within the organization. To address this, healthcare institutions should concentrate on fostering a positive work environment, improving communication channels, increasing employee engagement, and aligning organizational values. By doing so, commitment levels can be elevated, and uncertainties reduced.

It's noteworthy that the study did not establish significant relationships between performance appraisal, employee development, and organizational commitment. This suggests the presence of other influential factors impacting commitment levels. To attain a more comprehensive understanding of nurse retention dynamics, future research should explore qualitative dimensions of commitment, such as emotional attachment and shared values.

Considering these findings, the implementation of the study-derived recommendations holds the potential to drive growth among nursing professionals, amplify organizational commitment, and enhance the overall quality of healthcare service delivery. By tailoring recruitment strategies, continually refining the appraisal system, prioritizing employee development, and addressing commitment-related factors, healthcare organizations can bolster their nursing workforce. Moreover, delving into qualitative commitment aspects through future research will contribute to the development of targeted interventions and strategies, fostering the retention of dedicated and motivated healthcare professionals.

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Lived Experiences Of Pediatric Oncology Nurses On Palliative Care: A Phenomenological Study

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Abstract

This study focused on exploring pediatric oncology nurses' lived experiences in palliative care. Using the descriptive-phenomenological method, sixteen pediatric oncology nurses who are doing palliative care were purposely selected to participate in the face-to-face in-depth interview and focus group discussion. Using Colaizzi's qualitative data analysis, the experiences of pediatric oncology nurses who provide palliative care to children with cancer were capsulated into three emerging themes. The first emergent theme that describes the oncology nurses' experience in caring for pediatric cancer patients in palliative care is Glooming Times. This is supported by four clustered themes, namely: Witness to Suffering, Unhealthy Attachment, Catching One's Heart, Lighten the Burden, and Enervating Times. The emergent theme Blooming Times depicts the pediatric oncology nurses' means of coping with the challenges they experienced. It was reinforced with three clustered themes namely Caring Touch, Heeding Ears, and Enhancing Competence. Finally, the participants' insights that they can share with their colleagues and nursing practice in general are illustrated by the emergent theme Illuminating Insights which is supported by cluster themes namely: Eye Opener, Quality of Life Advocate, and Lighting the Path. The participants were negatively impacted by going through the real-life experiences of treating children with cancer who were receiving palliative care. While providing care for their patients, the participants struggle physically and emotionally.

Keywords: *Pediatric Oncology Nurse's Palliative Care, Health, Descriptive Phenomenology, Davao City*

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Introduction

One of the most challenging areas in the field of nursing is pediatric oncology because it deals with a devastating and difficult-to-treat disease, cancer. Therefore, palliative care is embedded in the work of oncology. It has never been easy to be a witness to the suffering of a child patient. Hence, oncology nurses say that providing care to pediatric cancer patients is emotionally and mentally draining. Moreover, the long-term patients that these nurses care for cause them to get emotionally attached to the patients and their families (Cancer Treatment Centers of America, 2020). Unfortunately, a large percentage of these patients will not be able to survive, which usually leaves oncology nurses heavily affected.

In the United States, the difficult nursing specialty of palliative care nursing requires time and constant connection with suffering patients and carers. Palliative care nurses run the danger of experiencing physical, emotional, spiritual, and psychological pain when providing long-term care for patients with life-threatening illnesses; this could limit their ability to provide compassionate care (Cross, 2019). Furthermore, palliative nurses in Singapore said that they went through personal challenges that made them feel completely exhausted. They must manage inter-professional conflicts, such as disagreements on the treatment objectives of a patient (Koh et al., 2019).

In the Philippines, there are at least 4,788 Filipino children identified with cancer annually according to the Philippine Society of Pediatric Oncology President Dr. Patricia Alcasabas (Montemayor, 2019). The oncology division greatly values and needs the subspecialty of pediatric palliative care. In addition, they offer humanized treatment to support the well-being, comfort, and quality of life of sick children; this is in addition to the technical and scientific expertise that they offer (Al Balushi, 2019). However, in the Philippines, there are shortages of palliative and hospice care medical practitioners, particularly in places where they are urgently needed, and access to healthcare services is limited since there are fewer cancer screening and prevention services (Calimag & Silbermann, 2019).

Locally, Southern Philippines Medical Center (SPMC) offers a wide range of health services. One of these is the Children's Cancer Institute (CCI) which accommodates young people who are unfortunately stricken by cancer. The CCI provides children with cancer with their basic therapeutics and diagnostics, as well as a wide range of care from, promotive, curative, and rehabilitative to palliative. As a result, the pediatric oncology nurses in SPMC are eyewitnesses to the suffering of children with cancer and have a wealth of knowledge in providing palliative care for pediatric cancer patients, which makes them a valuable source of data for this study.

The growing number of children with cancer increases the demand for pediatric oncology nurses. It is observed that there is a scarcity of local research focusing on the exploration of the lived experiences of oncology nurses in palliative care. Hence, this study will trailblaze in revealing the struggles, coping, and insights among pediatric oncology nurses on palliative care.

A strategy called palliative care helps people with deadly illnesses and their loved ones have a better quality of life. Early diagnosis, appropriate evaluation, and treatment of pain and other issues prevent and alleviate discomfort, whether physical, psychosocial, or spiritual (World Health Organization, 2018). Nurses specializing in pediatric oncology are crucial in caring for children with cancer. They offer humanized treatment to support sick children's well-being, comfort, and quality of life; this is in addition to their technical and scientific expertise (Al Balushi, 2019). Oncology nurses experience more work-related problems than other nursing specialties and frequently voice their discontent with their jobs as a result of the unique aspects of oncology care (Diaw, et al., 2020).

In a separate study focusing on different coping strategies of nurses assigned to a pediatric oncology ward, it was discovered that the nurses' coping mechanisms include working hard and being conscientious, expressing emotions, reflecting on and enhancing work quality, empathy, and information avoidance (Ma et al., 2021). Relatively, oncology nurses employ first- and second-response coping strategies, including diversion, problem-solving, emotion management, problem-solving, and cognitive restructuring. As coping strategies, oncology nurses also use compartmentalization, deliberate avoidance, and withdrawal from families when a patient is nearing the end of their life (Nwozichi et al., 2020).

Preceptorships and one-on-one mentoring in the field were suggested by several nurses. Others have suggested creating a position for a nurse educator, someone with extensive knowledge of pediatric hospice and palliative care who is always accessible for consultation. They picture a system in which hospice nurses with extensive experience caring for children are paired with hospice nurses who have little experience and are uneasy providing pediatric care. This would allow the less experienced nurse to take on more pediatric patients while also allowing them to provide side-by-side patient care. Additionally, nurses emphasized specific academic subjects as essential to preparing them to provide pediatric hospice and palliative care. Three areas of questions were frequently asked: technical skills, communication, and resilience (Porter et al., 2021).

The growing number of children with cancer increases the demand for pediatric oncology nurses. It is observed that there is a scarcity of local research focusing on the exploration of the lived experiences of pediatric oncology nurses in palliative care. Hence, this study will trailblaze in revealing the struggles, coping, and insights among pediatric oncology nurses on palliative care.

Methods

This study utilized the qualitative descriptive phenomenological research design wherein the main concern is to explore and understand the lived experiences of oncology nurses caring for pediatric cancer patients in palliative care. Creswell (2012) stated that in a phenomenological investigation, numerous people's shared understandings of how a concept or occurrence has affected them in the real world are described. He added that phenomenologists concentrate on outlining the features that all participants share when they go through phenomena.

This methodology was utilized in this study to describe participant experiences without including the researcher's thoughts. The participants' experiences have been described, evaluated, and recreated, but the participants' thoughts have not changed. To maintain the impartiality and validity of the data and to prevent biases, the researcher decided to use this technique. Additionally, to mitigate the bias and maintain the level of objectivity of this study, the researcher adhered to the concept of bracketing. According to Creswell, bracketing allows the researcher to set aside personal experiences from the subject under investigation.

The study was carried out in the Philippines' Davao City Tertiary Government Hospital. The researcher preferred to conduct the study in the said government hospital because the oncology nurses from this medical institution have vast experience in the field of pediatric oncology specifically in palliative care considering the number of patients that they take care of coming from different parts of Mindanao.

