PROFESSIONAL QUALITY OF LIFE OF NURSES WHO RESIGNED FROM SERVICES IN GOVERNMENT HOSPITALS

A Thesis
Presented to
The Faculty of the College of Graduate Studies
SAMAR STATE UNIVERSITY
Catbalogan City

In Partial Fulfilment
of the Requirements for the Degree
MASTER OF SCIENCE IN NURSING
Major in Nursing Management and Clinical Supervision

MAUREEN FATIMA D. MARCO

March 2018

APPROVAL SHEET

The Thesis, entitled **"PROFESSIONAL QUALITY OF LIFE OF NURSES WHO RESIGNED FROM SERVICES IN GOVERNMENT HOSPITALS"** has been prepared and submitted by **MAUREEN FATIMA DEOCARIZA MARCO** who having passed the comprehensive examination, is hereby recommended for oral examination.

RHEAJANE A. ROSALES, RN, MAN, DM
Adviser

Approved by the Committee on Oral Examination on March 7, 2018 with a rating of **PASSED**.

THESIS COMMITTEE

FELISA E. GOMBA, Ph.D
Vice President for Academic Affairs/
Acting Dean, College of Graduate Studies, SSU
Chairman

DOLORES L ARTECHE, DScN
Graduate School Faculty, SSU
Member

MARICEL M. TIZON, RN, MAN
Graduate School Faculty, SSU
Member

RONALD L. ORALE, Ph.D
Graduate School Faculty, SSU
Member

Accepted and approved in partial fulfilment of the requirements for the Degree, **MASTER OF SCIENCE IN NURSING Major in Nursing Management and Clinical Supervision.**

March 7, 2018
Date of Oral Defense

FELISA E. GOMBA, Ph.D
Vice President for Academic Affairs/
Acting Dean, College of Graduate Studies,SSU

ACKNOWLEDGMENT

This research would not have been possible had it not been for the generosity and kind hearted spirit of those who extended their professional as well as personal assistance for which the researcher is especially grateful and appreciative.

To Dr. Felisa E. Gomba, Vice-President for Academic Affairs, Acting Dean of the College of Graduate School, Samar State University, and Chairperson of the Panel of Oral Examination, for her unceasing support in painstakingly reading the manuscript and giving constructive criticisms which served as inputs for the refinement of the manuscript.

To the members of the Panel of Oral Examination, Dolores L. Arteche, DScN, Dean of the College of Nursing and Health Sciences, Faculty, Graduate School, Maricel L. Tizon, MAN, Faculty, College of Nursing and Health Sciences and College of Graduate School, and Ronald L. Orale, Ph.D., Vice-President for Research and Extension Services and Faculty, College of Graduate School, for their valuable suggestions which provided basis for the necessary revisions of the manuscript for better research output.

To Rheajane A. Rosales, D.M., Faculty, College of Nursing and Health Sciences and College of Graduate School, and Research Adviser, for her patience in making suggestions and constructive corrections to the content and mechanics of the manuscript.

To Ms. Emma Q. Tenedero, Research Statistician and Faculty, College of Arts and Sciences of Samar State University, for her patience in the computation and analysis of the results, and for her personal assistance extended to the researcher in reviewing the interpretations made to the data.

To Ms. Liezel C. Gullos, Secretary of the Panel of Oral Examination, for her diligence and patience in taking down and carefully recording all the suggestions and constructive criticisms made by the members of the panel during the pre-oral defense.

The researcher is likewise especially grateful to the nurse-respondents of this study, for their time and effort in answering the questionnaire of the study which provided the needed data.

Special expression of gratitude is extended to Ms. Maxima M. Novilla, her aunt, and Engr. Rene B. Novilla, her uncle, for their technical assistance extended to the researcher especially in helping her encode, bind and prepare the manuscript for the pre- and final oral defense.

This research would not have also been possible had it not been for the financial support and moral encouragement from Ms. Margie M. Orale, her aunt.

The researcher is also grateful for the laughter and cheer provided by her cousins, Reneville, Renemarc Evon, Renelle Roque, Renesiy; her nephews, Renedhel Leowil, Renejevon, her nieces, Margiereth, Renemae Jen; and cousins-in-law, Madel and Jenny Rose.

To the researcher's family, Florencia Y. Marco, her grandmother, Leopoldo M. Marco, her grandfather, Michael, her father, Ma. Digna, her mother, and siblings, Murphy Lyle, and Maloney Kyle, for their inspiration, love and support through prayers, which were the invisible forces that encouraged her to work towards the completion of this dissertation.

Most importantly, this academic undertaking would not have been possible had it not been for the wisdom and graces bestowed upon her by the Almighty Father.

The Researcher

DEDICATION

I dedicate this thesis to God Almighty my creator, my strong pillar, my source of inspiration, wisdom, knowledge, and understanding. He has been the source of my strength throughout this program.

I dedicate this to my family who have always been a constant source of support and encouragement during the challenges of Graduate studies. And also you had always loved me unconditionally and whose examples taught me to work hard for the things that I aspire to achieve

I dedicated as well this to my relative most especially to my grandparents, who had given their utmost wisdom to be confident towards finishing my graduate studies and who has given me their unparalleled support on motivating me during tough times.

The Researcher

ABSTRACT

This study evaluated the professional quality of the life of nurses who resigned from government hospitals in the 1st District of the Leyte during the Calendar Years 2014-2017. Descriptive Design was utilized in this study. The professional quality of life along with the compassion satisfaction of the nurse-respondents' differed when grouped according to their reasons for leaving their work in government hospitals. Based on the mean difference of 9.10, with a computed F value of 0.03, which value was lesser than the p value of 0.05, the hypothesis which stated that "There are no significant differences in the professional quality of life of the nurse-respondents when grouped according to their reasons for leaving their work in the government hospitals along salaries and benefits, and related of work to degree" was rejected at 0.05 level of significance. The nurse-respondents' professional quality of life along burnout differed when grouped according to their reasons for having their work in government hospitals. The nurse-respondents' professional quality of life along burnout differed when grouped according to their positions in government hospitals where they were previously employed. For the recommendation, the government must provide permanent status to the nurses to give them the reason to stay in government hospitals.

TABLE OF CONTENTS

Chapter 1

THE PROBLEM AND ITS SETTING

Introduction

Nurses provide quality caring which goes beyond expectations from the profession. The nurses' compassion to put themselves in the patients' place with dedication is reason enough for them to stay in their jobs, unless there are reasons to leave their work, which this study is concerned about.

Nurses make up the largest group of direct health care providers, often co-managing health care facilities alongside doctors and other medical professionals. However, the country loses its trained and skilled nursing workforce much faster than it can replace them, thereby jeopardizing the integrity and quality of Philippine health services (Lorenzo, Tan, Icamina & Javier, 2007).

The health system of the Philippines is increasingly challenged with a growing range of health needs amid financial constraints that limit health sector infrastructure and workforce. One of the challenges is the nursing workforce crisis marked by a critical shortage which, in turn, is caused by numerous varied factors. Yet, key among the factors that cause nursing workforce crisis are unhealthy work environments that weaken performance or alienate nurses which, too often, drive them away from specific work settings or from the nursing profession itself (Baumann, 2007).

In the country, there are possible reasons that could affect the professional quality of life of nurses. One of which is the nurse to patient ratio (Balita, cited by the Summit Express Online, 2016). Furthermore, the salary being paid to nurses in the country is way below what was indicated in the Philippine Nursing Law in 2002. In fact, nurses in the government hospitals are receiving a maximum entry of Php 18,000.00 per month as entry which is under the category of Salary Grade 11 which is lower than Salary Grade 15 or more than Php 24,000.00 as stipulated in Republic Act No. 9173 known as the Philippine Nursing Act (Cruz, cited by Padilla, 2016; POEA, cited by Hapal, 2017). Other reasons for resignation were found to be linked to their respective hospital workplace experiences (King & McInerney, 2006).

From the aforementioned discussions, it is evident that there are push and pull factors that motivate nurses from leaving their home country to work elsewhere (Lorenzo, Tan, Icamina & Javier, 2007). The aforementioned discussions have brought the issue of the nurses' professional quality of life to the frontline. (Stamm, 2010; Harr, 2013; Worley, 2005). Moreover, a

mong the reasons cited by Filipino health workers bound for abroad are political instability, corruption and the need for political backing in order to get a job or a promotion. They also deplore the long hours of work required of them. The most common reason they give, however, is economic (Estella, 2005).

Locally, there is limited information on the financing status of government hospitals in the local government level. In fact, early studies under the health

sector reform agenda (HSRA) reported that most local government units (LGUs) spend close to 70 percent of their health budgets on personal care, mainly hospitals (Solon, et al. 2004, cited in Romualdez, et al., 2011:64). Hospital budgets, in turn, are used mainly for staff salaries at around 80 percent of the budget. Meanwhile, there is no actual count of active health workers nationwide, including in Eastern Visayas, and these data are not regularly collected. Despite the lack of data, it is estimated that more hospital-based nurses are in the private sector than in government. The inadequate number of government positions are largely due to the inability of government to create enough positions in the bigger hospitals.

The researcher, therefore, is prompted to conduct this study to validate whether the nurses' professional quality of life impact on their decision to resign from their work in government hospitals.

Statement of the Problem

This study evaluated the professional quality of life of nurses who resigned from government hospitals in the 1st District of Leyte during the Calendar Years 2014-2017.

Specifically, this study sought answers to the following questions:

1. What is the personal profile of the nurse-respondents in terms of the following variates:

    1.1 age;

    1.2 sex;

4.1 personal profile; and

4.2 professional profile?

5. Are there significant differences in the professional quality of life of the nurse-respondents when grouped according to their:

5.1 personal profile; and

5.2 professional profile?

6. What implications may be derived from the findings of this study?

Hypotheses

Based on the specific questions of the study, the following hypotheses will be tested in this study:

1. There is no significant relationship between the professional quality of life of the nurse-respondents and their:

1.1 personal profile; and

12 professional profile.

2. There are no significant differences in the professional quality of life of the nurse-respondents when grouped according to their:

2.1 personal profile; and

2.2 professional profile.

Theoretical Framework

This study was based upon several theories which include the Person-Environment Fit Theory, Integrative Theory of the Quality of Life adapted from

Maslow's Hierarchy of Needs Theory, and Job Demands-Control Model of Work Design.

This study was essentially anchored on the tenets of the Person-Environment Fit (P-E) Theory which stemmed from the earlier works of Lewin and Murray, which was later adopted by Yang, Hongsheng, and Spector (2008). This theory conceptualized the interaction between the person and environment (P × E) as the key to understanding people's cognitive, affective and behavioral reactions. The condition which theoretically should create highest levels of strain is one wherein the person strongly desires a particular feature such as interpersonal contact, but does not receive it. Under these circumstances, strain will be at its highest level. On the other hand, when people do not have a strong preference for an attribute, but they do receive it, there is some ambiguity over whether this situation will be stressful for them. As a whole, the basic notion underlying P-E fit theory is that there needs to be a match between what people want and what they receive, as well as a match between their abilities (knowledge, skills) and the demands placed upon them. Oladele (2005) states that an unsatisfied need would arouse the person to work only on that which will be sustained until satisfaction is attained. The meaning of the foregoing is that there is a relationship between motivation, needs satisfaction, and job effectiveness. Thus, when workers' needs are met, they will be motivated to be effective in their performance thereby achieving organizational goal.

