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SOCIAL SUPPORT AS PREDICTOR OF PROFESSIONAL COMMITMENT AMONG CLINICAL INSTRUCTORS IN DAVAO CITY

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Abstract

Recognizing that professional commitment is vital for faculty retention, teaching quality, and organizational stability, and that social support theoretically enhances commitment by buffering stress and reinforcing motivation, this descriptive-correlational study examined the relationship between social support (from family, friends, and significant others) and the affective, continuance, and normative commitment of 156 clinical instructors selected through purposive sampling. Utilizing a descriptive-correlational design, the results indicated high levels of social support from all sources. Professional commitment was moderate overall, with high normative and moderate affective and continuance components, reflecting a strong sense of duty to remain in the profession. Correlation analysis showed that support from family has a small effect with a value of ($r = .159$, $p = .047$) and significant others which has a small to moderate effect with a value of ($r = .261$, $p = .001$) was significantly related to professional commitment, while support from friends was not with the value of ($r = .121$, $p = .131$) although statistically significant, the associations were small in magnitude. Regression analysis showed that support from significant others was the only significant predictor of professional commitment when controlling for other sources of support ($\beta = .381$, $p = .005$). The findings suggest that perceived support from significant others is positively associated with professional commitment among clinical instructors. The findings underscore the importance of fostering supportive professional environments that contribute to faculty well-being and sustained professional engagement.

Keywords: *Social Support, Professional Commitment, Predictive-Correlational, Davao City*

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Introduction

Clinical instructors play a central role in preparing future healthcare professionals by integrating theoretical knowledge with clinical practice (Tadesse et al., 2023). However, the demands of clinical supervision, academic responsibilities, and patient care expose them to sustained workload pressures and emotional strain. These conditions may influence their professional commitment, defined as the psychological attachment and loyalty an

individual feels toward their profession (Meyer et al., 1993; Tavakoli et al., 2024). Professional commitment has been associated with workforce stability and retention in nursing contexts (Gül & Kocaman, 2025).

Social support has been linked to improved psychological well-being and reduced occupational stress among healthcare professionals (Fong et al., 2021; Ilsubaie et al., 2022). Social Support Theory suggests that emotional, informational, and instrumental assistance from close relationships can buffer stress and sustain adaptive functioning (Jiang et al., 2024). In clinical education, support from family, friends, and significant others may assist instructors in managing work-related demands and maintaining professional attachment (Kim & Lee, 2022; Zhang et al., 2023).

In the Philippine context, strong interpersonal and family ties may influence how educators cope with professional stressors. Research among Filipino nurses indicates that perceived social support is associated with psychological well-being and engagement (Entrata & Nicomedes, 2024; Berdida et al., 2023). Although organizational support has been examined in relation to engagement and resilience (Kong et al., 2023; Pu et al., 2024), fewer studies have specifically focused on professional commitment as a distinct outcome among clinical instructors in private higher education institutions.

Professional commitment is conceptualized using Meyer and Allen's Three-Component Model, which includes affective commitment (emotional attachment), continuance commitment (perceived costs of leaving), and normative commitment (sense of obligation to remain) (Meyer et al., 1993). These dimensions have been shown to influence resilience and professional persistence among nurses (Huang et al., 2023; Tavakoli et al., 2024). While social support has been associated with resilience and reduced burnout (Kılınç & Sis Çelik, 2021; Schierberl Scherr et al., 2021), limited evidence differentiates which source of personal support family, friends, or significant others most strongly predicts professional commitment.

Existing literature indicates that family support contributes to emotional stability (Çelik et al., 2023; Dziedzic et al., 2025), friend support enhances social belonging and coping (Badran & Khaled, 2024), and support from significant others is associated with professional attachment and organizational commitment (Zhao, 2023; Gül & Kocaman, 2025). However, most studies aggregate social support into a single construct rather than examining its distinct relational sources. Consequently, the relative predictive value of family, friend, and significant-other support for professional commitment among clinical instructors remains insufficiently explored, particularly within private HEIs in Davao City.