This study's participants were selected using a purposive sampling strategy. The participants of this study would be sixteen pediatric oncology nurses. Eight of them have undergone in-depth interviews (IDI) and the other eight belonged to the focus group discussion (FGD). The eight participants of FGD were divided equally into two groups to ensure the effectiveness of the discussion. The participants were chosen based on the objectives of the study. They must be assigned to the pediatric oncology unit for at least one year and must be doing bedside care to patients and not holding supervisory positions. Three experts in the field of oncology nursing confirmed the validity of the interview questions' content and the preparation and organization of the research questions. Before the actual interview, the participants' informed consent was obtained.

Colaizzi’s method of data analysis was applied in this study’s discourse between the researcher and the participants. This type of analysis is a standard social science research methodology for investigating and describing people’s lived experiences (Gumarang et al.,2021). The researcher used this approach to associate with data interpretation that organized, analyzed, and uncovered the underlying or silent meanings embodied or buried in the lived experiences of pediatric oncology nurses in palliative care. The trustworthiness of the study relied on honest or truthful answers from the participants and was ensured by credibility, transferability, dependability, and conformability.

Results and Discussions

This chapter presents the results and discussions of the analyzed qualitative data using Colaizzi’s descriptive phenomenological approach to data analysis. The goal of this research is to understand the lived experiences of the sixteen participants consisting of pediatric oncology nurses. The descriptive phenomenological approach seeks to describe and understand lived experiences as it is.

All participants were of legal age ranging from 26 to 44 years old. Twelve were females and four were males. The length of being a pediatric oncology nurse in palliative care varies from two to twelve years. Presented in Table 1 is the profile of the participants in this study. Code names were employed to conceal the participants' identities and preserve their anonymity.

There were 370 significant statements accumulated from 47 semi-structured interview transcripts written verbatim. After the researcher extracted the significant statements and narrowed them further, the researcher applied them to the statements provided by the participants. There were 105 formulated meanings, and each formulated meaning was coded and grouped according to potential cluster themes. After grouping the meanings, the researcher identified the cluster themes, which led to the emergent themes that generalize the participants' experiences, coping, and insights.

The emerging themes that encompassed all the participant experiences were synthesized using the cluster themes in an inductive analysis. Three emergent themes that addressed the study's research questions were yielded from the transcript analysis. The emergent themes are *Glooming Times, Blooming Times, and Illuminating Insights.*

Glooming Times is a metaphor that depicts the participants' experiences in taking care of their patients. These are the various challenges that the participants have gone through, and the different struggles that they overcome in their day-to-day work. These experiences are likened to gloomy times that the participants normally encounter as they provide their service to the patients. The negative happenings to the patients that the nurses learn firsthand somehow affect them. And the ugly progress of the patient's situation is being seen by the participants regularly. As the child patient arrives in the cancer ward, the nurses immediately do the necessary procedures, assessments, and history taking, and provide the necessary care that the patients need. This is usually the initial contact between the child patient and the nurse. The details of the pediatric oncology nurse's overall experiences in caring for children in palliative care are further substantiated in the cluster themes; *Witness to Suffering, Unhealthy Attachment, Catching One's Heart, and Enervating Times.*

Witness to suffering describes the pediatric oncology nurses' firsthand experiences relating to their work as the primary provider of palliative care to their patients. Of course, providing end-of-life care presents nurses with difficult problems, including end-of-life decisions, seeing patients suffer and die, and a higher risk of burnout (Parola et al., 2018). Palliative nurses observe patients and caregivers suffering on a variety of levels, including physical, psychological, social, emotional, and spiritual, due to the comprehensive nature of the care they provide (Cross, 2019).

> *"It seems so sad…that no matter how aggressive the medical team, as well as the family for the patient's treatment, the body of the patient does not respond anymore, and somehow they have no choice but to choose for terminal discharge."* (Participant 15)

The theme of *Unhealthy Attachment* depicts the pediatric oncology nurses' bond with their patients as the result of the latter's long admission to the hospital. Becoming emotionally attached to the intrepid children in the oncology department is inevitable. This is because cancer patients stay longer during their admission and come back multiple times for a series of treatments. Due to the lengthy and involved nature of cancer treatment, patients spend a lot of time in medical institutions receiving chemotherapy, radiotherapy, surgery, and care for problems. Nurses stated that the relationship with the family and that they are part of the family. They get to know their patients and they get so close to them (Wentzel et al., 2019).

> *"I have this patient that I am attached to and we become*

> *friends, it reached the point that we go out together and continue our communication through social media, and when the time that this patient died it affected me so much that I could hardly function on my duty and it takes so long before I move on, I could never forget that moment.”* (Participant 6)

The theme *Catching One’s Heart* is an analogy to pediatric oncology nurses’ persuasion of their patients’ cooperation for them to be treated easily and well. Normal children are already hard to deal with for they cannot express their feelings accurately due to the limited words that they know and only through crying can they express their feelings of anger, frustration, hunger, and many more. As Macedo (2019) highlighted it is also important to pay attention to the various interpretations that children make of the illness and, as a result, the possibility of death in all phases. Because of this, providing pediatric oncological nursing care is difficult and necessitates, in addition to specialized materials and therapeutic resources, specialists with the necessary training and child-care sensitivity.

> *“The teens are already grown up and completely understand the situation but can hardly express or share their real feelings with us. Maybe they are just shy or do not trust us yet that is why sometimes when you do your rounds, they will pretend that they are sleeping.”* (Participant 16)

Furthermore, *Lighten the Burden* is comparable to pediatric oncology nurses’ experiences wherein most of these are quite draining mentally, emotionally, and physically. However, some patients and parents appreciate the nurses’ effort in providing care for them and are quite grateful. These gestures from the patients and their parents somehow lessen the nurses’ heavy feelings. One of the ways nurses find comfort in the pediatric cancer unit is by seeing children's smiles. Nursing staff can efficiently control their negative emotions by focusing on happy children. Nurses unveiled that the kids are adorable, only when they are sad do they cry and most of them are quite content (Ma et al., 2021).

> *“I feel relieved when I know that I gave everything that I could even if I cannot save the life of the patient. At least I gave life to their remaining days and of course when the family appreciates it.”* (Participant 5)

Finally, *Enervating times* are like pediatric oncology nurses’ feeling of complete exhaustion due to frequent exposure to their work and the unpleasant experiences brought by it. Being assigned to the Pediatric Oncology Department, you will become an eyewitness to the suffering of the untoward events that the patients and their families encounter. This exposure has a lot of effects on the different aspects of participants’ life that makes them physically, emotionally, and mentally drained. Compassion, empathy, and care are required to help others as they mend from deep pain and suffering. Nurses become vulnerable to the feeling of distress within themselves once they establish an emotional connection with patients. Professional caregivers and family members of persons who have endured trauma or suffering may encounter symptoms resembling those of post-traumatic stress disorder, such as irritability, insomnia, intrusive memories, overwhelming sensations, despair, and anxiety (Badger, 2019).

> *“It feels so tiring, especially when we lose an innocent life, it affects me. I become emotionally drained and that emotion reflects in my physical strength. I also become weak physically.”* (Participant 14)

The second emergent theme is *Blooming Times*. It is a theme that describes the participants’ fountain of energy that allows them to sprout from all the challenges that they endure at work and makes them persistent in their calling. Loaded with challenges, the participants stumbled. Their visions and moods become hazy as they try to contemplate how to surface from all the adverse experiences they are going through. Even then, they do not permit these challenges for them not to blossom. In the face of weary and exasperation, pediatric oncology nurses did not allow themselves to drift away from their unpleasant experiences. In this study, pediatric oncology nurses have practiced various coping techniques. Coping styles, a collection of fundamentally unchanging traits that influence a person's behavior in response to stress, are the various ways that people choose to respond to pressures. These hold up throughout time and under various circumstances (Algorani & Gupta, 2022). In this, three cluster themes were revealed: *Caring Touch, Heeding Ears, and Enhancing Competence.*

The theme of *Caring Touch* refers to pediatric oncology nurses' character quality that promotes situational awareness and enhances one's ability to do tasks. Caring touch, people skills, and emotional intelligence are terms that are frequently used interchangeably. The nurses' caring touch is very important in their job considering that they deal with child patients who are quite difficult to work on. As Kilbertus et al. (2022) opined there are times when healthcare professionals say they feel unprepared to give palliative care. Feelings of unreadiness have been attributed to several factors, such as insufficient exposure during formal education, interpersonal difficulties, mental anguish, uncertainty, and a lack of faith in one's capacity to deal with the phenomena of death and dying.