This study was also based on the Integrative Theory of the Quality of Life adapted from Maslow's Hierarchy of Needs Theory. This theory states that quality of life is assessed with the help of both objective and subjective indicators. On the one hand, the subjective quality of life is about feeling good and being satisfied with things in general (Quality-of-Life Research Center, 2005). On the other hand, the objective quality of life is about fulfilling the societal and cultural demands for material wealth, social status and physical well-being (Quality-of-Life Research Center, 2005). Accordingly, objective indicators exist in the society and they can be monitored and assessed by their amount and frequency rate whereas subjective indicators exist in the consciousness of an individual and they can be identified only from the person's answers to important subjects to him.

Thus, a person's satisfaction in one sphere of quality of life influences the level of satisfaction in other spheres. There is a certain hierarchy of life spheres in human consciousness. Greater satisfaction in one life sphere increases satisfaction level ranked higher in other sphere (Sirgy, 2003). QWL encompasses various aspects such as working conditions, working time, mode of wages payment, health hazards, and management behaviour during the process of responding to the needs of the employees. Therefore, QWL involves some financial and non-financial benefits, as well as management behaviour towards workers.

Finally, this study was based on the Job Demands–Control Model of Work Design is a theory of work design proposed initially by Karasek (1979) and later expanded by Karasek and Theorell (1990). The model proposed that, although

excessive job demands or pressures (both physical and psychosocial) can have an impact on stress levels (especially psychological strain), by themselves these demands are not the most important contributors to strain experiences. Rather, the amount of strain people experience in their work will be determined by whether or not they have any control over the demands they have to deal with. Put in another way, control will buffer (moderate) the impact of demands (pressures) on strain.

Along this model, the control over which nurses have over the demands of their jobs have a positive impact on reducing strain (of resigning from work) as it reflects a better and more optimistic professional quality of work life, and enhancing the nurses' well-being because this will enable them to cope more effectively with work demands which, in some way, will determine their decision to either leave or stay in their work.

Conceptual Framework

Figure 1 is the conceptual schema of the study which shows the research environment and the interrelationships of the variates of the study.

The base frame shows the sources of data, the nurses from the First District of the Province of Leyte, who have resigned from their work in government hospitals covering a three-year period, that is, from Calendar Year 2014-2017. This frame is connected to the bigger frame which consists the research process by a single-directional arrow. Going up in the schema, the bigger frame shows the

research process. Essentially, the present study was a descriptive research with correlation and comparative analysis which evaluated the professional quality of life of nurses who resigned from government hospitals in the 1st District of Leyte during the Calendar Years 2014-2017 based on the Professional Quality of Life Scale of Stamm (2009), as seen in the lone smaller frame at the right of the bigger box. Opposite the lone frame are two smaller boxes containing the nurse-respondents' personal as well as professional profile. The study described the personal profile of the nurse-respondents according to their age, sex, civil status and average monthly income. By contrast, the nurse-respondents' professional profile were categorized into academic and employability characteristics.

On the one hand, the study assessed the academic profile of the nurse-respondents in terms of their year of graduation from nursing school, highest educational attainment, and number of seminars/trainings attended. On the other hand, the study assessed the employability profile of the nurse-respondents in terms of their present employment, employment history, reasons for leaving work in government hospital, level of position as nurse in government hospital, and status of employment in government hospital. Meanwhile, correlation analysis, indicated by the double-directional arrow connecting the smaller frame, was conducted in order to determine the relationship between the professional quality of life of the nurse-respondents and their personal profile and professional profile.

Likewise, comparative analysis was conducted in order to determine the differences in the professional quality of life of the nurse-respondents when grouped according to their personal profile and professional profile.

The results of the study, as seen in the third higher frame, would serve as important inputs for the improvement of the professional quality of life of nurses and reduced rate of resignation among nurses in government hospitals.

Significance of the Study

The results of this study will be beneficial to the nurses, hospital administrators, key officials of the Department of Health, local government units, and future researchers.

Nurses. The outcome of this study will provide nurses with in-depth understanding of their professional quality of life that pushed them to resign from their work in government hospitals. Having such retrospective understanding, they will be able to find ways by which they can find satisfaction with their present employment in order to avoid future resignation from work. Ultimately, nurses will be able to gain insights regarding improving their professional quality of life as nurses.

Hospital Administrators. The findings of this study will serve as objective assessment of the professional quality of life of nurses who resigned from their work in government hospitals. This objective assessment will enable hospital administrators to formulate priority areas for improvement regarding personnel

administration of nurses in government hospitals, especially as regard the nurses' professional quality of life. The policies which they will formulate can be presented in conferences for adoption by concerned national government agencies.

Key Officials of the Department of Health. The results of this study will provide DOH key officials with inputs regarding policy redirections as regard human resource administration, particularly on the aspect of improving the nurses' professional quality of life in order to mitigate the incidence of resignation from work in government hospitals. In addition, the results of this study will enable them to re-assess the health care reform agenda of the government to make it more responsive to the needs of the health care providers in the country.

Local Government Units. The outcomes of this study will provide local government units (LGUs) with baseline knowledge regarding the status of health care in their respective localities, especially regarding the personnel management. The study will serve as eye opener to LGUs to keep track of their health care providers' professional quality of life and provide a working environment conducive for working. Ultimately, LGUs will have better health care services to their constituents.

Future Researchers. The findings of this study will enable future researchers to conduct a follow-up research to validate the results.

Scope and Delimitation

The descriptive research design with correlation and comparative analysis was used in order to evaluate the professional quality of life of nurses who resigned from government hospitals in the 1st District of Leyte during the Calendar Years 2014-2017 based on the Professional Quality of Life Scale of Stamm (2009). The study described the nurse-respondents in terms of their personal and professional background which was, in turn, be categorized into academic and employability profile. The Professional Quality of Life Scale of Stamm was used to measure the professional quality of life of nurses who resigned from government hospitals.

The study was conducted in the government hospitals in the First District of the Province of Leyte, shown in Figure 2. These hospitals shall include Eastern Visayas Regional Medical Center and Tacloban City Hospital in Tacloban City, Leyte; Leyte Provincial Hospital and Schistosomiasis Control and Research Hospital in Palo, Leyte; and all municipal/district hospitals in the municipalities of Alang-alang, Babatngon, San Miguel, Santa Fe, Tanauan and Tolosa in the Province of Leyte.

Meanwhile, inclusion criteria were set for choosing the respondents in the study. Nurses who worked previously in government hospitals in the First District of the Province of Leyte for a three-year period (2011-2016), resigned from the government hospital for more than 1 year, and consented to participate in the study were the criteria for choosing the respondents. Descriptive as well as

inferential statistical tools were used in order to compute, analyse and interpret the data of this study. This study was conducted during the School Year 2017-2018

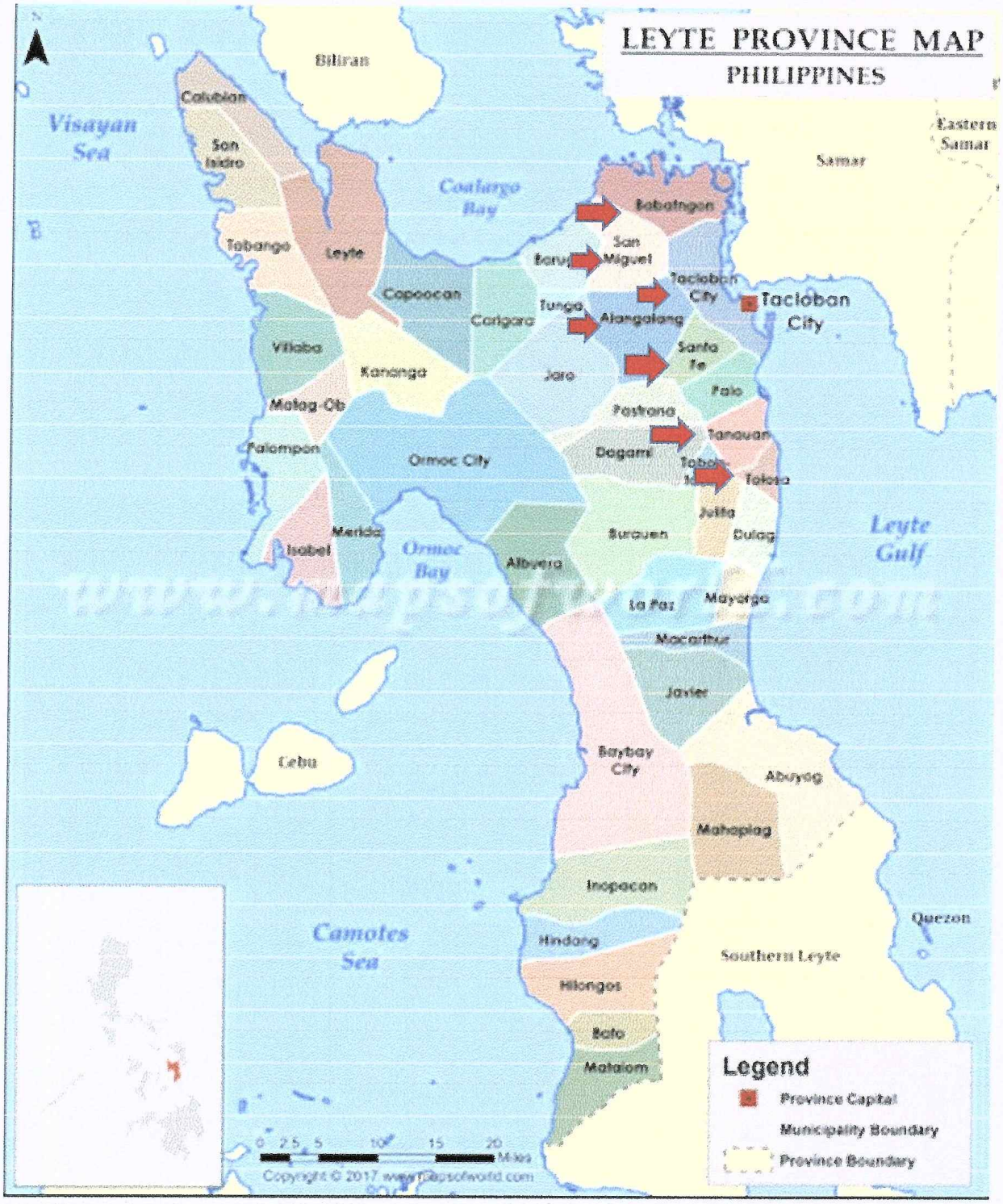

Figure 1. The Map of the Research Locale

Definition of Terms

The following terms are defined conceptually and operationally as they are important for better understanding of this study.