Given these gaps, this study examined the influence of perceived social support from family, friends, and significant others on the professional commitment of clinical instructors in selected private higher education institutions in Davao City. Specifically, it sought to determine which source of social support significantly predicts professional commitment.

Methods

This study employed a descriptive-correlational research design with a predictive component to examine the relationships among perceived social support, resilience, and professional

commitment among clinical instructors. Because the variables were measured as they naturally occurred and were not manipulated, a correlational design was appropriate (Creswell & Creswell, 2023). Specifically, the study assessed whether perceived social support predicts professional commitment and whether resilience moderates this relationship.

The study was conducted in selected private higher education institutions (HEIs) in Davao City offering nursing programs with affiliated clinical placements. The target population consisted of all clinical instructors actively engaged in clinical supervision and teaching within participating institutions during the data collection period (November 2024–August 2025). A total of 156 clinical instructors participated in the study. Participants were selected using purposive sampling, targeting instructors who met predefined eligibility criteria. Recruitment was coordinated through deans or program heads, who disseminated invitations to eligible faculty members via institutional communication channels. Interested instructors were provided with a participant information sheet and informed consent form prior to data collection.

Inclusion criteria required participants to be (1) licensed nurses, (2) currently employed as clinical instructors in a participating private HEI in Davao City, (3) actively engaged in clinical supervision at the time of data collection, and (4) with at least six months of clinical teaching experience to ensure adequate exposure to professional role demands. Instructors assigned solely to administrative roles, those on leave during the data collection period, part-time faculty without active clinical teaching assignments, and those who submitted incomplete questionnaires beyond acceptable thresholds were excluded.

The sample size of 156 was considered adequate for correlational and regression analyses. In multiple regression, recommended minimum sample sizes are generally determined by the number of predictors (Hair et al., 2021). With social support sources and resilience included as predictors, the sample exceeded conventional guidelines for stable estimation of parameters and detection of small-to-moderate effects at $\alpha = .05$ with acceptable statistical power.

Perceived social support was operationally defined as the extent to which clinical instructors perceive emotional, informational, and relational assistance from their social network. It was measured using Weinert's Social Support Questionnaire, a 15-item instrument rated on a 7-point Likert scale ranging from 1 (strongly disagree) to 7 (strongly agree), with total scores ranging from 15 to 105 (Weinert, 2003). For this study, perceived support was analyzed across three relational sources: family, friends, and significant others. Subscale means were computed, with higher scores indicating greater perceived support. Internal consistency reliability coefficients (Cronbach's alpha) for the present sample were calculated for the overall scale and each subscale to establish reliability.

Professional commitment was operationally defined as the psychological attachment and loyalty an individual feels toward their profession. It was measured using the Three-Component Model of Professional Commitment developed by Meyer and Allen (Meyer et al., 1993), consisting of 18 items divided equally among affective, continuance, and normative commitment. Items were rated on a 5-point Likert scale ranging from 1 (strongly disagree) to 5 (strongly agree). Subscale and

overall mean scores were computed, with higher scores reflecting stronger professional commitment. Internal consistency reliability coefficients were computed for the overall scale and each dimension.

Resilience was defined as the ability to adapt positively to occupational stress and professional challenges. It was measured using a standardized resilience scale (Connor & Davidson, 2003) [specify version used], scored according to the instrument guidelines. Higher scores indicate greater resilience. Reliability coefficients for the present sample were also established.

Data collection occurred between November 2024 and August 2025. Questionnaires were administered [state mode: online or paper-based] and required approximately [insert duration] minutes to complete. Participation was voluntary, and no identifying information was collected to ensure anonymity. Completed questionnaires were stored securely, and data were encoded for statistical analysis. Cases with substantial missing responses were excluded from analysis; minor missing values were handled using appropriate statistical procedures [state method if applicable].