> *"There are patients and watchers that are difficult to deal with. They are always angry. But I completely understand them because of their situation. Proper and good communication will help them calm down."* (Participant 12)

Moreover, *Heeding Ears* is the theme that refers to people to whom pediatric oncology nurses are very open to sharing their unpleasant experiences at work. These people are more than willing to spend their time and very much willing to listen to nurses' narrations about their joys, plights, or heartbreaks from their workplace. Participants' support coming from family and friends as well as their colleagues plays an important role in their coping with distressing moments that they are dealing with in the workplace. Social support had an impact on quality of life. Fostering social support from family, friends, colleagues, and supervisors can assist a person in managing stress and improving their quality of life as a nurse. In addition, prompt and sufficient organizational assistance is necessary to develop nurses' positive coping mechanisms and to improve their well-being (Fathi & Simamora, 2019).

> *"What I do is I share with my husband my everyday duty experience in the hospital."* (Participant 1)

Enhancing Competence refers to honing a pediatric oncology nurse to become a very good palliative care provider to children with cancer. Palliative care is the specialized medical treatment for those who have a life-threatening illness, such as cancer; this treatment must be customized to be effective. Palliative care plays an important role in promoting the quality of life of cancer patients. Although nurses ranked the quality of palliative care as very good to exceptional, there is always room for improvement, especially when it comes to palliative care in hospitals. Furthermore, although a significant proportion of individuals pass away in hospitals, patients frequently want to do so at home. For this reason, hospital nurses must be skilled in providing high-quality palliative care (Joren et al., 2021).

> *"During rounds of Pallia team (Doctors), nurses are encouraged to go with them, for them to observed how to approach patient in palliative care way"* (Participant 10)

The last emergent theme, *Illuminating Insights*, tackles the participants' overall realizations from their experiences on palliative care as their insights to those who want to be involved in caring for patients in palliative care in the future and the nursing practice in general. Participants realized that being a pediatric oncology nurse is not easy. Children with cancer need extra care and their immediate future is uncertain. It requires compassion in providing care to them. You must prepare your ears, your heart, and your entire being because it takes a lot of you to care for children with cancer. Intellectual, physical, and emotional preparedness is a must in order not to be deeply affected by the patient's situation.

When the kids they are caring for experience agony or are on their last days, the nurses working in pediatric cancer units may feel intense emotions. Even though nurses may be highly trained and have a lot of experience caring for cancer patients' children and attending medical crises, traumatic occurrences tend to make them feel more stressed out emotionally and physically (Bonilla, 2020). Because of this, providing pediatric oncological nursing care is difficult and necessary, in addition to specialized materials and therapeutic resources, specialists with the necessary training, and child-care sensitivity (Macedo et al., 2019). This theme is further discussed by the cluster themes, *Eye Opener, Quality of Life Advocate, and Lighting the Path.*

Eye Opener is the theme describing the participants' contemplation that they have a life to live outside of their work. For a long period in providing palliative care to pediatric cancer patients, participants have realized that they consumed most of their time in work. Though they spent eight hours physically in the hospital, while not at work, their minds are still occupied with the things that they have done and things that they need to do at work. It is unquestionably crucial for palliative care nurses to preserve quality and health in their own lives because they are committed to providing their patients and carers with high-quality healthcare as they get closer to the end of life (Cross, 2019).

> *"Life is too short. You'll never know when this illness hits you; so, you need to take good care of your health."* (Participant 6)

The second theme, *Quality of Life Advocate*, illustrates the participants' vital and exceptional role in providing relief from pain while at the same time giving comfort to the patient's remaining days. As the child patients are nearing their expiration, every second counts and is special for their loved ones. It is at this time that palliative nurses shall see to it that every moment in the patient's life must be pain-free if possible, for them to cherish their remaining time with their significant others. Pediatric oncology nurses must champion palliative care in the remainder of patients' precious time. Participants are doing their best to offer the finest service to children with cancer. Nurses who work for oncology units see themselves working various roles when performing palliative care. There are three main roles revealed by the nurses in this study; these are advocating patients' rights, harmonizing care, and devoting time to their patients. Nurses see to it that decisions made are always in the interest of the patients as part of upholding their rights. Some patients need step-down care like hospice and others prefer to be brought home and wait for their time to expire (Bonilla, 2020).

> *"Palliative care for me makes a patient's life better from its present situation. If they are in pain, we give them medication. If they are crying, we are there to comfort them. If they are confused, we are there to explain their situation."* (Participant 12)

The last cluster theme, *Lighting the Path*, elucidates the participants' wisdom to be shared with future palliative nurses and nursing practice in general as a product of their long-time experience in caring for cancer patients who are on the brink of death. This also includes their recommendations to hospital administration in uplifting the status of a nurse who is left behind. The foundation of healthcare is nurses. They look after their patients' significant others in addition to their actual patients. They offer many services, including advocacy for patients, education, and bedside care. Nurses need to be honored for their many services to us as well as the effort they put in to make it all possible. Nurses deserve to be recognized; at least there must be a moment to turn the spotlight on them (Pruitt, n.d.).

> *"Make Nurses Day a big event because nurses here in the Philippines are unrecognized. Luckily, we have the House of Hope Foundation that supports us. We have the White Rose Day we usually celebrate every October; it is a very nice activity not only for the significant others but also for the nurses."* (Participant 7)

Implication for Practice

Going through the lived experiences of medically attending to children with cancer on palliative care adversely affected the participants. They directly see the medical process of their patients who are fighting for their lives. The participants bear their physical and emotional struggles while treating their patients. Due to the patients' long stay in the hospital, bonds between them and the participants have developed. Also, participants disclosed that they have difficulty in dealing with infant, toddler, and teenager patients.

In taking the path of overcoming the difficulties they frequently encounter at work; pediatric oncology nurses have discovered a way of unburdening themselves brought about by their experiences at work. Participants have learned the skills to shield themselves from uncomfortable or disturbing situations while at work. They also revealed that good communication with patients and watchers is one way of making their work easier.

Considering all the roller coaster experiences of pediatric oncology nurses in palliative care, insights have been accumulated and are ready to be shared. Participants realized the need to balance life and work so that they could continue to provide quality service to their patients. The importance of being healthy must also be a priority as participants directly witness how illness can hinder a person's life.

Nurses in palliative care become champions in promoting quality of life by ensuring that their patients are in their comfort in the remaining days of their lives. Participants suggest that someone must be sensitive, know how to control their emotions, and be a good communicator in providing palliative care to patients. Additionally, the nurses' contributions must be recognized by appreciating them as the front-line personnel in the healthcare system.

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Food Safety Knowledge, Attitudes and Practices of Residents of Barangay Cayawan: Basis for a Proposed Enhancement Program

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Abstract

Using a descriptive survey research approach, this study assessed the knowledge, attitudes, and practices of the residents of Barangay Cayawan on food safety. A researcher-made questionnaire was used to survey the 467 respondents using complete enumeration, and selected based on the following criteria: must be head of the household and a resident of Barangay Cayawan for not less than six (6) months at the time the study was conducted. Results showed that the majority of the respondents were middle-aged adults, mostly males, married, finished secondary education, and earning less than P6,000 a month. In addition, the respondents had a high knowledge of food safety (M=4.17), possessed a very positive attitude towards food safety (M=4.26), and very high level of food safety practices (M=4.30). Consequently, a sustainable and long-term enhancement program was proposed.

Keywords: *Food Safety, Health, Descriptive Survey, Davao Oriental, Philippines*

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Introduction

Food safety issues exist throughout the food supply chain and remain a growing concern globally which includes various food-related diseases that can be serious, or even fatal (Fung et al., 2018). Thus, it is critical to know and practice safe food-handling behaviors to help reduce the risk of getting sick as a result of taking in contaminated food (Kamboj et al., 2020). However, in many other developing nations, such as the Philippines, the food safety program is seen as inadequate (Thapa et al., 2020). Despite the country's strengthened engagement in various education campaigns, according to Calopez et al. (2017), the rural populations continue to have poor sanitation, lack of clean drinking water, filthy food storage facilities, and a lack of food safety education.

In a cross-sectional study conducted by Hossen on the streets of Jashore, Bangladesh relative to their highly contaminated street foods, it was found that this is associated with their poor food safety practices and attitude despite sufficient knowledge thereof (Hossen, et al., 2021). In a related cross-sectional study done among Jordan University students, insufficient scores were found in terms of overall food safety knowledge, attitudes, and practices, which is a cause for concern, particularly during the COVID-19 pandemic (Kasza et al., 2022).