Academic profile. The term is defined as individual factors that include basic social skills competencies such as motivation and confidence, transferable skills such as literacy, numeracy, problem-solving skills, and communication skills, and educational qualification aspects (Lay and French-Arnold, 2012). In this study, the term referred to the nurse-respondents' year of graduation from nursing school, highest educational attainment, and number of seminars/trainings attended which were included in Part II of the questionnaire.

Burnout. It is associated with feelings of hopelessness and difficulties in dealing with work or in doing your job effectively. These negative feelings usually have a gradual onset. They can reflect the feeling that your efforts make no difference, or they can be associated with a very high workload or a non-supportive work environment. In this study, it serves as one of the subscales in the PROQOL questionnaire distributed to the respondents.

Compassion Satisfaction. The pleasure you derive from being able to do your work well. You may feel positively about your colleagues or your ability to contribute to the work setting or even the greater good of society. In this study, it serves as one of the subscales in the PROQOL questionnaire distributed to the respondents.

study, the term referred to the status of employment of the nurse-respondents, that is, whether they are permanent and/or temporary in the government hospitals where they worked prior to their resignation.

Nurse. A healthcare provider whose scope of work encompasses autonomous and collaborative care of individuals of all ages, families, groups and communities, sick or well and in all settings (http://www.who.int/topics/nursing/en/). The term was used in this study to refer to the nurses who previously worked in government hospitals for the period CY 2014-2017 who were considered respondents of this study.

Personal profile. This includes the personal circumstances that relate to the social, economic, and demographic attributes such as age, sex, civil status, and other household circumstances such as family caring responsibilities of individuals (Lay & French-Arnold, 2012). This term referred to the nurse-respondents' age, sex, civil status and average monthly income which were included in Part I of the questionnaire.

Professional profile. The term pertains to a brief summary of a person's skills, strengths, and key experiences which are part of his/her profession (https://www.hamline.edu). In this study, the term referred to the nurse-respondents' academic and employability profile which was correlated with their professional quality of life.

Professional quality of life. It is the positive and negative emotions that an individual feels about his or her job (Stamm, 2002). The term referred in this study

to the positive as well as negative emotions toward their work in government hospitals of nurses who have resigned from said hospitals in the First District of the Province of Leyte based on their responses in the PROQOL.

Secondary Traumatic Stress. It is about your work related, secondary exposure to extremely or traumatically stressful events. They may include being afraid, having difficulty sleeping, having images of the upsetting event pop into your mind, or avoiding things that remind you of the event. In this study, it serves as one of the subscales in the PROQOL questionnaire distributed to the respondents.

Chapter 2

REVIEW OF RELATED LITERATURE AND STUDIES

This section of the research enumerates and discusses ideas about the professional quality of life of nurses, and all other topics associated with the nursing profession, taken from books, journals, magazines, periodicals, and other published materials which the researcher deemed relevant to the present research. This section likewise consists of salient findings, conclusions, and significant implications of previously conducted researches found relevant to the present research.

Related Literature

This part of the chapter enumerates and discusses ideas about the professional quality of life of nurses, and all other topics associated with the nursing profession, taken from books, journals, magazines, periodicals, and other published materials which the researcher deemed relevant to the present research.

Nowadays, there is a growing global consensus that majority of the world's health care systems are in various critical situations. Rapidly shifting socio-demographic trends, migration for better pay, and the upsurge of more lucrative career opportunities outside hospitals are fast draining healthcare personnel, most particularly nurses, moving to and from developing countries (Gallon, Stilman, & Coates, 2001).

In the Philippines, for instance, the myriad of problems besetting the nursing sector are more glaringly evident by the steadily declining number of nurses working in the country's healthcare institutions. The glaring situation is captured by scenarios wherein nurses have increased workload leading to too tied-up patient responsibilities, bulk of staff nurses resignation with no replacement, and most hospital institutions freezing hiring status due to cost-cutting system. Added to these challenges include inadequate nurse-patient ratios, insufficient nursing skills training and ward orientation which, in a sense, are due to the substandard educational preparation of nurses. All these challenges weaken the level of nursing competencies in the country, and eventually, their professional quality of life (Yao, 2003).

Regardless of their type of practice, work setting or country, nurses share a defining attribute - that is, they are committed professionals who embrace a holistic philosophy of care which, in turn, shapes their expectations and fit within today's challenging workplaces. Ideally, nurses as professionals need a practice environment that acknowledges the social and health mandate of their discipline and the scope of practice as defined by country/regulatory legislation (Rowell 2003). Institutional policy structures must recognise the importance of education and ongoing learning, emphasize team work and collegiality, and encourage creativity and innovation. Hence, in quality professional practice environments, the needs and goals of nurses are met and patients are assisted in meeting their individual health objectives. This takes place within the cost and quality

framework mandated by the organisation in which the care is provided (Baumann, 2007).

In reality, however, health organisations vary in their ability to support care in challenging practice environments. When people, resources and/or structures are lacking there is a conflict between nurses' professional responsibility and the provision of adequate patient care. If, for example, intense workloads only leave nurses time for tasks related to the physical needs of patients, patients' psycho-social and spiritual needs may not be completely met nor holistic care achieved (Baumann, 2007).

Subsequently, nurses are highly likely to experience fatigue at work, which can negatively affect their mental and physical health as well as job performance (Joinson, 1992). This fatigue, more aptly called compassion fatigue, can also cause nurses to lose their objectivity and empathy for patients. Specifically, they may be driven to avoidance as a way of escaping the pain that empathy for patients can cause. Consequently, these behaviours can eventually lower the quality of nurses' clinical performance and competence (Boyle, 2011).

Consequently, organizations felt the need to adopt a strategy for improving employees' Quality of Work Life (QWL) to satisfy both organizational objectives and employee needs (Havlovic, 1991). Every organization is interested in bringing about a superior level of performance from employees. Quality of work life is essential for organizations to continually attract and retain employees. Thus, it has

become critical in the last two decades due to the increasing demands of today's business environment and family structure (Akdere, 2006).

Many definitions have been offered to explain QWL. For one, Lau (2000) defined QWL as the favourable conditions and environments of a workplace that support and promote employees' satisfaction by providing them with job security and reward. Yet, QWL is a complex entity influenced by, and interacting with, many aspects of work and personal life (Hsu & Kernohan, 2006). Furthermore, it has two goals, to wit: a) improving the quality of the work experience of employees, and b) simultaneously improving the overall productivity of the organization. From a nursing perspective, however, QWL is the degree to which registered nurses are able to satisfy important personal needs through their experiences in their work organization while achieving the organization's goals (Brooks, 2001). Therefore, the concept of employee satisfaction is about more than simply providing people with a job and a salary. It is about providing people with a place where they feel accepted, wanted and appreciated.

Therefore, the importance of QWL is undeniable. It has been argued that QWL influences the performance and commitment of employees in various industries, including health care organizations. A high QWL is essential to attract new employees and retain a workforce (Gifford, Zammuto & Goodman, 2002). Consequently, health organizations are seeking ways to address issues of recruitment and retention by achieving a high QWL. Focusing on improving QWL to increase the happiness and satisfaction of employees can result in many

advantages for the employee, organization and consumers. These include strengthening organizational commitment, improving quality of care and increasing the productivity of both the individual and the organization. A happy employee is productive, dedicated and committed. On the other hand, failure to manage these factors can have a major impact on employee behavioural responses (for example, organizational identification, job satisfaction, job performance, turnover intention, organizational turnover and personal alienation) as well as outcomes of the organization (Sirgy, Afraty, Siegel & Lee, 2001).

Meanwhile, there are several differing factors that have an impact on the QWL of nurses. One such factor was the lack of work-life balance (Brooks, et al., 2007). In a number of recent research studies among nurses in the United States, Iran and Taiwan, rotating schedules were found to negatively affect their lives so they were unable to balance work with family needs. In addition, the nature of nursing work was another factor that affects the QWL of nurses. The results of existing studies on the QWL of nurses indicated dissatisfaction of nurses in terms of heavy workload, poor staffing, lack of autonomy to make patient care decisions, and performing non-nursing tasks (Khani, Jaafarpour & Dyrekvandmogadam, 2008).

Other researchers likewise offered various factors influencing QWL of nurses. In one study, for instance, the work context such as management practices, relationship with co-workers, professional development opportunities and the work environment influence QWL of nurses (Brooks, 2005). In another research,

More so, professional quality of life for those providing care has been a topic of growing interest over the past twenty five years. The emphasis on the professional quality of life of nurses is due mainly to their exposure to traumatic stressors and risk for developing negative symptoms associated with burnout, compassion fatigue, and posttraumatic stress disorder (Stamm, 2010). The term compassion fatigue first reflected the adverse psychosocial consequences experienced by emergency room nurses in a study exploring burnout (Joinson, 1992, cited in Circenis, Millere & Deklava, 2017). Compassion fatigue breaks into two parts, to wit: a) secondary traumatic stress, and b) burnout (Stamm, 2010).

On the one hand, secondary traumatic stress is a negative feeling driven by fear and work-related trauma - primary or secondary (Stamm, 2010). On the other hand, the signs of burnout can include feelings of powerlessness, hopelessness, emotional exhaustion, isolation, irritability, frustration, being trapped, failure, cynicism, apathy, anxiety, depression (Schaufeli, Enzmann, 1998, cited in Circenis, Millere & Deklava, 2017). At the same time some, physical symptoms such as headaches, sleep problems, gastrointestinal problems, chronic fatigue, muscle aches, high blood pressure, frequent colds, sudden weight loss or gain are common (Schaufeli, Enzmann, 1998, cited in Circenis, Millere & Deklava, 2017).

Despite the fact that nurses compose the largest among the healthcare professionals, there is a global shortage of nurses. The aforementioned discussions point to the nurses' professional quality of life as one of the reasons why nurses resign from their work. The economic component of PROQOL of nurses is one of

the most commonly cited reasons for their migration abroad for work. In fact, nurses' overseas migration reflects the socio-political and economic situation in the Philippines. Although this migration may be attributed to a number of factors, among the most dominant are a colonial mentality, economic need, professional and career development, and the attraction of higher living standards. A common reason for migration given by health workers themselves is that the low and variable wage rates do not allow them to earn decent living wages (Lorenzo, 2005).

The push factors for Filipino nurses are related to economics, working conditions and socio-political factors. Aside from the financial reasons given, emphasis was placed on the country's deteriorating condition. By contrast, pull factors included concern for the financial and physical security of their children. In fact, the respondents in the case studies considered that migration was specifically beneficial as it improved the quality of life and secured the future of health-care migrants and their families (Lorenzo, 2005).