Data were analyzed using [insert statistical software, e.g., SPSS version __]. Descriptive statistics, including means and standard deviations, were computed to describe levels of social support, resilience, and professional commitment. Pearson's correlation coefficient (r) was used to examine relationships among continuous variables after testing assumptions of linearity, normality, homoscedasticity, and independence of residuals. If assumptions were violated, Spearman's rho was employed as a non-parametric alternative. Multiple linear regression analysis was conducted to determine which source of social support significantly predicted professional commitment. To examine the moderating role of resilience, hierarchical regression analysis was performed. Predictor variables were mean-centered prior to creating the interaction term (Social Support × Resilience) to reduce multicollinearity. The interaction term was entered after the main effects to determine whether resilience significantly moderated the relationship between social support and professional commitment. Statistical significance was set at $\alpha = .05$.

Ethical approval for the study was obtained from [insert name of Institutional Review Board or Ethics Committee], approval number [insert], dated [insert]. Participation was voluntary, and informed consent was secured prior to data collection. Participants were informed of their right to withdraw at any time without penalty. Confidentiality was maintained through anonymous data collection and secure storage of digital and printed materials. All procedures complied with the ethical principles of research involving human participants and the provisions of the Philippine Data Privacy Act of 2012.

Results and Discussion

Perceived Social Support: Levels, Subscale Patterns, and Heterogeneity

Perceived social support from family ($M = 6.04$, $SD = 1.10$), friends ($M = 5.92$, $SD = 0.86$), and significant others ($M = 5.97$, $SD = 0.96$) were all interpreted as High. These findings indicate that clinical instructors generally experience strong interpersonal support across relational domains. Strong perceived social support has been associated with improved coping, psychological well-being, and reduced occupational strain

among nurses and nurse educators (Fong et al., 2021; Ilsubaie et al., 2022).

Table 1. Clinical Instructors' Social Support

	Mean	SD	Description
Family	6.04	1.10	High
Friends	5.92	0.86	High
Significant Others	5.97	0.96	High
Overall Mean	5.98	0.05	**High**

Legend: *6.14-7.00 Very High; 5.29-6.13 High; 4.43-5-28 Moderate; 3.57-4.42 Neutral; 2.71-3.56 Moderately Low; 1.86-2.70 Low; 1.00-1.85 Very Low*

Among the three subscales, Family support yielded the highest mean, suggesting that close familial relationships may serve as primary emotional anchors for clinical instructors. This aligns with findings that family support enhances emotional stability and resilience among nursing professionals (Çelik et al., 2023; Dziedzic et al., 2025). Significant-other support was similarly high, consistent with literature indicating that intimate relational support may be strongly linked to professional outcomes (Zhao, 2023; Gül & Kocaman, 2025).

Friends' support, although high, showed the lowest mean among the three. Prior studies suggest that demanding work schedules and emotional fatigue may limit the role of friendships in sustaining professional engagement (Zhang et al., 2023).

It should be noted that the overall SD previously reported as 0.05 is likely a typographical error or standard error; this should be corrected to reflect a consistent standard deviation value.

Professional Commitment: Dimension-Specific Insights and Implications

Professional commitment was moderate overall (M = 3.09, SD = 0.46). Normative commitment was high (M = 3.60), whereas affective (M = 2.94) and continuance (M = 2.72) commitment were moderate.

This pattern is consistent with Meyer and Allen's Three-Component Model (Meyer et al., 1993). High normative commitment suggests that instructors remain in the profession due to a sense of moral obligation or duty. Research among nurses similarly reports that normative commitment is often influenced by professional values and social expectations (Tavakoli et al., 2024; Huang et al., 2023).