According to Ehuwa et al. (2021), food handlers with high awareness of basic food handling methods could help minimize food poisoning cases because they were in direct touch with food, particularly ready-to-eat meals. However, when food-related processes are done incorrectly, customers get FBD. The increase in FBD cases shows ineffective cross-contamination prevention and a lack of food safety training among food handlers (Limon, 2021).

Last October 7, 2021, Super Radyo Davao (2021) reported that following the deaths of six individuals, the Provincial Health Office of Davao Oriental declared a diarrhea outbreak in four barangays in the municipality of Manay, Davao

Oriental. According to the press statement of the Provincial Government of Davao Oriental (2021), 44 collective cases were documented with 26 noted cases in Brgy. Cayawan, the most affected barangay. A continued case investigation was conducted by the PHO.

Presently, there is a lack of research or studies describing the knowledge, attitude, and practices on food safety of the residents of Brgy. Cayawan. The researcher of this study intends to provide a conscientious description of the food safety of the residents to describe their knowledge, attitude, and practices. Hence, areas of concern about their practices may be addressed appropriately through an intervention program based on the description that will be obtained.

Methods

The descriptive survey research design was used by the researcher that employed the input-process-output (IPO) model. It is a descriptive survey since it aims to accurately and systematically describe the population, situation, or phenomenon at Barangnay Cayawan. It answered what, where, when, and how questions in this research. It also assessed the respondents' socio-demographic profile: age, sex, marital status, educational attainment, and monthly income; as well as their degree of knowledge, attitude, and practices about food safety (NCBI, 2019). These data were gathered through profiling, the use of a survey questionnaire, and focus group discussion, and were processed through the use of statistical tools afterward. An enhancement program was created thereafter.

The actual data gathering was conducted at Brgy. Cayawan of the municipality of Manay, Davao Oriental was the most affected barangay with the greatest number of diarrhea cases reported (24 cases). Following the deaths of six individuals, the Provincial Health Office of Davao Oriental has verified a diarrhea epidemic across four (4) barangays in the municipality of Manay, Davao Oriental: Barangay Guza, Barangay Central, Barangay Del Pilar, and Barangay Cayawan.

Cayawan was one of the 17 barangays of Manay which is a 2nd class municipality in the province of Davao Oriental, Philippines. Cayawan has a population of 989 accounting for 2.50% of the total population of Manay, according to the 2020 census. The barangay is then subdivided into 467 households.

The study utilized a researcher-made survey questionnaire composed of four parts. The questionnaire was drafted from an extensive review of relevant literature mainly from the food handling and safety guidelines of WHO (2019), the Center for Disease Control and Prevention CDC (2021), and the Philippine Department of Health DOH (2019), including the food safety knowledge, attitude and practices questionnaire of Tibule (2019). The first part contains sections asking for the socio-demographic profile of the respondents in terms of age, gender, marital status, educational attainment, and monthly income.

The second part consists of a 25-item true-or-false questionnaire that measured the knowledge of the respondents on food safety in terms of water potability (5 items), sanitation (5 items), personal hygiene (5 items), food handling and preparation (5 items) and cleanliness and storage (5 items). This part was tested for its reliability through the Kuder-Richardson test to ensure that the questions possess consistency of items. The RT resulted in a good internal consistency with KR values of 0.7021 (test 1) and 0.7241 (retest). The scores under this parameter were measured and interpreted using a 5-point Likert scale: 5 – Very High, 4 – High, 3 – Moderate, 2 – Low, and 1 – Very Low.

The researchers sent a letter of permission to conduct the study to the Program Chair of the Master of Arts in Nursing of Davao Doctors College, Inc. After being granted the permission to conduct the study, the research tool which determined the residents' level of knowledge, attitude, and practices on food safety. The research tool was then sent to three research experts for face and content validation. As soon as the tool was validated, a pilot study was conducted to test for its reliability. Results from this pilot study underwent Kuder-Richardson reliability testing for the level of knowledge and Cronbach's alpha reliability testing for the levels of attitudes and practices for data analysis. After establishing the validity and reliability of the research tool, the researcher obtained permission to conduct the study from the participating institution and the selected respondents. Afterward, the researcher handed the questionnaires to the participating residents. The respondents were requested to fill out the questionnaire personally or through guided interviews. To further substantiate the gathered data, the researcher conducted a focus group discussion to gather data that may have not been reflected using the researcher-made questionnaire. The data was collated, analyzed, and interpreted afterward. Based on the findings that were generated, an enhancement program was formulated.

Frequency and percentage were used to determine the socio-demographic profile of the respondents in terms of age, gender, marital status, educational attainment, and monthly income. Calculation of the mean values, on the other hand, was done to determine the level of knowledge, attitude, and practices on food safety. Standard deviation was also used to assess the average amount of variability in the responses of the main variables: knowledge, attitude, and practices on food safety.

Results and Discussion

Table 1. Socio-Demographic Profile of the Respondents

	Frequency	Percentage		Frequency	Percentage
Sex			**Educational Attainment**		
Male	327	70.02	Elementary undergraduate	8	1.71
Female	140	29.98	Elementary graduate	91	19.49
Total	467	100	High school undergraduate	80	17.13
Age			High school graduate	270	57.82
14-23	34	7.28	College undergraduate	7	1.5
24-33	92	19.7	College Graduate	11	2.36
34-43	101	21.63	Total	467	100
44-53	90	19.27	**Monthly Income**		
54-63	66	14.13	Below Php 6,000	455	97.43
64-73	65	13.92	6,000 to 8,999	12	2.57
74-83	19	4.07	9,000 to 12,000	0	0
Total	467	100	More than 12,000	0	0
Marital Status			Total	467	100
Single	72	15.42			
Widowed	47	10.06			
Married	348	74.52			

Presented in Table 1 is the socio-demographic profile in terms of age, sex, marital status, educational attainment, and monthly income of the residents who participated in this study. Of the 467 respondents, the majority of them were males (327, 70.02%), between the ages 34-43 y.o. (101, 21.63%), married (348/467 or

74.52%), mostly finished secondary education (270 out of 467 or 57.82%), and have gross monthly income below Php 6,000 (455 out of 467 or 97.43%)

Table 2. Level of Respondents' Knowledge of Food Safety

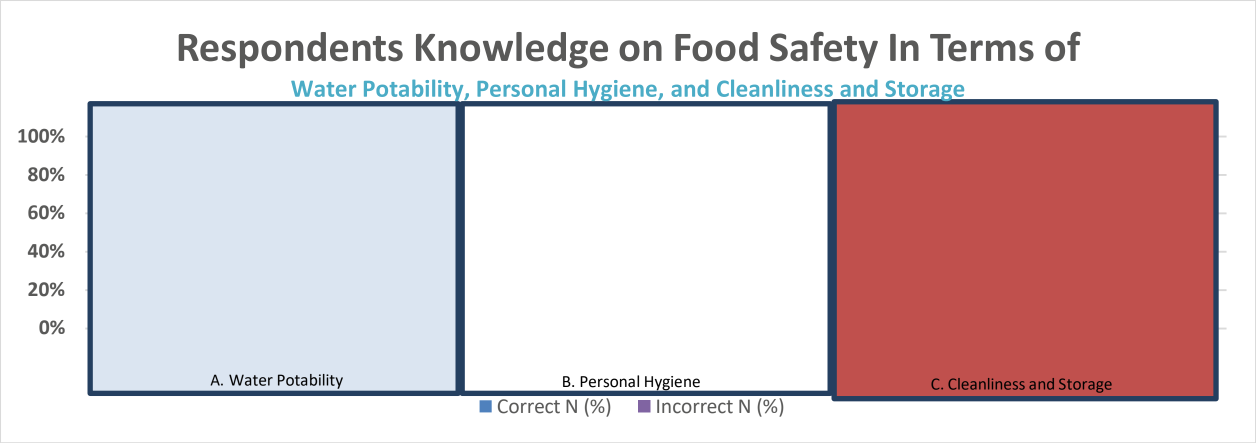
	Indicator	Mean	SD	Description
Knowledge				
	Water Potability	3.52	0.96	High
	Sanitation	4.11	0.85	High
	Personal Hygiene	3.93	0.95	High
	Food Handling and Sanitation	3.79	1.05	High
	Cleanliness and Storage	3.45	1.01	High
Total		**4.17**	**0.96**	**High**

Legend: Knowledge: 5.00 - 4.21 - Very High, 4.20 - 3.41 - High, 3.40 - 2.61 - Moderate, 2.60 - 1.81 - Low, and 1.80 - 1.00 - Very Low

Presented in Table 2 is the level of the respondent's knowledge of food safety. The knowledge of food safety contains five indicators, namely water potability, sanitation, personal hygiene, food handling and preparation, and cleanliness and storage.