Moreover, several other researches focused on reviews of the nurses' intention to leave the profession. According to Flinkman, et al. (2010), the nurses' intention to leave the profession varied from four percent up to 54 percent across the studies internationally. In a nurses early exit (NEXT) study conducted in 10 European countries, 13 percent of nurses had thought about leaving the profession frequently (Hasselhorn, Muller & Tackenberg, 2005). Similarly, the nurse forecasting in Europe study (RN4CAST), the proportion of nurses planning to leave their current job ranged from 49 percent in Finland and Greece to 14 percent

in the United States (Aiken, et al., 2012). In most of these studies, the youngest generation of nurses are the most willing to leave the job and the nursing profession. According to the NEXT study of Hasselhorn, Muller & Tackenberg (2005), in most European countries the intent to leave the profession was highest in the age groups between 25 and 35 years of age.

In relation to the intention to leave work of young nurses, several factors are identified, including an imbalance of effort and reward, high psychological demands, and higher job strain, which all influence young nurses' intention to resign from their nursing careers (Lavoire-Tremblay, et al., 2008). In a study by Flinkman, et al. (2012), young nurses' intentions to leave the profession were connected with the highly demanding work, burnout and dissatisfaction with salary levels.

All the above-mentioned discussions highlight the importance of professional quality of life (ProQol) of nurses which should be a part of retaining and recruiting them. ProQol is a quality that people feel in relation to their work. Both the negative and positive aspects of doing the job will influence ProQol. Supporting the positive and negative effects of care such as burnout, depression or fatigue are essential aspects of recruiting and retaining workers in their professional job. Workers who have a good ProQOL provide better care and like to stay in their positions longer than those who have poor ProQOL (Stamm, Higson-Smith & Hundall, 2004).

Considering the importance of ProQol, it has attracted attentions to the healthcare setting in the recent decades. One of the largest service providers in different societies are health care agencies which include government hospitals. These health care agencies are improving their professional quality of life which has become a challenging subject in personnel administration. It is on this basic premise that the researcher thought of conducting this study which aims to evaluate the professional quality of life of nurses who previously worked in government hospitals in the First District of the Province of Leyte.

Related Studies

This part of the chapter consists of salient findings, conclusions, and significant implications of previously conducted researches found relevant to the present research.

The present study finds similarity with the research conducted by Banag (2013) which is entitled "Nurses' Professional Quality of Life: Exploring on their Compassion Fatigue, Burnout, and Satisfaction" which aimed to describe the compassion satisfaction, burnout and compassion fatigue of the nurses in Pampanga working in both public and private hospitals. Result shows that gender and civil status have no significant relationship to the three levels with a very low computed chi square using five percent confidence interval. Results likewise show that age is not related to compassion satisfaction and burnout, respectively, but it says that there is a significant relationship between age and compassion fatigue.

Result suggests that those who achieved a higher degree have a relatively lower level of burnout compare to those who have lower educational attainment. The two way analysis shows a significant result that the work setting is related to the compassion satisfaction of the nurses.

The study of Banag is similar to the present research only in terms of focus of the study - that is, on the nurses' professional quality of life. Yet, they differ because the study of Banag involved nurses who are still currently employed in both private and public hospitals in Pampanga while the present research will be concerned with the nurses who have already resigned from their work in government hospitals.

Another study which is worthy of note in the present research is conducted by Amin (2015) entitled "Perceived Stress and Professional Quality of Life in Neonatal Intensive Care Unit Nurses in Gujarat, India". The mean age of the participants was 28.37 years old, most were single, satisfied with salary benefits and reported "good" to "excellent" relationships at work. The mean duration of duty hours was 8.12 hours and 43.6 percent were attending to more than four patients/shift. The mean perceived stress level was 22.19. High compassion satisfaction, high burnout, and high secondary traumatic stress were reported by 25 (19.4 percent), 30 (23.3 percent) and 30 (23.3 percent) nurses, respectively. Perceived stress was negatively correlated with compassion satisfaction and positively correlated with burnout and secondary traumatic stress.

In terms of the job description of and scope of nurses' jobs, they are being discussed to every staff during the orientation. Pertaining to how often the chief nurse conduct rounds and surveys to the wards, they do it from time to time, and to manage errors committed by the nurses in the wards they conduct thorough investigation in order to correct as part of their action. Further, in relation to rotation of nurses to different wards/areas, they do rotations of staff nurses to different areas every three months.

The study of Potot finds several similarities with the present research. For one, both studies are on the resignation of nurses in government hospitals. Second, both involved nurses who worked, or are working, in government hospitals. Lastly, both studies are concerned about the reasons/factors for nurses' resignation from hospitals. Despite the above-mentioned similarities, the study of Potot is broader in scope as it dealt with all factors/reasons for the nurses' resignation from their work in government hospitals whereas the present research will only be concerned with the possible relationship between the nurses' professional quality of life and their resignation from their work in government hospitals.

Pasay-an (2014), in a study entitled "Work-Life Balance among Nurse Educators towards Quality Life: A Mixed Method Study", intended to determine and explore the work-life balance among nurse educators towards quality life. It was found out that work-life balance of nurse educators vary and that nurse educators can maintain their composure in their work with or without interference

with personal life or vice versa despite their very complex roles. Three main themes surfaced as similar among the participants: time scheduling, demarcation of work and life, and multitasking. It is recommended therefore that nurse educators should maintain their composure towards quality work and life despite their complex roles. To do this, they should put demarcation or boundary in their work and personal life.

The study of Pasay-an is broader in scope because it emphasized quality of life, in general, whereas the present study will focus only on the professional quality of life of nurses. However, it is cited here as it dealt with ideas of quality of life and how it may be applied in the workplace.

Another significant study which finds parallelism with the present research is that of Almalki (2012) entitled "Quality of Work Life among Health Care Nurses in the Jazan Region, Saudi Arabia: A Cross-Sectional Study" which assessed the QWL among PHC nurses in the Jazan region, Saudi Arabia. Findings suggested that the respondents were dissatisfied with their work life. The major influencing factors were unsuitable working hours, lack of facilities for nurses, inability to balance work with family needs, inadequacy of vacations time for nurses and their families, poor staffing, management and supervision practices, lack of professional development opportunities, and an inappropriate working environment in terms of the level of security, patient care supplies and equipment, and recreation facilities (break-area). Other essential factors include the community's view of nursing and an inadequate salary. More positively, the

majority of nurses were satisfied with their co-workers, satisfied to be nurses and had a sense of belonging in their workplaces. Significant differences were found according to gender, age, marital status, dependent children, dependent adults, nationality, nursing tenure, organizational tenure, positional tenure, and payment per month. No significant differences were found according to education level of PHC nurses and location of PHC.

Inasmuch as the study of Almalki focused on the quality of work life of nurses, it is thus similar to the present research. Yet, they differ because the previous study involved nurses who are still currently employed as opposed to the present research which will involve nurses who resigned from their work in government hospitals. Likewise, the two studies differ in terms of procedures used.

Kyunghee (2015) aimed to classify types of professional quality of life experienced by Korean nurses, and examine the relationship between demographic and professional characteristics and clinical competence among nurses experiencing each type. There were significant differences in age, marital status, religion, educational status, and position between clusters. Results also revealed that nurses with high compassion satisfaction and low compassion fatigue (burnout, secondary traumatic stress) tended to have higher clinical competence. This study demonstrated that it is possible to directly examine the relationship between professional quality of life level and clinical competence among nurses. Thus, interventions to increase nurses' compassion satisfaction and

relieve compassion fatigue are needed, as professional quality of life may affect clinical competence.

The research of Kyunghee focused on the professional quality of life of nurses and its relationship with their demographic characteristics. In view of such focus on those two variates, it is thus relevant to the present study which will have the same focus - professional quality of life of nurses and how it relates to the nurses' personal as well as professional profile. The only difference is that the previous study classified the types of professional quality of life of nurses.

Although the study of Abriol Santos (2017) focused on the patients' satisfaction with the surgical services at the Samar Provincial Hospital, it is nevertheless cited here as it shed light to the aspect of nurse-patient relationship which is one aspect through which patients assess their level of satisfaction with the government hospital. From the findings of this study, the patients were generally satisfied with the registration services, pre-surgery, doctor-patient relationship, nurse-patient relationship, and over-all satisfaction. However, patients were generally dissatisfied with the recovery room services of the Samar Provincial Hospital.

In the research of Tamayo, et al. (2016) entitled "Professional Quality of Life of Staff Nurses in the Cancer Institute of the Philippine General Hospital", the findings showed that the majority of the staff nurses have moderate levels of compassion satisfaction, burnout, and secondary traumatic stress. This indicates that they are neither passionate nor high in spirits in general, nor excessively

depressed, unhappy, or overly emphatic. The results reflect that the staff nurses are at risk for developing a poor professional quality of life (ProQOL).

The aforementioned research of Tamayo, et al. is similar to the present research because they both have the same focus – that is, the professional quality of life of nurses. Nevertheless, they differ because the previous study involved staff nurses in the Cancer Institute of the Philippine General Hospital while the present research will involve nurses who have already resigned from their work in government hospitals.

Marzieh, Peyrovi & Mahmood (2017) conducted a study entitled "The Relationship between Professional Quality of Life and Caring Ability in Critical Care Nurses" which examined the relationship between professional quality of life and caring ability of critical care nurses. The results revealed that there was a statistically significant positive relationship between the professional quality of life and the caring ability. However, a significant inverse relationship was found between burnout sub-scale of compassion fatigue as one aspect of professional life quality with all three aspects of caring ability, that is, knowledge, courage and patience. Secondary traumatic stress as another sub-scale of compassion fatigue had no statistically significant correlation with caring ability aspects of knowledge and patience. However, there was a significant inverse correlation between the secondary traumatic stress and courage aspect of caring ability. There was a statistically significant positive relationship between compassion satisfaction aspect of professional life quality with knowledge and patience aspects of caring

ability, but there was not any relationship between the compassion satisfaction aspect of professional life quality and the courage aspect of caring ability.

The study of Marzieh, Peyrovi & Mahmood is more complex as it dealt with the relationship between the professional quality of life and caring ability of nurses assigned in critical care. By contrast, the present research will only be concerned with an evaluation of the professional quality of life of nurses who resigned from government hospitals. Despite the manifest difference in scope, the previous study is worthy of mention in the present research because it shed light to the topic on the nurses' professional quality of life.

Markwell, et al. (2015) conducted a research entitled "Snack and Relax (SR): A Strategy to Address Nurses' Professional Quality of Life" to assess the professional quality of life (ProQOL) in registered nurses (RNs); compare S&R participants/nonparticipants on compassion satisfaction (CS), burnout, and secondary traumatic stress (STS); and identify situations in which RNs experienced compassion fatigue or burnout and the strategies used to address these situations. Significant decreases in self-reported stress, respirations, and heart rate were found immediately after S&R. Low CS was noted in 28.5 percent of participants, 25.3 percent had high burnout, and 23.4 percent had high STS. S&R participants and nonparticipants did not differ on any of the ProQOL scales. Situations in which participants experienced compassion fatigue/burnout were categorized as patient-related, work-related, and personal/family-related. Strategies to address these situations were holistic and stress reducing.