Table 2. Clinical Instructors' Professional Commitment

	Mean	SD	Description
Affective	2.94	0.40	Moderate
Continuance	2.72	1.09	Moderate
Normative	3.60	0.77	High
Overall Mean	3.09	0.46	**Moderate**

Legend: *4.21-5.00 -Very High; 3.41-4.2 -High; 2.61-3.4 -Moderate; 1.81-2.60 -Low; 1.00-1.8 -Very Low*

Moderate affective commitment indicates that emotional attachment to the profession exists but is not exceptionally strong. Moderate continuance commitment suggests that perceived costs of leaving are present but not dominant drivers of retention. Thus, instructors may remain primarily because of obligation rather than economic constraint or strong emotional attachment.

Bivariate Correlations: Social Support and Professional Commitment

Correlation analysis revealed that support from significant others had the strongest relationship with professional commitment ($r = .261$, $p = .001$), representing a small-to-moderate effect size. Support from family showed a small but statistically significant relationship ($r = .159$, $p = .047$), while support from friends was not significant ($r = .121$, $p = .131$).

The small effect size for family support suggests that although family

encouragement may contribute to commitment, its magnitude is limited. This aligns with research indicating that social support contributes to professional outcomes but is typically one of multiple influencing factors (Kim & Lee, 2022; Wang et al., 2021).

The stronger association for significant-other support is consistent with evidence that intimate relational affirmation may be more closely linked to professional identity and commitment than broader peer networks (Zhao, 2023; Gül & Kocaman, 2025).

Table 3. Correlations between Social Support and Professional Commitment

Social Support	r	p-value	Interpretation	Decision
Friends	0.121	0.131	Not Significant	Accept H_{02}
Family	0.159	0.047	Significant	Reject H_{01}
Significant Other	0.261	0.001	Significant	Reject H_{01}

$\alpha = 0.05$

Multivariate Predictions: Regression Insights

Multiple regression analysis was conducted to determine the unique contribution of each support source while controlling for shared variance. The overall model was statistically significant, $F(3, 152) = 4.223$, $p < .05$, with an adjusted R^2 of .059. This indicates that social support sources collectively explain approximately 5.9% of the variance in professional commitment.

Only support from significant others emerged as a statistically significant predictor ($\beta = .381$, $p = .005$). Support from family ($\beta = –.054$, $p = .639$) and friends ($\beta = –.114$, $p = .302$) were not significant when entered simultaneously.

The discrepancy between positive bivariate correlations and negative regression coefficients for family and friends likely reflects shared variance among predictors. Regression coefficients represent unique effects controlling for other support sources, and such suppression effects can occur when predictors are intercorrelated (Hair et al., 2021). Collinearity diagnostics (e.g., VIF and tolerance values) should be reported to clarify this statistical nuance.

Although significant-other support was a statistical predictor within the model, the modest adjusted R^2 suggests that professional commitment is influenced more substantially by other variables. Prior research highlights organizational support, leadership climate, workload, and professional development opportunities as important contributors to commitment among nurses and educators (Kong et al., 2023; Pu et al., 2024; Zhang et al., 2023).

Table 4. Test of Influence of Social Support on Professional Commitment

	Unstandardized Coefficients		Standardized Coefficients			Decision
Social Support	B	SE	β	t	p	
(Constant)	2.551	0.282	0.282	9.056	0.000	
Friends	-0.066	0.064	-0.114	-1.035	0.302	Accept H_{01}
Family	-0.025	0.052	-0.054	-0.47	0.639	Accept H_{01}
Significant Other	0.196	0.068	0.381	2.879	0.005	Reject H_{01}

Note: *$p<0.05$ *(Significant); Adjusted $R^2 = 0.059$; $F = 4.223$; SE = Standard Error; IV = Social Support, DV =Professional Commitment*

From the perspective of Social Support Theory, emotionally close relationships may exert stronger stress-buffering effects than broader or less intimate social networks (Jiang et al., 2024). In the present findings, support from significant others emerged as the most meaningful relational source associated with professional

commitment. This pattern may be theoretically explained by the capacity of intimate relationships to provide emotional validation, reassurance, and a sense of belonging, which can strengthen affective commitment. At the same time, relational stability and mutual responsibility within close partnerships may reinforce normative commitment by deepening a sense of obligation and loyalty to one's professional role. In contrast, the moderate level of continuance commitment suggests that instructors do not remain in the profession primarily due to economic necessity or perceived costs of leaving. This interpretation aligns with research indicating that psychological and relational factors may be more salient than cost-based considerations in sustaining commitment among nursing professionals (Huang et al., 2023; Tavakoli et al., 2024).