Results show that the respondents possessed a high level of knowledge in terms of water potability with a mean score of 3.52 (SD=0.96), sanitation with a mean score of 4.11 (SD=0.85), personal hygiene with a mean score of 3.93 (SD=0.95), food handling and sanitation with a mean score of 3.79 (SD=1.05), and cleanliness and storage with a mean score of 3.45 (SD=1.01). Overall, the respondents were assessed to be highly knowledgeable about food safety ($\bar{x}$ = 4.17).

Figure 1. Respondents' Knowledge of Food Safety in Terms of Water Potability, Personal Hygiene, and Cleanliness and Storage.



Presented in Figure 1 is the frequency of the correct and wrong responses of the respondents on the items that assessed their knowledge of food safety in terms of (a) water potability, (b) personal hygiene, and (c) cleanliness and storage. As presented in Table 2, the overall knowledge of the respondents on food safety is high with a mean score of 4.17 and a standard deviation of 0.96. Most respondents correctly answered the questions, thus they are highly knowledgeable enough about food safety. The respondents possessed an overall high level of knowledge in terms of water potability, sanitation, personal hygiene, food handling and preparation, and cleanliness and storage.

Even though the level is very high, it is also important to note that almost half of the respondents wrongly responded to some of the items on the survey questionnaire as presented in Figure 1. It was noted that almost half of the respondents answered True on item 1 in Figure 1 (204, 43.68%), or water from wells, handpumps, and rainwater collection are all clean and safe for drinking. There were also 231 (49.46) respondents who answered incorrectly that water is not a source of infection. It was also noted that in terms of personal hygiene, 211 (45.18%) believed that a person can still prepare and cook food even if he/she is sick as long as they can. It was also noted in the results that in terms of their knowledge of cleanliness and storage, 203 out of 467, or 43.47% believe that the contents of food items with deformed packaging are still unaffected, 193 out of 467, or 43.33% believed that food that is less than three (3) months past its expiration date can still be consumed, and 192 out of 467 or 41.11% believed that dried fish and other food items that has no expiration dates may be kept in any container for as long as feasible.

Table 3. Level of Attitude Towards Food Safety of the Respondents

Indicator	Mean	SD	Description
Attitude			
Mindset on Food Sanitation	**4.34**	0.47	Very Positive
Sanitation	**4.33**	0.35	Very Positive
Personal Hygiene	**4.16**	0.46	Positive
Food Handling and Sanitation	**4.00**	0.46	Positive
Cleanliness and Storage	**4.43**	0.54	Very Positive
Total	**4.26**	**0.36**	**Very Positive**

Legend: Attitude: 5.00 - 4.21 – Very Positive, 4.20 - 3.41 - Positive, 3.40 - 2.61 - Neutral, 2.60 - 1.81 - Negative, and 1.80 - 1.1 – Very Negative

Presented in Table 3 is the level of attitude of the respondents towards food safety, had very high levels of attitude towards food safety in terms of mindset on food safety, sanitation, personal hygiene, food handling and preparation, and cleanliness and storage with an overall mean score of 4.26 (SD=0.36).

The respondent's level of attitude toward food safety in terms of mindset on food safety, sanitation, and cleanliness and storage are very positive with mean scores of 4.34 (SD=0.47), 4.33 (SD=0.35), and 4.43 (SD=0.54) respectively. On the other hand, the respondents had positive levels of attitude toward personal hygiene and food handling and sanitation with mean scores of 4.16 (SD=0.46) and 4.00 (SD=0.46).

The head of the household respondents strongly agree that it is their obligation as the primary food handler in the household to always practice food safety and that everyone in the family should be educated and should practice food safety procedures and be willing to participate in food safety lectures and training. In terms of sanitation, the respondents strongly agree that it is necessary to guarantee and maintain the cleanliness of the water supply, that food safety is influenced by proper waste disposal, and that food should not come in contact with animals or insects. In terms of personal hygiene, the respondents had a very positive attitude towards personal hygiene in avoiding food contamination and foodborne diseases.

They are also positive that food handlers may prepare food with their bare hands as long as they maintain adequate personal hygiene and that if they are sick and unable to cook, another individual who is capable of doing so must cook on their behalf as part of the food safety measures. As to food handling and preparation, the respondents are very positive that food contamination and spoiling are reduced when food is handled, cooked, and stored properly and that it is important to inspect the quality of food before purchasing or preparing it. They were also very positive about the fact that it is not a good idea to prepare meals in advance to avoid spoilage and risk of contamination. In terms of cleanliness and storage, the respondents are also very positive that kitchen utensils must be sterilized regularly. They also strongly agree that before purchasing or preparing food, it is appropriate to verify the expiration dates first and if in doubt, food should be discarded already.

Table 4. Level of Practices on Food Safety of the Respondents

Indicator		Mean	SD	Description
Practices				
	Implementation of Food Sanitation	4.45	0.50	Very High
	Sanitation	4.25	0.58	Very High
	Personal Hygiene	4.25	0.51	Very High
	Food Handling and Sanitation	4.39	0.54	Very High
	Cleanliness and Storage	4.22	0.65	Very High
Total		**4.30**	**0.43**	**Very High**

Legend: Practices: 5.00 - 4.21 - Always, 4.20 - 3.41 - Often, 3.40 - 2.61 - Sometimes, 2.60 - 1.81 - Seldom, and 1.80 - 1.00 - Never.

As for the degree of observance of the respondents towards food safety practices, the participating heads of households in this study rated that they had the highest degree of practices in terms of implementation of food safety, sanitation, personal hygiene, food handling and preparation, and cleanliness and storage with a mean score of 4.30 (SD=0.43).

For the level of practices on food safety of the respondents, Table 4 depicts that they are observing and following food safety at all times. For the implementation of food safety, the respondents always do food safety practices by themselves however ensure that they keep the other members of the household educated on proper food safety measures along with their importance and make it a point that all members practice food safety at all times. In terms of sanitation, the respondents maintain the workspace clean by sorting components into distinct containers and discarding debris, such as peeled vegetable skin, inspecting sewage systems regularly, and ensuring proper waste disposal to guarantee no leaks or pollution of the water supply.

They also make sure that before using water, they bring tap water to a rolling boil for at least one (1) minute. For their hygiene, the respondents, at all times, wash their hands before and after handling food, going to the bathroom, coughing, sneezing, or cutting food with a knife. During food preparation, handling, and cooking, the respondents always try to avoid touching the food with my bare hands, and before preparing, handling, and cooking food, they always make sure that nails are cut short, rings and/or bracelets are removed, and hair is tied up. For food handling and preparation, the respondents verify first its freshness, unbroken seals, expiration dates, and the physical condition of the container (such as canned foods) before purchasing and preparing food. They also make sure that the dish is cooked completely but not burned. They also practice cooking just enough food for the time being to prevent having leftovers. For cleaning and storage, the respondents always clean cookware regularly using the proper antibacterial solutions and procedures. To minimize moisture formation, they also keep dry fish and dried meat in a sealed container. In the refrigerator, they keep raw, cooked, and dry goods in separate, sealed containers.

One can develop a foodborne infection by inappropriate food handling. Keeping in mind that food safety in this country is not nearly as established as it should be, the prevention of foodborne illness is one of the greatest issues facing the public health system (Kamboj et al., 2020). By adhering to these simple procedures, foodborne diseases can be avoided: clean, separate, cook, and chill. Food and Waterborne Diseases (FWBDs) are a collection of illnesses characterized by diarrhea, nausea, vomiting with or without fever, abdominal discomfort, headache, and/or general malaise (Bhattacharyya & Das, 2022). These are transmitted or acquired through the use of food or water infected with microorganisms that cause sickness (bacterial or its toxins, parasitic, viral) (Maragoni-Santos et al., 2021). The majority of rural populations, particularly among the adult population, overlook and do not consider alarming the majority of these illnesses. As a result, the Department of Health intensified its FWBD Prevention and Control Program to eliminate mortality associated with these diseases. (DOH-CAR, 2020).

The inappropriate handling of food is one of the potential contributing factors that may lead to the occurrence of food contamination. According to Putri et al. (2022) and (Putri & Susanna, 2021) to prevent the contamination of food, the person who handles it should have adequate knowledge, present a positive attitude, and engage in acceptable food-handling practices. All three of these factors are important.