Only because the study of Markwell et al. focused on the nurses' professional quality of life that it is similar to the present research. The previous study, however, is broader in scope than the present research because the former offered an intervention for the nurses' professional quality of life.

The previous studies which are reviewed in this research are similar to the present study in terms of focus and therefore shed light to the nurses' professional quality of life. However, they differ in terms of breadth, scope and procedures used.

Chapter 3

METHODOLOGY

This chapter includes the procedures which were used in the conduct of this study which includes the research design, instrumentation, validation of instrument, sampling procedure, data gathering procedure, and statistical treatment of data.

Research Design

This study used the descriptive research design, with correlation and comparative analysis, to evaluate the professional quality of life of nurses who resigned from government hospitals in the 1st District of Leyte during the Calendar Years 2014-2017 based on the Professional Quality of Life Scale of Stamm (2009). The descriptive method was used to describe the personal profile of the nurse-respondents according to their age, sex, civil status and average monthly income. In addition, the same research design was used to assess the professional profile of the nurse-respondents according to their academic and employability characteristics.

On the one hand, the study assessed the academic profile of the nurse-respondents in terms of their year of graduation from nursing school, highest educational attainment, and number of seminars/trainings attended. On the other hand, the study assessed the employability profile of the nurse-respondents in terms of their present employment, employment history, reasons for leaving work

in government hospital, level of position as nurse in government hospital, and status of employment in government hospital.

Meanwhile, correlation analysis was conducted in order to determine the relationship between the professional quality of life of the nurse-respondents and their personal profile and professional profile. Likewise, comparative analysis was conducted in order to determine the differences in the professional quality of life of the nurse-respondents when grouped according to their personal profile and professional profile. Finally, descriptive as well as inferential statistical tools was used to compute, analyse and interpret the data of the study.

Instrumentation

A self-structured questionnaire with items adopted from several authors as well as a standard questionnaire on the professional quality of life of nurses was used to gather the needed data for this study.

There were two types of questionnaire that were used in this study. The first type of questionnaire was self-structured by the researcher, but with indicators adopted from several authors. The second type of questionnaire is the Professional Quality of Life Scale (PROQOL) of Stamm (2009).

The first type of questionnaire was composed of three important parts. The first part was a supply type. Moreover, the first part of the questionnaire included items regarding the personal profile of the nurse-respondents, including their age, sex, civil status and average monthly income. This part of the questionnaire

required the nurse-respondents to fill in the line spaces provided the needed information and/or to place a check (/) mark on the appropriate line spaces provided.

The second part of the questionnaire was sub-divided into two parts, namely, the nurse-respondents' academic profile and the employability profile. The academic profile part of the nurse-respondents consisted of items regarding their year of graduation from nursing school, highest educational attainment, and number of seminars/trainings attended. On the other hand, the employability profile part consisted of the nurse-respondents' present employment, employment history, reasons for leaving work in government hospital, level of position as nurse in government hospital, and status of employment in government hospital. The choices in this part of the questionnaire was adopted from the standard Tracer Study Questionnaire developed by the Commission on Higher Education (CHED). The respondents' responses were based on their marks on the appropriate line spaces provided before each item.

The second type of the questionnaire was the Professional Quality of Life Scale (PROQOL) of Stamm (2009) to determine the professional quality of life of the nurse-respondents. This was a 30-item checklist with the following five-point scale to quantify the respondents' responses: 5 for Very Often (VO), 4 for Often (O), 3 for Sometimes (S), 2 for Rarely (R), and 1 for Never (N).

Validation of Instrument

The self-structured questionnaire was validated as to its content and reliability through expert analysis and test-re-test method, respectively. The questionnaire on the Professional Quality of Life Scale (PROQOL) of Stamm (2009) was only validated as regard content through expert analysis.

Draft copies of the questionnaires were presented to the research adviser as well as to the members of the Panel of Oral Examination for content analysis. After the suggestions and recommendations were incorporated, the questionnaire was finalized and prepared for pilot testing among 10 nurse-respondents who resigned from the Eastern Visayas Regional Medical Center.

The administration of the questionnaires was made personally by the researcher to ensure 100 percent retrieval. A time-gap of four days was observed before the second administration (re-test) of the questionnaire was made. The reliability coefficient of each indicator for the questionnaire was computed as the difference between the first and second administration and using the five-point scale. The correlation coefficient obtained was within the 0.80 - 0.89 range of values, and thus, the questionnaire was both valid and reliable.

As regard the reliability and validity of the PROQOL, the following were given: a) Compassion Satisfaction is α= .88 at n=1130; b) Burnout is α = .81 at n=1135; and c) Compassion Fatigue is α = .81 at n=1135.

Sampling Procedure

The respondents of this were chosen based on the record of the hospitals that qualified the inclusion criteria set by the researcher. The following are the inclusion criteria; nurses who have at least served one year but not more than three years either as job order, contractual or permanent employees in all level government hospitals in the First District of the Province of Leyte during the period covering Calendar Year 2014-2016, and consented to participate in the study. The table below shows the distribution of the respondents

Table 1
Distribution of Respondents

EVRMC	60
DOH	2
Schistosomiasis Hospital	1
Kuwait	1
Saudi Arabia	5
Dubai	1
Canada	1
TOTAL	**71**

Data Gathering Procedure

Only after all the formalities were made that the researcher conducted this study. A letter requesting approval to conduct this study among the nurses who have resigned from their previous employment in government hospitals in the First District in the Province of Leyte was secured from the Dean of the College of Graduate Studies of Samar State University, Catbalogan City. When said approval

was secured, the researcher made another letter addressed to the Governor of the First District of the Province of Leyte to conduct the said study among the nurses previous employed in all levels of hospitals in the municipalities of Alang-alang, Babatngon, Palo, San Miguel, Santa Fe, Tanauan, and Tolosa; and in the City of Tacloban. When the said approval was likewise secured, the researcher proceeded to the different government hospitals to seek permission to conduct the study from the hospital administrators.

Upon the approval of all concerned authorities, the researcher proceeded with the conduct of the survey using the questionnaire among the respondents of the study. The administration of the questionnaire was made personally by the researcher to ensure 100 percent retrieval. After gathering the needed data, the researcher proceeded with the tabulation, computation, and interpretation of the data. Finally, the data was conducted during the School Year 2017-2018.

Statistical Treatment of Data

The data which were gathered from this study was tabulated, organized, analysed, and interpreted with the use of descriptive as well as inferential statistical tools, including frequency count, percentage, mean, weighted mean, Pearson Product Moment Coefficient of Correlation (Pearson r), Fisher's t-test, One-Way Analysis of Variance (ANOVA), and Scheffe's test.

Frequency Count. This descriptive statistical tool was utilized to present the nurse-respondents' personal profile of the nurse-respondents according to

their age, sex, civil status, socio-economic status and attitude toward nursing care; the academic profile of the nurse-respondents in terms of their year of graduation from nursing school, professional examinations passed, reasons for taking the nursing course, highest educational attainment, and seminars/trainings attended; and the employability profile of the nurse-respondents in terms of their present employment, employment history, reasons for leaving work in government hospital, level of position as nurse in government hospital, and status of employment in government hospital; and among other data as to the number of occurrences.

Percentage. This descriptive statistical tool was utilized to present the nurse-respondents' personal profile of the nurse-respondents according to their age, sex, civil status, socio-economic status and attitude toward nursing care; the academic profile of the nurse-respondents in terms of their year of graduation from nursing school, professional examinations passed, reasons for taking the nursing course, highest educational attainment, and seminars/trainings attended; and the employability profile of the nurse-respondents in terms of their present employment, employment history, reasons for leaving work in government hospital, level of position as nurse in government hospital, and status of employment in government hospital; and among other data, as to the magnitude of occurrence.

Mean. This measure was employed to calculate the average age, among others.

Weighted Mean. This was used to express the collective perception of the nurse-respondents as to their attitude towards nursing care and their professional quality of life.

Pearson Product-Moment Coefficient of Correlation (Pearson r). This statistical tool was employed to determine the relationship between the professional quality of life of the nurse-respondents and their personal profile and professional profile.

Fisher's t-test. This tool was used to determine if there is significance in the relationship between the variates. The formula is as follows (Simon and Freund, 1992:481)

One-Way Analysis of Variance. This statistical tool was used to determine the differences in the professional quality of life of the nurse-respondents when grouped according to their personal profile and professional profile.

Scheffes's Test. When the hypothesis tested using ANOVA is rejected it necessarily meant further testing to find exactly where the significant difference lies when comparing the means of the groups. The Scheffe's method of multiple comparisons (Padua, 1976) will be used. The hypotheses of this study was tested at 0.05 level of significance, two-tailed hypothesis testing.

Chapter 4

PRESENTATION, ANALYSIS AND INTERPRETATION OF DATA

This chapter presents the data collected, the analysis and interpretation made to the data. This specifically includes the personal and professional profile of the nurse-respondents; the professional quality of life of the nurse-respondents based on the Professional Quality of Life Scale (PROQOL) of Stamm (2009); the tests of hypotheses on relationship between the professional quality of life of the nurse-respondents and their personal profile and professional profile, and differences in the professional quality of life of the nurse-respondents when grouped according to their personal profile and professional profile; and the implications of the study.

Personal Profile of the Nurse-Respondents

The personal profile of the nurse-respondents is presented here in terms of their age, sex, civil status and average monthly income.

Age. Table 1 shows the distribution of the nurse-respondents according to their age. As reflected in the table, 42 or 59.2 percent of the total 71 nurse-respondents were aged between 26 and 35 years old. This is followed by 12 or 16.9 percent who were aged between 46 and 55 years old, eight or 11.3 percent who were aged 25 years old and below, which was the youngest age group, and five or seven percent who were aged between 36 and 45 years old. The oldest group of respondents were aged 56 years old and above with four or 5.6 percent.

Table 1

Personal Profile of the Nurse-Respondents

Profile	f	Percent
Age (mean = 34.03 years; SD= 10.30)		
56 & Above	4	5.6
46-55	12	16.9
36-45	5	7.0
26-35	42	59.2
25 & below	8	11.3
Total	**71**	**100.0**
Sex Category		
Female	53	74.6
Male	18	25.4
Total	**71**	**100.0**
Civil Status		
Single	48	67.6
Married	21	29.6
Widowed	2	2.8
Total	**71**	**100.0**
Average Monthly Income		
Php9,999 & Below	2	2.8
10,000-10,999	2	2.8
11,000-11,999	2	2.8
12,000-12,999	63	88.7
13,000 or Higher	2	2.8
Total	**71**	**100.0**

The mean age was posted at 34.03 years old, or approximately 34 years old, with a standard deviation of 10.30 years. The results imply that the nurse-respondents who resigned from government work as nurses are relatively younger. They are, in fact, in their early adulthood which is characterized as a period of adjustment to new patterns of life and new social expectations. In

addition, this is the settling down age when individuals try out different life patterns in terms of jobs and in their personal lives; the reproductive age as parenthood is the most important role that this age goes through; the problem age as individuals cope with all the adjustments within their work and with their family and social lives; a period of emotional tension from their work load at their workplace, at home and in their social circle; and time of commitment to new patterns of living at home and in the workplace (Rook, Catalano & Dooley, 2009).