Although the regression model was statistically significant, it explained a relatively small proportion of variance in professional commitment (approximately 6%). This indicates that while personal social support is associated with commitment, it is not the dominant explanatory factor. Professional commitment is likely shaped by multiple influences, including organizational support, leadership practices, workload management, compensation structures, and institutional climate (Kong et al., 2023; Pu et al., 2024). Therefore, the findings should be interpreted cautiously and without causal inference. Support from significant others is a significant statistical predictor within this model, but it represents only one component of a broader, multifactorial framework influencing professional commitment among clinical instructors in Davao City.

Conclusion

This study examined the association between perceived social support and professional commitment among clinical instructors in selected private higher education institutions in Davao City. Findings indicated that while overall perceived social support from family, friends, and significant others was high, professional commitment was moderate overall, with high normative commitment and moderate affective and continuance commitment.

Bivariate analysis showed that support from family and significant others was positively associated with professional commitment, although effect sizes were small. In multiple regression analysis, only support from significant others emerged as a significant statistical predictor when controlling for other support sources. However, the overall model explained a modest proportion of variance (approximately 6%), indicating that social support, while relevant, represents only one component of a broader set of factors influencing professional commitment.

The findings contribute to the literature by differentiating sources of personal social support rather than treating social support as a single global construct. Within this sample, emotionally close relationships particularly support from significant others were more strongly associated with professional commitment than broader friendship networks. The pattern of high normative commitment suggests that instructors may remain in the profession primarily due to a sense of obligation and professional responsibility rather than economic constraint or strong emotional attachment.

Given the correlational design, conclusions are limited to associations rather than causal relationships. Nonetheless, the

study provides context-specific evidence on relational influences on professional commitment among clinical instructors in Davao City.

Limitations

Several limitations should be considered when interpreting the findings of this study. First, the study employed a cross-sectional, correlational design, which limits the ability to draw causal inferences. Although significant associations were identified between perceived social support and professional commitment, the directionality of these relationships cannot be established. Longitudinal or experimental designs would be necessary to determine causal pathways.

Second, the use of purposive sampling limits the generalizability of the findings. Participants were clinical instructors from selected private higher education institutions in Davao City, and the results may not be representative of instructors in public institutions, other regions of the Philippines, or different cultural contexts. Future studies using probability sampling techniques across multiple institutional settings may enhance external validity.

Third, the study relied exclusively on self-report questionnaires, which may introduce response biases such as social desirability bias or common method variance. Participants may have overestimated levels of social support or professional commitment due to perceived expectations. Incorporating multi-source data (e.g., supervisor ratings, peer assessments) or mixed-method approaches could strengthen future research.

Fourth, although the regression model was statistically significant, it explained a relatively modest proportion of variance in professional commitment (approximately 6%). This suggests that while personal social support is associated with commitment, it is not the primary determinant. Other factors such as organizational climate, leadership style, workload, compensation, and career development opportunities were not included in the model and may account for a larger share of variance.

Fifth, the study was geographically and institutionally bounded to private higher education institutions in Davao City. Contextual factors specific to this region and institutional type may influence the findings. Replication in broader geographic areas and across both private and public institutions would improve generalizability.

Finally, if resilience or additional variables were discussed in earlier sections but not fully analyzed in the final statistical model, this inconsistency should be acknowledged. While resilience may conceptually interact with social support and professional commitment, it was not included in the final predictive model reported in this study. Future research may further examine its potential moderating or mediating role.

Despite these limitations, the study contributes context-specific evidence regarding the association between different sources of social support and professional commitment among clinical instructors.

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