The local government of Manay in coordination with the Provincial Health Office of Davao Oriental investigated the outbreak and measures were taken to pacify and mitigate the cases. The Municipal Health Office through the initiative of the municipal health officer the municipal epidemiology and surveillance officer and the municipal sanitary inspector have done various information, education, and communication (IEC) activities. Various activities in connection with the outbreak were also initiated by the Nurse Deployment Program (NDP) Nurse assigned in Brgy. Cayawan. One of these is meeting with the local health board at the point of the outbreak to discuss matters regarding the surveillance, reporting, and control of the residents getting the illness and decrease the number of morbidity and mortality rates. The health team also spearheaded the orientation seminar or lectures regarding the various FWBDs in terms of the cause, manifestations (signs and symptoms), prevention, and treatment.

Based on the Food and Water-Borne Disease Prevention and Control Program (FWBD-PCP) Strategic Plan for 2019-2023 of the Department of Health, the delivery of excellent FWBD diagnosis, management, and treatment, as well as the performance of preventive and control actions at the local level, the Local Government of Manay was primarily responsible agency and have successfully implemented these. In particular, the LGU strictly enforced the implementation of the "Code of Sanitation of the Philippines" (PD No. 856, December 23, 1975): (i) sanitation particularly in public markets, slaughterhouses, micro and small food processing establishments, and public eating places, (ii) codes of practice for production, post-harvest handling, processing and hygiene, (iii) safe use of food additives, processing aids, and sanitation chemicals, and (iv) proper labeling of prepackaged food products During the outbreak, the Local Government Unit made sure that residents had access to safe drinking water, as well as clean water and sanitation services (DOH, 2019).

The municipal health office through their Municipal Sanitary Inspector (MSI) visited and evaluated food establishments on adherence to standards sanitation practices. They also reassessed and reoriented food handlers on the proper preparation, storage, and cleanliness when getting in touch with food items. They have also reiterated the use of appropriate personal protective equipment in doing so. The MSI reoriented the residents of proper waste disposal as deemed a possible cause for the contamination of water sources that might have reached their kitchen and food preparation tables.

Based on the findings, the respondents in this study had high mean values on food safety knowledge, attitude, and practices. However, these values have been influenced by the intervention programs introduced by the Local Government Unit and Municipal Health Office of Manay, Davao Oriental. Hence, the researcher formulated an enhancement program that is primarily directed at continually improving and advancing the knowledge of the respondents on the concept of personal hygiene, enhancing the attitude of the respondents, and maintaining their food safety practices over some time.

Proposed Enhancement Program

One can develop a foodborne infection by inappropriate food handling. Keeping in mind that food safety in this country is not nearly as established as it should be, the prevention of foodborne illness is one of the greatest issues facing the public health system (Kamboj et al., 2020). By adhering to these simple procedures, foodborne diseases can be avoided: clean, separate, cook, and chill. Food and Waterborne Diseases (FWBDs) are a collection of illnesses characterized by diarrhea, nausea, vomiting with or without fever, abdominal discomfort, headache, and/or general malaise (Bhattacharyya & Das, 2022). These are transmitted or acquired through the use of food or water infected with microorganisms that cause sickness (bacterial or its toxins, parasitic, viral) (Maragoni-Santos et al., 2021). The majority of rural populations, particularly among the adult population, overlook and do not consider alarming the majority of these illnesses. As a result, the Department of Health intensified its FWBD Prevention and Control Program to eliminate mortality associated with these diseases. (DOH-CAR, 2020).

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Conclusion and Recommendations

Based on the findings of the study, the respondents have level high knowledge of food safety and very high levels of attitude and practices on food safety. The local government of Manay in the initiative of their Municipal Health Office through the leadership of their Municipal Health Officer in coordination with the Rural Sanitary Inspector and Nurse Deployment Project Nurse, conducted intervention programs after the onset of the diarrhea outbreak in Barangay Cayawan and other adjacent barangays.

Because of the information and education that was provided to them, they have a high degree of understanding, an improved attitude, and significantly better habits/practices. These initiatives were a means of mitigating the issue of health especially since there were high reported morbidity due to foodborne illnesses and the noted mortality among the residents of Barangay Cayawan. Thus, an enhancement program formulated and proposed by the researcher will sustain the health interventions already delivered by the agency.

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Leadership Behavior, Work Engagement and Patient Safety Climate among Psychiatric Healthcare Workers in Selected Psychiatric Facilities in Davao City: Basis for a Proposed Enhancement Program

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Abstract

The study aimed to examine the leadership behavior, work engagement, and patient safety climate among psychiatric healthcare workers in selected psychiatric facilities in Davao City. A descriptive correlational research design was used to investigate the relationships among these variables. After ascertaining the questionnaires' validity and reliability the actual data gathering was conducted. The results showed a high level of leadership behavior among respondents, particularly on task concerns rather than on relationship aspects. Further, nurses' work engagement was very high, primarily in work dedication but showed a lesser degree of work absorption. Furthermore, the level of patient safety climate was found to be high, with teamwork climate being the most associated indicator while stress recognition has the lowest degree of association. Moreover, there is a significant positive relationship between leadership behavior and patient safety climate, as well as between work engagement and patient safety climate. These suggest that enhanced leadership behavior and work engagement of psychiatric healthcare workers will result in a positive patient safety climate among them. Consequently, a proposed enhancement program to further develop and improve leadership behavior, work engagement, and patient safety climate was recommended. By implementing this program, psychiatric facilities can promote employees' well-being, and job satisfaction, and ultimately provide high-quality care to patients.

Keywords: *Patient Safety Climate, Social Science, Descriptive-Correlation, Davao City*

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Introduction

The mental health field is a significant area of public health concern, and psychiatric health workers play a vital role in providing mental health services (World Health Organization, 2019). Leadership behavior, work engagement, and patient safety climate are important factors that influence the quality and safety of mental health care (Gimenez et al.,2019). The mental health workforce in Davao City is facing numerous challenges, including the inadequate number of psychiatric health workers and inadequate training for psychiatric healthcare workers. These challenges are compounded by the importance of providing quality mental health care that is safe for patients (Ellis et al., 2017).

A study in the USA investigated the relationship between leadership behavior, work engagement, and patient safety climate among psychiatric healthcare workers and found that positive leadership behavior, high levels of work engagement, and a positive patient safety climate were associated with better job satisfaction and decreased turnover intentions among staff (Laschinger et al., 2017). Evidence indicates that psychiatric healthcare leaders have a direct impact on the perceived climate as a result of their commitment to a culture of safety, communication, teamwork, productivity, scheduling, and recognizing nurses' achievements that support patient safety (Farokhzadian, 2022). The importance of psychiatric nursing care leaders acting as "ethical safeguards" and role models, as well as taking responsibility for psychiatric nursing care, was given emphasis. Leadership characteristics such as interacting with others, being team-oriented, and having the ability to teach and coach team members were deemed critical for clinical improvement in psychiatric nursing care (Sundberg, 2022).

In the Philippines, several studies have been conducted on related topics. A study revealed that health workers in public mental health institutions experienced low job engagement and perceived poor leadership behavior from their immediate supervisors (Gatchalian et al., 2019). Furthermore, it examined the patient safety culture among mental healthcare workers and found that the leadership style and behavior of supervisors affected the hospital's patient safety culture (Turalde et al., 2018). Additionally, Yanga, et al. (2018) found that the work engagement of mental healthcare workers was positively related to patient safety behavior in selected government hospitals in the Philippines.

A local study conducted in Davao City explored the relationship between leadership behavior, work engagement, and patient safety climate among psychiatric healthcare workers. The study found that transformational leadership behavior positively influenced work engagement and patient safety climate, while transactional leadership behavior had no significant effect. The study highlights the importance of effective leadership in promoting a positive work environment and improving patient safety outcomes in psychiatric healthcare settings (Narvasa et al., 2020).