Sex. Table 1 likewise shows the distribution of the nurse-respondents according to their sex. It is presented that 53 or 74.6 percent of the total 71 nurse-respondents were females, with only 18 or 25.4 percent who were males. The data means that the nurse-respondents in this study were predominantly females. The data likewise implies that the nursing profession is still largely a female-dominated profession. Nursing has been identified with feminine ways of caring. Historically, during Florence Nightingale's time, men were considered to lack the capacity to provide mothering and caring because "their horny hands were detrimental to caring," so they were excluded from nursing (Cudé & Winfrey, 2007). Therefore, male and female nursing students have different learning experiences in nursing faculties. Furthermore, they are rarely assigned to female patients in clinical rotations (Emmons, Sells, & Eiff, 2002).

Thus, several literature support the fact that men entering the nursing profession encounter barriers that limit their choice of specialty and risk being labelled and stereotyped (Genua, 2005). Gender bias and role stereotyping do exist

Professional Profile of the Nurse-Respondents

The following are discussions about the professional profile of the nurse-respondents in terms of their academic and employability profile.

Academic Profile

Table 2 shows the professional profile of the nurse-respondents in terms of their academic profile. The academic profile includes the year of graduation from nursing, Highest Educational Attainment, and number of seminars/training attended.

Table 2

Professional-Profile of the Nurse-Respondents in Terms of their Academic Profile

Professional Profile	f	Percent
Year of Graduation from nursing		
2010-2011	24	33.8
2011-2012	6	8.5
2012-2013	7	9.9
2013-2014	3	4.2
others	31	43.7
Total	**71**	**100**
Highest Educational Attainment		
Baccalaureate Degree	44	62
With Master's Unit	12	16.9
Master's Degree	9	12.7
With Post-Graduate Units	3	4.2
Post Graduate Degree	3	4.2
Total	**71**	**100**
No. of Seminars/Trainings Attended		
3 trainings/seminars & lower	47	52.1
> 3 trainings/seminars	24	11.3
Total	**71**	**100**
Mean	**3**	-
SD	**4**	-

As can be gleaned from the table, 31 or 43.7 percent of the nurse-respondents indicated others for their year of graduation from their nursing degree. This means that they graduated before the School Year 2010-2011. This is followed by 24 or 33.8 percent who indicated that they graduated during the School Year 2010-2011, seven or 9.9 percent who graduated in 2012-2013, six who graduated in 2011-2012, and three who graduated in 2013-2014. The data means that the nurse-respondents have already graduated from their nursing course for quite some time already.

Furthermore, Table 2 shows that 44 or 62 percent of the nurse-respondents have baccalaureate degree, with 12 or 16.9 percent who have master's degree units, and nine or 12.7 percent who have master's degree. From the table, it can also be gleaned that there were three or 4.2 percent nurse-respondents with post-graduate units and post-graduate degree. The data in the table reflect that majority of the nurse-respondents did not pursue further education as they only indicated their baccalaureate degree as their highest education attained.

Table 2 shows that 47 or 52.1 percent of the nurse-respondents have attended three trainings/seminars and lower whereas there were 24 or 11.3 percent who had more than three seminars/trainings attended. The data reflect that most of the nurse-respondents who resigned from government service have fewer attendance in trainings and seminars.

Employability Profile

The professional profile in terms of employability of the nurse-respondents is presented here in terms of their present employment, employment history, reasons for leaving work in government hospital, level of position as nurse in government hospital and status of employment in government hospital.

Table 3 presents the employability profile of the nurse-respondents in terms of their present employment.

Table 3

Employability Profile of the Nurse-Respondents in Terms of Present Employment

Employment		f	Percent
Employed	Employed Locally (LGUs/Offices w/n the Province/Region)	34	47.9
	Employed Nationally (National Offices/Organizations)	23	32.4
	Employed in a Foreign country	11	15.5
	Total	**68**	**95.8**
Unemployed	Never been employed before	1	1.4
	Resigned/Laid off/Separated from Previous employment	2	2.8
	Total	**3**	**4.2**
Nature of business/services/organization engaged in	Hospital/medical facility	62	87.3
	Nursing home/caregiving facilities	1	1.4
	Rehabilitation Clinics	1	1.4
	Gov't offices like SSS, PhilHealth, others	5	7.0
	Others	2	2.8
	Total	**71**	**100.0**

As shown in Table 3, 68 or 95.8 percent of the nurse-respondents are employed. Of the 68 nurse-respondents who were employed, 34 or 47.9 percent were employed locally and were, in fact, working in the local government units within the province and/or region, followed by 23 or 32.4 percent who were employed in national government agencies, and 11 or 15.5 percent who were employed in foreign countries.

The table likewise shows that there were three or 4.2 percent nurse-respondents who were unemployed. Of which, there were two or 2.8 percent who were either resigned/laid off/separated from previous employment, and one or 1.4 percent who was never been employed.

The results imply that majority of the nurses who resigned from government hospitals as nurses are presently employed locally such as in local government units. The results confirm the global intention of nurses to leave the nursing profession and to seek other employment. In Flinkman, et al. (2010, cited in Flinkman, Bouret & Salantera, 2013), nurses' intention to leave the profession varied from four percent up to 54 percent across the studies internationally. Turnover intention appears to be a multistage process consisting of psychological, cognitive, and behavioural components and has been found to predict the actual decision to leave the profession (Hasselhorn, Muller & Tackenberg, 2005, Krausz, Koslowsky, et al., 1999, Lane & Matthews, 1998, cited in Flinkman, Bouret & Salantera, 2013).

According to a study by Hasselhorn, Muller & Tackenberg (2005, cited in Flinkman, Bouret & Salantera, 2013), the majority of leavers began the process with serious consideration in the final year preceding leaving, and the actual decision to leave was then made within the six months prior to determination. In the study of Carless and Arnup's (2011, cited in Flinkman, Bouret & Salantera, 2013), one year prior to changing careers, actual career changers were actively looking for a new career and had a high intention to leave their current job. Furthermore, another study revealed that nurses left nursing within six months of their decision to leave.

The table likewise shows that the nurse-respondents are currently engaged in hospital/medical facility with 62 or 87.3 percent of them indicating such, followed by five or 7.0 percent who are working in government offices like the Social Security System, PhilHealth and others.

Table 4 shows the employability profile of the nurse-respondents in terms of their employment history from Calendar Year 2011 to the present. The table shows that the nurse-respondents had been employed in both the private and public sector as part of their employment history since 2011. As for the private employment, 34 or 47.9 percent had worked as nurses in the private sector, followed by five or seven percent had worked as customer service representative and five or seven percent as head nurses in private hospitals.

reflecting their roles as nurses is considered as one of the "push" factors for nurses to leave their jobs (Merrifield, 2017).

Moreover, Lafer (2005, cited in MacKusick & Minick, 2010) hypothesized the substantial loss of nurses from patient care is correlated directly to suboptimal working conditions, stressors placed on nurses, and low economic benefits compared to other industries.

Table 5

Employability Profile of the Nurse-Respondents in Terms of Reasons for Leaving Work, Position, and Status of Employment in Gov't Hospital

Employability Profile	f	Percent
Reasons for Leaving Work in Gov't Hospital		
Salaries and Benefits	48	62
Peer Influence	3	4.2
Family Influence	3	4.2
Related to Course or Program of Study	5	7
Career challenge	12	16.9
Total	**71**	**100**
Position		
JO Nurse	32	45.7
Nurse 1	25	35.7
Nurse II	10	14.3
Nurse III	2	2.9
Nurse IV	1	1.4
No Response	(1)	-
Total	**70**	**100.0**
Status of Employment		
Permanent	28	39.4
Contractual	11	15.5
Job Order	32	45.1
Total	**71**	**100.0**

In the Philippines, the promise of high salary abroad is the main reason for nurses leaving their profession, and leaving the Philippines for nursing job abroad. Hence, low wages given to nurses is a major push factor for nurses to leave their profession in the country. In addition, contractualization is another major problem among nurses. Although there is a law that puts government nurses at Salary Grade 11, many nurses are still hired on a contractual basis which lets employers pay them below the minimum wage (Nolasco, cited in Hapal, 2017).

Table 5 likewise presents that 32 or 45.7 percent of the nurse-respondents worked in government hospitals with job order as nurses, followed by 25 or 35.7 percent who worked as Nurse 1 and 10 or 14.3 percent who worked as Nurse II. The results reflect that nurses who resigned from government hospitals were previously employed as job order nurses which indicate contractual employment. These results further confirm what the Filipino nurses' convenor Nolasco stressed that contractualization is another major problem among nurses. Although there is a law that puts government nurses at Salary Grade 11, many nurses are still hired on a contractual basis which lets employers pay them below the minimum wage (Nolasco, cited in Hapal, 2017).

Also, Table 5 shows that 32 or 45.1 percent of the nurse-respondents' status of employment in government hospitals where they previously worked was job order only, with 28 or 39.4 percent who were employed permanently.

Professional Quality of Life of the Nurse-Respondents

Table 6 yields the results on the level of professional quality of life of nurses along compassion satisfaction, burnout and secondary traumatic stress. As regards compassion satisfaction, the table shows that there were 53 or 74.6 percent nurse-respondents who scored between 23 and 41 in the Professional Quality of Life Scale (PROQOL) of Stamm (2009) which was interpreted as average level of professional quality of life in terms of compassion satisfaction. This was followed by 18 or 25.4 percent who scored 42 or higher which indicated a high level of compassion satisfaction.

Table 6

Level of Professional Quality of Life by the Nurse-Respondents

Score	Level	Professional Quality of Life Dimensions					
		Compassion Satisfaction		Burnout		Secondary Traumatic Stress	
		f	%	f	%	f	%
22 or less	Low	0	0.0	25	35.2	20	28.2
23 - 41	Average	53	74.6	46	64.8	51	71.8
42 or more	High	18	25.4	0	0.0	0	0.0
Total		**71**	**100.0**	**71**	**100.0**	**71**	**100.0**
Mean		**37.1**	-	**24.2**	-	**24.7**	-
SD		**6.8**	-	**4.7**	-	**4.6**	-

Based on the interview conducted by the researcher, nurse-respondents currently employed abroad reported to have a better professional quality of life today in terms of pay, benefits, and working environment. However, leaving love ones in the Philippines causes them stress. Similarly, nurse respondents working

in the Philippines also perceived better professional quality of life in terms of pay and working environment. However, the standard nurse to patient ratio is still not being followed.