Despite the growing interest in leadership behavior, work engagement, and patient safety climate among healthcare workers, there is still a lack of research on these variables in the context of psychiatric health facilities. While several studies have investigated the relationship between leadership behavior and work engagement in healthcare settings, few have explored the impact of leadership behavior on patient safety climate in psychiatric facilities (Chiu et al., 2019). Additionally, there is a dearth of research on the role of work engagement as a mediator between leadership behavior and patient safety climate in psychiatric health facilities. Therefore, this research gap highlights the need for further investigation into the interplay between leadership behavior, work engagement, and patient safety climate among healthcare workers in psychiatric health facilities. Such research can form interventions aimed at improving patient safety and the overall quality of care in psychiatric settings (Tzeng et al., 2020). Other researchers highlight the importance of investigating the interplay between organizational culture, workload, team dynamics, and leadership behavior in influencing work engagement and patient safety climate in psychiatric healthcare settings. They argue that a deeper understanding of these contextual factors is necessary to gain a more comprehensive insight into the intricate connections between leadership behavior, work engagement, and patient safety climate. By exploring these contextual factors, researchers and practitioners in the healthcare industry can develop and implement more tailored leadership strategies, interventions, and policies that can effectively promote work engagement and patient safety climate (Anderson, et al., 2022). This gap allows the researcher to pursue the study and add a plethora of ideas and findings, especially the assessment of these indicators from the point of view of psychiatric nurses working in selected psychiatric facilities in Davao City, and the overall output of the study can serve as the basis for an enhancement program. The present study also aimed to address the lack of related literature and studies based in the Philippines.

Methods

This study utilized a descriptive-correlational research design. The descriptive component of the research design involves organizing, describing, and summarizing data without influencing it in any way (Creswell, 2009). The descriptive phase of the study was focused on providing a comprehensive description and summary of variables, specifically the level of leadership behavior, work engagement, and patient safety climate while the correlational aspect of the research design involves exploring relationships between variables (Creswell, 2009). This design was used to examine the variance of leadership behavior, work engagement, and patient safety climate based on the variance of patient safety climate.

As to correlation, the study aimed to explore the relationships between leadership behavior, work engagement, and patient safety climate among psychiatric healthcare workers such as doctors, nurses, nursing assistants, and psychometricians. Several studies have shown that these factors significantly impacted the overall healthcare quality and patient safety in psychiatric settings (Poghosyan et al.,2020).

In summary, the utilization of descriptive correlational analysis in exploring the relationships between leadership behavior, work engagement, and patient safety climate was crucial in understanding their impact on the quality of healthcare and patient safety among psychiatric healthcare workers.

The study was conducted in psychiatric facilities located in Davao City. Psychiatric Facility A is a DOH-accredited custodial facility, with a 25-bed capacity. Consequently, Psychiatric Facility B is a newly established local government facility with a 60-bed capacity. Further, Psychiatric Facility C is a premier mental health care with a 45- bed capacity and duly licensed by DOH. Lastly, Psychiatric Facility D has a 15-bed capacity and is licensed by the DOH. This setting was chosen for the study due to its proximity to the researcher's workplace and the availability of the required participants. The study was conducted using an adapted survey questionnaire specifically designed for this research, administered to participants in Davao City.

The research participants for this study consisted of 67 respondents who were psychiatric healthcare workers in the chosen research setting. Facility A had 10 respondents, Facility B had 35 respondents, Facility C had 15 respondents, and Facility D had 7 respondents. These respondents were selected using the purposive sampling technique to ensure the study's coherence and clarity. They met the following inclusion criteria: participants are 18 years of age and above; participants are healthcare workers such as doctors, nurses, nursing attendants, and psychometricians who are currently working in psychiatric facilities, participants had the willingness to participate in the study and had signed an informed consent form, demonstrating their understanding of the study's purpose, procedures, and their rights as participants.

The researcher employed adapted questionnaires to collect data from the respondents. In the first part, demographic information such as age, gender, and years of experience was gathered. The Level of Leadership Behavior was assessed using a questionnaire developed by Wendt and Koile (2021). This questionnaire consisted of 19 items divided into task-oriented and relationship-oriented behaviors. Reliability testing of the questionnaire yielded an overall reliability score of 0.7106, indicating good consistency among the questionnaire items. The responses were measured and interpreted on a 4-point Likert Scale. The Level of Work Engagement was determined using the standardized adopted questionnaire, the Utrecht Work Engagement Scale (UWES), developed by Schaufeli and Bakker (2003). This questionnaire consisted of 17 items divided into the dimensions of vigor, dedication, and absorption. The responses were interpreted using a 5-point Likert Scale. The Cronbach's alpha coefficients for each dimension of the UWES have been reported as follows: - Vigor: 0.81 - Dedication: 0.81 - Absorption: 0.72. These coefficients indicate good internal consistency reliability for each dimension of the UWES.

Lastly, the Level of Patient Safety Climate was measured using the Safety Climate Survey (SCS) Short Version designed by the Victorian Clinical Governance Policy Framework (2008). This questionnaire consisted of 39 items divided into job satisfaction, perception of management, safety climate, stress recognition, and teamwork climate. Each composite demonstrated acceptable reliability with a Cronbach's Alpha coefficient of

0.8794. The responses for this part were interpreted using the 4-point Likert Scale.

Results and Discussion

Table 1. Demographic Profile of Respondents

Age	**Frequency**	**Percentage**
21-30 years old	13	19.40
31-40 years old	**31**	**46.27**
41-50 years old	20	29.85
51-60 years old	2	2.99
>60 years old	**1**	**1.49**
Total	**67**	**100%**
Gender		
Male	28	41.79
Female	**39**	**58.21**
Total	**67**	**100%**
Tenure		
Below 6 months	2	2.99
6 months – below 1 year	6	8.96
1 year – below 3 years	**35**	**52.24**
3 years – below 5 years	19	28.36
5 years – 10 years	3	4.48
>10 years	2	2.99
Total	**67**	**100%**

Table 1 presents the demographic profile of the respondents, including age, gender, and length of service. The results showed that a significant portion of the respondents, 46.27% fall within the 31 to 40 years age range, while only 1.49% of respondents are over 60 years old. In terms of gender, the majority of respondents are female, accounting for 58.21%, while male respondents make up the remaining 41.79%. Regarding length of service, a substantial proportion (52.24%) of respondents have 1 to 3 years of experience, while a smaller percentage (2.99%) represents both minority (6 months or less of experience) and individuals with over 10 years of experience. Smith et al. (2018) conducted a study in the same industry, which supports their findings. They also observed a high representation of individuals aged 31 to 40 years, a similar gender distribution with a higher proportion of females, and a significant portion of participants with 1 to 3 years of experience, aligning with our study's results.

Table 2 Level of Leadership Behavior

Indicators	Mean	SD	Interpretation
1. Task-oriented	3.61	0.28	High
2. Relationship-oriented	3.57	0.32	High
Overall	**3.59**	**0.30**	**High**

Legend: 4 – 3.26 High Level, 3.25 – 2.51 Satisfactory Level, 2.50 – 1.76 – Low Level, 1.75 – 1.00 Very Low Level

The findings presented in Table 2 suggest that the respondents have exhibited a high level of leadership behavior, which is supported by the overall mean score of 3.59. This result is consistent with prior research conducted by Smith et al. (2020), who found that effective leaders in similar contexts tend to exhibit strong leadership behaviors. This suggests that the respondents possess the necessary skills and attributes to lead their teams. However, it is important to note that there is a need to sustain their leadership behaviors to ensure continued effectiveness in their roles. Task-oriented leadership behavior has a slightly higher mean score of 3.61 compared to relationship-oriented behavior with a mean score of 3.58. This suggests that the respondents are more inclined to focus on achieving objectives and completing tasks efficiently, rather than building and maintaining relationships with their colleagues. They need to balance their task-oriented approach with relationship-building techniques, to ensure effective collaboration and teamwork in the workplace. This finding is in line with the research conducted by Brown et al. (2018), who found that leaders in various industries tend to prioritize task accomplishment over relationship-building activities. However, the respondents need to strike a balance between task-oriented and relationship-oriented approaches.

Table 3. Level of Work Engagement

Indicators	Mean	SD	Interpretation
1. Vigor	4.38	0.38	Very High
2. Dedication	4.70	0.34	Very High
3. Absorption	4.21	0.38	Very High
Overall	**4.43**	**0.37**	**Very High**

Legend: 5.00 – 4.21 Always, 4.20 – 3.41 Most of the time, 3.40 – 2.61 Sometimes, 2.60 – 1.81 – Rarely, 1.80 – 1.00 Never

Shown in Table 3 is the level of work engagement of the respondents in terms of vigor, dedication, and absorption. Based on the responses of the respondents generated an overall mean score of 4.43. This finding is consistent with recent research conducted by Johnson et al. (2022), which also reported high levels of work engagement among psychiatric healthcare workers. It suggested that these workers exhibit strong levels of dedication, vigor, and absorption in their work, indicating a high degree of commitment and motivation.

It can be interpreted that psychiatric healthcare workers exhibit very high levels of engagement and commitment to their work. This can be beneficial for patients as it suggests that these healthcare workers are motivated and invested in their jobs, which may lead to higher quality of care. This is aligned with the findings of Smith and Jones (2021), who highlighted the positive impact of work engagement on patient outcomes and overall healthcare service delivery. However, it is important to acknowledge that high levels of work engagement can potentially lead to burnout if not properly managed. To mitigate this risk, employers and healthcare organizations should provide adequate support, resources, and strategies to promote the well-being and work-life balance of psychiatric healthcare workers. This is in line with the recommendations of Brown et al. (2020), who emphasized the importance of organizational interventions and support systems to prevent burnout and sustain high levels of work engagement among healthcare professionals.

Table 4. Level of Patient Safety Climate

Indicators	Mean	SD	Interpretation
1. Job Satisfaction	3.52	0.38	High
2. Perceptions of Management	3.52	0.43	High
3. Safety Climate	3.55	0.33	High
4. Stress Recognition	3.47	0.42	High
5. Teamwork Climate	3.65	0.31	High
Overall	**3.54**	**0.37**	**High**

Legend: 4 – 3.26 High Level, 3.25 – 2.51 Satisfactory Level, 2.50 – 1.76 – Low Level, 1.75 – 1.00 Very Low Level

Presented in Table 4 is the respondents' profile on the level of patient safety climate. The result showed an overall mean of the respondents' level of patient safety climate of 3.54. This indicates that the respondents perceived a high level of patient safety climate. This is evident across multiple indicators, with the highest mean score of 3.65 found in the Teamwork Climate indicator, suggesting a strong emphasis on collaboration and effective teamwork. This positive teamwork climate likely contributes to task efficiency, job satisfaction, and employee retention (Morgeson & DeRue, 2019). Additionally, the high mean score of 3.55 for the Safety Climate indicator indicates that the respondents prioritize patient safety and are motivated to prevent errors and adverse events (Huang et al., 2019). The perception of management also received a high mean score (3.52), suggesting positive views of management practices, which can impact employee motivation and work performance (Al-Zoubi et al., 2017). Furthermore, the high mean score of 3.47 for Stress Recognition indicates that the respondents are aware of the potential impact of stress on patient safety and are encouraged to seek support when needed to manage stress-related challenges. This awareness contributes to effectively managing and mitigating stress-related risks in the healthcare setting. Lastly, the high mean score for Job Satisfaction suggests that the respondents generally experience job satisfaction, which has been linked to improved patient safety outcomes (West et al., 2018). Overall, these findings demonstrate a consistent and positive patient safety climate among the respondents, with strong teamwork, positive perceptions of management, stress recognition, and job satisfaction contributing to a safe and supportive environment for patient care.

Table 5: The Relationship Between Leadership Behavior and Patient Safety Climate

Independent Variable	Patient Safety Climate			
	r_s	p-value	Decision	Remarks
1. Task-oriented	0.708	0.000	Reject Ho_1	Significant
2.Relationship-oriented	0.560	0.000	Reject Ho_1	Significant

Note: $p<0.05$ is significant

Based on Table 5, there is a significant relationship between the respondents' leadership behavior and patient safety climate. Both task-oriented and relationship-oriented leadership behaviors have a positive correlation with patient safety climate. The correlation coefficient (r_s) for task-oriented leadership behavior is 0.708, while for relationship-oriented leadership behavior it is 0.560. The p-values for both correlations are 0.000, indicating that the relationships are statistically significant. The study by Arslan-Cicek et al. (2019) found that leadership behavior significantly contributed to patient safety culture in psychiatric settings. By identifying such factors, interventions could be designed to promote a positive work environment and improve safety culture. Additionally, a study by Xie et al. (2021) investigated the impact of leadership behavior on patient safety climate and found that both task-oriented and relationship-oriented leadership were positively associated with patient safety climate. The study emphasized the importance of leaders promoting a task-oriented approach to ensure adherence to safety protocols and a relationship-oriented approach to foster teamwork and communication among healthcare professionals. Furthermore, a systematic review by Vyt et al. (2022) highlighted the significant role of leadership in shaping patient safety climate. The review emphasized the need for leaders to exhibit both task-oriented and relationship-oriented behaviors to create a culture of safety and improve patient outcomes.

Table 6. The Relationship Between Work Engagement and Patient Safety Climate

Independent Variable	Patient Safety Climate			
	r_s	p-value	Decision	Remarks
1. Vigor	0.421	0.000	Reject Ho_2	Significant
2. Dedication	0.504	0.000	Reject Ho_2	Significant
3. Absorption	0.358	0.003	Reject Ho_2	Significant

Note: $p<0.05$ is significant

Based on the presented Table 6, there is a significant relationship between the respondents' work engagement and patient safety climate. The correlation coefficient (r_s) values indicate the strength and direction of the relationship between the variables. The p-values determine the statistical significance of the relationship. This is consistent with recent research conducted by Adams et al. (2018), who found a positive correlation between work engagement and patient safety climate in healthcare settings. Their study emphasized the importance of engaged healthcare workers in fostering a culture of safety and improving patient outcomes.

In this case, all three dimensions of work engagement (vigor, dedication, and absorption) show significant relationships with the patient safety climate. The correlation coefficient for vigor is 0.421 ($p = 0.000$), for dedication is 0.504 ($p = 0.000$), and for absorption is 0.358 ($p = 0.003$). The rejection of Ho2 (null hypothesis 2) suggests that there is evidence to support a significant relationship between work engagement and patient safety climate.

Meanwhile, Poghosyan et al. (2020) investigated the relationship between work engagement and patient safety culture among psychiatric nurses. They found that work engagement was significantly and positively correlated with patient safety culture.

Furthermore, several studies have explored the relationship between work engagement and patient safety climate. For example, a study by Xie et al. (2019) found that higher levels of work engagement were associated with better patient safety climate in hospitals. Another study by Bakker et al. (2017) demonstrated that work engagement was a significant predictor of patient safety outcomes. These studies and the findings from the provided data indicate that promoting work engagement among healthcare professionals can positively impact patient safety climate, leading to improved patient care and outcomes. Healthcare providers are completely immersed in applying their professional skills, interests, energy, and physical abilities in the performance of their duties (Alharbi, 2023).

These consistent findings are aligned with previous research. Work engagement refers to the positive psychological state of being fully absorbed, dedicated, and enthusiastic about one's work. Patient safety climate, on the other hand, pertains to the organizational culture and practices that prioritize patient safety. The significant relationships between work engagement and patient safety climate imply that healthcare professionals who are more engaged in their work are likely to contribute to a safer patient care environment.

Conclusion and Recommendations

Below are the conclusions made based on the findings of this study:

1. The respondents had a more positive perception of task-oriented leadership behavior than relationship-oriented leadership behavior. Overall, the respondents still have a positive balance between the two. There is a need to sustain the healthcare workers' understanding of leadership behaviors.

2. The respondents had a more positive perception of the level of dedication as a work engagement indicator. Overall, it is suggested that they need to balance focusing on tasks while still being time-conscious.

3. The respondents had a more positive insight into teamwork climate as an indicator of patient safety climate. Overall, they were still able to practice all of the indicators.

4. There is a significant positive relationship between the respondents' leadership behavior and patient safety climate.

5. There is a significant positive relationship between the respondents' work engagement and patient safety climate.

Based on the findings that were gathered, the following recommendations were offered for consideration:

Psychiatric Healthcare Workers. This study will help enhance leadership skills, foster work engagement, promote interdisciplinary collaboration, embrace continuous learning, and create a supportive work environment. These actions can contribute to improving patient safety and the overall quality of care in psychiatric healthcare settings. May this study inspire healthcare workers anywhere they may be assigned, as they are all heroes in their own right.

Psychiatric Center Managers. This study may be the baseline of comprehensive programs to look into the welfare of healthcare workers assigned at psychiatric institutions. They may use the result of this study as a reference for comparison for future improvement efforts and organizational endeavors.

Department of Health. They may use the current level of leadership behavior, work engagement, and patient safety climate among healthcare workers working in selected psychiatric facilities in Davao City as a baseline for staff programs and projects.

Future Researchers. Researchers should use a longitudinal design to investigate the relationship between leadership behavior, work engagement, and patient safety climate in psychiatric healthcare workers. A multilevel analysis approach accounts for the dynamics between individuals, teams, and organizational contexts. A mixed-methods approach combining quantitative and qualitative methods offers a comprehensive understanding. Addressing contextual factors like patient acuity and challenges is crucial. Conducting intervention studies to enhance leadership behavior, work engagement, and patient safety climate is essential for evidence-based practices that improve patient safety outcomes and worker well-being.

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