The mean for compassion satisfaction was posted at 37.1, with a standard deviation of 6.8, indicating an average level of compassion satisfaction. The results imply that the nurses who left government hospitals had an average level of compassion satisfaction. There are some studies on reasons nurses remain in their roles despite the high levels of compassion fatigue that revealed that nurses gained a sense of compassion satisfaction which is defined as the positive feelings derived from helping others through traumatic situations (Dunn, 2009). As conceptualized by Stamm (2010), a sustainable professional quality of life is achieved by maintaining a healthy balance between the positive and negative aspects of caring. Compassion satisfaction is the sum of all the positive feelings a person derives from helping others. By contrast, compassion fatigue was first described as a form of burnout, which is defined as a cumulative state of frustration with a person's work environment that develops over a long time. Hence, the level of the nurses' compassion satisfaction impact on their professional quality of life which, in turn, influences how they feel in relation to their work.

As regards burnout, Table 5 shows that 46 or 64.8 percent of the nurses who left government hospitals scored between 23 and 41 in the Professional Quality of Life Scale (PROQOL) of Stamm (2009) which indicated average level of burnout. On the other hand, 25 or 35.2 percent of the nurse-respondents scored 22 or less,

interpreted as low level of burnout. The mean for burnout was posted at 24.2 indicating an average level of burnout among the nurse-respondents.

Burnout encompasses emotional exhaustion, patient depersonalization, negative attitudes toward patients, and diminished feelings of personal and work accomplishments (Maslach & Jackson, 1981; Harrison, 1983, cited in Hinderer, 2014). The nature of nursing work and exposure to the illness of others are related to the development of burnout. Studies have linked burnout to the stress of the nursing work environment, workload, patient acuity, coping mechanisms, and years of nursing experience (McHugh, et al., 2011; Sabo, 2011, cited in Hinderer, 2014). Younger, less experienced nurses, especially those within two years of graduation, were at an increased risk of developing burnout (Rudman & Gustavsson, 2011). Burnout remains a component of compassion fatigue in the professional quality of life model of Stamm. According to the ProQOL model, a caregiver's level of burnout contribute to his experience of compassion fatigue (Stamm, 2002).

Table 5 shows that 51 or 71.8 percent of the nurse-respondents scored between 23 and 41 in the Professional Quality of Life Scale (PROQOL) of Stamm (2009) which indicated an average level of secondary traumatic stress, followed by 20 or 28.2 percent who scored 22 or less which indicated a low secondary traumatic stress. The mean score was posted at 24.7 indicating that the nurse-respondents experienced an average level of secondary traumatic stress.

The secondary traumatic stress is the second component of compassion fatigue, which is defined as the feeling of despair caused by the transfer of emotional distress from a victim to a caregiver that often develops suddenly. In the presence of secondary traumatic stress, the caregiver is empathizing with the victim. Although the elements of compassion fatigue are related, secondary traumatic stress is an effect of experiences with specific types of patients. According to the ProQOL model, a caregiver's level of secondary traumatic stress contribute to his experience of compassion fatigue (Smart, et al., 2014).

Professional quality of life refers to the positive and negative emotions that an individual feels about his job. Compassion satisfaction (CS), burnout (BO), and compassion fatigue (CF) (also known as secondary traumatic stress [STS]) are all elements of ProQOL that can be experienced by workers in service industries that aid persons with afflictions (Stamm, 2010). Nurses, in particular, are professionals highly likely to experience CF, which can negatively affect their mental and physical health as well as job performance (Joinson, 1992, cited in Kim, Han & Kwak, 2015).

A low level of professional quality of life may reduce the productivity of nurses which further results in a high turnover of nurses (Boyle, 2011). In addition, Gemeay et al. (2016) mentioned that younger workers lacked experiences to manage their stressful working situation even in their life situations. Therefore, it is important to have an insight on how the stressful experience contributes to quality of life of nurses in their professional settings.

In this research, it was revealed that the nurse-respondents had an average level of professional quality of life along compassion satisfaction, burnout and secondary traumatic stress. This implied that these nurses experienced moderate level of challenges in their work environment, including both those negative and positive experiences.

Correlation between the Professional Quality of Life of the Nurse-Respondents and their Personal and Professional Profile

Table 7 and Table 8 present the results of the correlation analyses made between the professional quality of life of the nurse-respondents and their personal and professional profile, respectively.

Professional Quality of Life and Personal Profile. Table 7 shows the relationship between the professional quality of life of the nurse-respondents and their personal profile in terms of their age, sex, civil status and average monthly income.

The table reveals that among the personal profile variates of the nurse-respondents, only their age had significant relationship with their professional quality of life along burnout and compassion satisfaction. As regards the relationship between the nurse-respondents' age and professional quality of life along burnout, r-value of 0.390 was significant at 0.01 level of significance for two-tailed hypothesis testing.

Table 7

Relationship Between Professional Quality of Life of the Nurse-Respondents and their Personal Profile

Personal Profile		PROQOL		
		Burnout	Secondary Traumatic Stress	Compassion Satisfaction
Age	Pearson Correlation	.390(**)	0.218	-.305(**)
	Sig. (2-tailed)	0.001	0.068	0.01
Sex	Pearson Correlation	-0.033	-0.117	-0.05
	Sig. (2-tailed)	0.788	0.331	0.678
Civil Status	Pearson Correlation	0.159	0.112	-0.117
	Sig. (2-tailed)	0.187	0.353	0.329
Income	Pearson Correlation	0.123	-0.009	-0.156
	Sig. (2-tailed)	0.308	0.94	0.195

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

* Correlation is significant at the 0.05 level (2-tailed).

This result led to the rejection of the hypothesis which states that "There is no significant relationship between the professional quality of life of the nurse-respondents along burnout and profile of age". This meant further that the age of the nurse-respondents influenced their professional quality of life.

Burnout is most often defined in line of the concept of Maslach (1993) as a syndrome of emotional exhaustion, depersonalization and reduced personal accomplishment. Bekker, Croon, and Bressers (2005) found that emotional exhaustion increased with age. In a research conducted by (Urquiza, 2016),

younger age was a significant factor in the emotional exhaustion and depersonalization of nurses which are characteristics of burnout. In another study by Koivula, Paunonen and Laippala (2000), however, what was observed was a higher level of burnout among older nurses than the younger ones.

The table also reveals that there is a significant relationship between the nurse-respondents' age and professional quality of life along compassion satisfaction as shown by the r-value of -0.305, which value is significant at 0.01 level of significance for two-tailed hypothesis testing. This result led to the rejection of the hypothesis which states that "There is no significant relationship between the professional quality of life of the nurse-respondents along compassion satisfaction and profile of age". This meant further that the age of the nurse-respondents influenced their professional quality of life along compassion satisfaction.

Professional Quality of Life and Professional Profile.

Table 8 shows the relationship between the professional quality of life of the nurse-respondents and their professional profile in terms of their academic and employability profile.

The table shows that only the employability profile in terms of reasons for leaving work, position in office and status of employment were significantly related with their professional quality of life along burnout.

As regards the employability profile of reasons for leaving work and the professional quality of life of the nurse-respondents along burnout, the r value was posted at 0.315, with a p value of 0.007 which was significant at 0.01 level of significance for two-tailed hypothesis testing. This then led to the rejection of the hypothesis which states that "There is no significant relationship between the professional quality of life of the nurse-respondents along burnout and their reasons for leaving work". Thus, the different reasons for leaving their work in government hospitals were the reasons behind the nurse-respondents' burnout.

As regards the employability profile of position at work and the professional quality of life of the nurse-respondents along burnout, the r value was posted at -0.307, with a p value of 0.009 which was significant at 0.01 level of significance for two-tailed hypothesis testing. This then led to the rejection of the hypothesis which states that "There is no significant relationship between the professional quality of life of the nurse-respondents along burnout and their position at work". Thus, their previous position of the nurse-respondents in the government hospitals where they previously worked influenced their professional quality of life.

Table 8

Relationship Between Professional Quality of Life of the Nurse-Respondents and their Professional Profile

Professional Profile		PROQOL		
		Burnout	Secondary Traumatic Stress	Compassion Satisfaction
Academic Profile				
Year of Graduation	Pearson Correlation	0.039	-0.02	0.168
	Sig. (2-tailed)	0.748	0.871	0.162
Highest Educ Attainment	Pearson Correlation	-0.107	-.284	-0.06
	Sig. (2-tailed)	0.376	0.076	0.62
No. of Seminars/trainings Attended	Pearson Correlation	0.048	0.15	0.17
	Sig. (2-tailed)	0.689	0.211	0.156
Employability Profile				
Present Employment	Pearson Correlation	-0.139	-0.187	0.178
	Sig. (2-tailed)	0.247	0.119	0.137
Reasons for Leaving Work	Pearson Correlation	.315(**)	0.084	-.332
	Sig. (2-tailed)	0.007	0.484	0.085
Position	Pearson Correlation	-.307(**)	-0.18	.235
	Sig. (2-tailed)	0.009	0.133	0.068
Employment Status	Correlation Coefficient	.249(*)	0.158	-0.087
	Sig. (2-tailed)	0.036	0.187	0.472
Employment History				
Employer	chi-square	1.86	1.21	1.38
	Exact Sig. (2-tailed)	0.629	0.79	0.794
Position/Job Status	chi-square	3.395	2.87	1.95
	Exact Sig. (2-tailed)	0.185	0.29	0.401

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

* Correlation is significant at the 0.05 level (2-tailed).

As regards the employability profile of employment status and the professional quality of life of the nurse-respondents along burnout, the r value was posted at 0.249, with a p value of 0.036 which was significant at 0.01 level of significance for two-tailed hypothesis testing. This then led to the rejection of the hypothesis which states that "There is no significant relationship between the professional quality of life of the nurse-respondents along burnout and their status of employment". Thus, the status of employment of the nurse-respondents in the government hospitals where they previously worked influenced their professional quality of life along burnout.

Comparison of the Professional Quality of Life of the Nurse-Respondents according to their Personal and Professional Profile

The following discussions focus on the differences in the professional quality of life of the nurse-respondents when grouped according to their personal profile and professional profile.

Professional Quality of Life according to the Nurse-Respondents' Personal Profile.

The succeeding tables present the professional quality of life of the nurse-respondents according to their personal profile.

Table 9 presents the differences in the professional quality of life of the nurse-respondents when grouped according to their age. As shown in the table, the nurse-respondents differed in their level of burnout while working in

government hospitals prior to their resignation when they were grouped according to their age as shown by the p value of 0.009. Said value was significant at 0.01 level of significance for two-tailed hypothesis testing.

This then led to the rejection of the hypothesis which states that "There are no significant differences in the professional quality of life of the nurse-respondents when grouped according to their age". This means further that the level of burnout experienced by the nurse-respondents differed according to their ages. Among the age categories, the differences were significant 25 and below, and 56 or higher as evidenced by the p value of 0.01 which was significant at 0.05 level of significance. Likewise, the differences were significant at 26-35 years old, and 56 or higher as evidenced by the p value of 0.02, which was significant at 0.05 level of significance.

The results indicated that the younger nurse-respondents differed in their level of burnout than the older nurse-respondents. The younger nurse-respondents may have experienced higher level of burnout than the older nurse-respondents, and conversely. These results affirm the findings of earlier researches that younger, less experienced nurses, especially those within two years of graduation, were at an increased risk of developing burnout (Rudman & Gustavsson, 2011). Burnout remains a component of compassion fatigue in the professional quality of life model of Stamm. According to the ProQOL model, a caregiver's level of burnout contribute to his experience of compassion fatigue (Stamm, 2002).

Table 9
Comparison in the PROQOL of the Nurse-Respondents by Age Category

Descriptives

PROQOL	Age Category	N	Mean	Level	SD
Burnout	56 & Above	4	30.8	Average	1.3
	46-55	12	25.8	Average	5.2
	36-45	5	25.0	Average	1.6
	26-35	42	23.6	Average	4.5
	25 & below	8	21.5	Low	4.2
	Total	71	24.2	Average	4.7
Secondary Traumatic Stress	56 & Above	4	27.0	Average	1.4
	46-55	12	25.8	Average	4.8
	36-45	5	26.0	Average	4.2
	26-35	42	24.0	Average	4.6
	25 & below	8	24.0	Average	5.3
	Total	71	24.6	Average	4.6
Compassion Satisfaction	56 & Above	4	27.0	Average	2.6
	46-55	12	35.3	Average	8.7
	36-45	5	40.2	Average	8.2
	26-35	42	37.8	Average	5.8
	25 & below	8	39.3	Average	5.3
	Total	71	37.1	Average	6.8

ANOVA

PROQOL	Sources of Variation	Sum of Squares	df	Mean Square	F	Sig.
Burnout	Between Groups	280.4	4	70.1	3.7	0.009
	Within Groups	1264.5	66	19.2		
	Total	1544.9	70			
Trauma	Between Groups	66.6	4	16.7	0.8	0.534
	Within Groups	1385.6	66	21.0		
	Total	1452.2	70			
Compassion Satisfaction	Between Groups	548.9	4	137.2	3.3	0.015
	Within Groups	2706.6	66	41.0		
	Total	3255.5	70			

Post Hoc Analysis (Tukey HSD)

Dependent Variable	Pair	Mean Difference	Sig.
Burnout	25 or below & 26-35	-2.10	0.73
	25 or below & 36-45	-3.50	0.63
	25 or below & 46-55	-4.33	0.20
	25 or below & 56 or Higher	-9.25(*)	0.01
	26-35 & 36-45	-1.40	0.96
	26-35 & 46-55	-2.23	0.53
	26-35 & 56 or Higher	-7.15(*)	0.02
	36-45 & 46-55	-0.83	1.00
	36-45 &56 or Higher	-5.75	0.30
	46-55 & 56 or Higher	-4.92	0.30

Table 10 shows the differences in the nurse-respondents' professional quality of life when grouped according to their sex. As it is shown in the table, the nurse-respondents did not differ in their professional quality of life when grouped according to their sex based on the values of t posed at -0.27 for burnout, -0.98 for secondary traumatic stress, and -0.42 for compassion satisfaction. Said values are higher than the p value of 0.05. Thus, the hypothesis which states that "There are no significant differences in the professional quality of life of the nurse-respondents when grouped according to their sex" was accepted. This meant that the nurse-respondents did not differ in their professional quality of life according to their sex.

Table 10

Comparison in the PROQOL of the Nurse-Respondents by Sex Category

Group Statistics					
PROQOL	**Sex Category**	**N**	**Mean**	**Level**	**SD**
Burnout	Female	53	24.2	Average	4.6
	Male	18	24.5	Average	5.0
Secondary Traumatic Stress	Female	53	24.3	Average	4.4
	Male	18	25.6	Average	5.0
Compassion Satisfaction	Female	53	36.9	Average	6.9
	Male	18	37.7	Average	6.7

t-test for equality			
PROQOL	**t**	**df**	**Sig. (2-tailed)**
Burnout	-0.27	69	0.79
Secondary Traumatic Stress	-0.98	69	0.33
Compassion Satisfaction	-0.42	69	0.68

* Significant at the 0.05 level (2-tailed).

Stated otherwise, the female nurse-respondents had comparatively the same level of professional quality of life as the male nurse-respondents.

Table 11 shows the differences in the nurse-respondents' professional quality of life when grouped according to their civil status. As it is shown in the table, the nurse-respondents did not differ in their professional quality of life when grouped according to their civil status based on the values of t posed at -1.334for burnout, -0.935 for secondary traumatic stress, and 0.983 for compassion satisfaction.

Table 11

Comparison in the PROQOL of the Nurse-Respondents by Civil Status

Group Statistics					
PROQOL	**Civil Status**	**N**	**Mean**	**Level**	**SD**
Burnout	Single	50	23.8	Average	4.5
	Married	21	25.4	Average	5.1
Secondary Traumatic Stress	Single	50	24.3	Average	4.7
	Married	21	25.4	Average	4.2
Compassion Satisfaction	Single	50	37.6	Average	6.4
	Married	21	35.9	Average	7.8

t-test for equality			
PROQOL	**t**	**df**	**Sig. (2-tailed)**
Burnout	-1.334	69	0.187
Secondary Traumatic Stress	-0.935	69	0.353
Compassion Satisfaction	0.983	69	0.329

* Significant at the 0.05 level (2-tailed).

Said values are higher than the p value of 0.05. Thus, the hypothesis which states that "There are no significant differences in the professional quality of life of the

nurse-respondents when grouped according to their civil status" was accepted. This meant that the nurse-respondents did not differ in their professional quality of life according to their civil status. Hence, unmarried nurse-respondents had comparatively the same professional quality of life as those married nurse-respondents.

Table 12 reflects the results of the comparison made as regards the professional quality of life of the nurse-respondents when grouped according to their average monthly income.

Table 12

Comparison in the PROQOL of the Nurse-Respondents by Income

Group Statistics					
PROQOL	**Income Category**	**N**	**Mean**	**Level**	**SD**
Burnout	Php13,000 or higher	6	21.2	Low	5.4
	Php12,999 or below	63	24.5	Average	4.6
Secondary Traumatic Stress	Php13,000 or higher	6	21.5	Low	5.3
	Php12,999 or below	63	25.0	Average	4.5
Compassion Satisfaction	Php13,000 or higher	6	39.7	Average	6.3
	Php12,999 or below	63	37.0	Average	6.8

t-test for equality			
PROQOL	**t**	**df**	**Sig. (2-tailed)**
Burnout	-1.65	67	0.104
Secondary Traumatic Stress	-1.817	67	0.074
Compassion Satisfaction	0.919	67	0.361

* Significant at the 0.05 level (2-tailed).

Table 12 shows the differences in the nurse-respondents' professional quality of life when grouped according to their average monthly income. As it is shown in the table, the nurse-respondents did not differ in their professional

quality of life when grouped according to their average monthly income based on the values of t posed at -1.65 for burnout, -1.817 for secondary traumatic stress, and 0.919 for compassion satisfaction. Said values are higher than the p value of 0.05. Thus, the hypothesis which states that "There are no significant differences in the professional quality of life of the nurse-respondents when grouped according to their average monthly income" was accepted. This meant that the nurse-respondents did not differ in their professional quality of life according to their average monthly income.

Professional Quality of Life according to the Nurse-Respondents' Professional Profile

The succeeding tables present the professional quality of life of the nurse-respondents according to their professional profile. Table 13 shows the differences in the professional quality of life of the nurse-respondents according to their year of graduation.

Table 13 shows the differences in the nurse-respondents' professional quality of life when grouped according to their year of graduation. As it is shown in the table, the nurse-respondents did not differ in their professional quality of life when grouped according to their year of graduation based on the values of F posed at 0.727 for burnout, 2.473 for secondary traumatic stress, and 1.084 for compassion satisfaction. Said values are higher than the p value of 0.05.

Table 13

Comparison in the PROQOL of the Nurse-Respondents by Year of Graduation

Descriptives

PROQOL	Year of Grad	N	Mean	Level	SD
Burnout	2011	24	24.1	Average	5.2
	2012	6	25.8	Average	4.1
	2013	7	21.7	Low	4.3
	2014	3	25.0	Average	4.6
	2016	31	24.5	Average	4.6
	Total	71	24.2	Average	4.7
Secondary Traumatic Stress	2011	24	25.2	Average	4.0
	2012	6	26.8	Average	1.9
	2013	7	20.3	Average	4.9
	2014	3	22.3	Low	3.1
	2016	31	25.0	Average	4.9
	Total	71	24.6	Average	4.6
Compassion Satisfaction	2011	24	35.5	Average	6.7
	2012	6	35.7	Average	5.2
	2013	7	39.9	Average	6.9
	2014	3	33.7	Average	7.4
	2016	31	38.3	Average	7.0
	Total	71	37.1	Average	6.8

ANOVA

PROQOL	Sources of Variation	Sum of Squares	df	Mean Square	F	Sig.
Burnout	Between Groups	65.157	4	16.289	0.727	0.577
	Within Groups	1479.773	66	22.421		
	Total	1544.93	70			
Trauma	Between Groups	189.31	4	47.328	2.473	0.056
	Within Groups	1262.887	66	19.135		
	Total	1452.197	70			
Compassion Satisfaction	Between Groups	200.742	4	50.185	1.084	0.372
	Within Groups	3054.751	66	46.284		
	Total	3255.493	70			

* Significant at the 0.05 level (2-tailed).

Thus, the hypothesis which states that "There are no significant differences in the professional quality of life of the nurse-respondents when grouped according to their year of graduation" was accepted. This meant that the nurse-respondents did not differ in their professional quality of life according to their year of graduation.

Table 14

Comparison in the PROQOL of the Nurse-Respondents by Number of Trainings/Seminars Attended

Group Statistics					
PROQOL	**Present Employment**	**N**	**Mean**	**Level**	**SD**
Burnout	3 trainings/seminars or Less	47	24.2	Average	0.8
	> 3 trainings/seminars	24	24.4	Average	0.8
Secondary Traumatic Stress	3 trainings/seminars or Less	47	24.2	Average	0.8
	> 3 trainings/seminars	24	25.5	Average	0.6
Compassion Satisfaction	3 trainings/seminars or Less	47	36.6	Average	1.1
	> 3 trainings/seminars	24	38.0	Average	1.0

t-test for equality			
PROQOL	**t**	**df**	**Sig. (2-tailed)**
Burnout	-0.173	69	0.864
Secondary Traumatic Stress	-1.185	69	0.24
Compassion Satisfaction	-0.843	69	0.402

* Significant at the 0.05 level (2-tailed).

Table 14 shows the differences in the nurse-respondents' professional quality of life when grouped according to their attendance in trainings/seminars. As it is shown in the table, the nurse-respondents did not differ in their professional quality of life when grouped according to their attendance in trainings/seminars based on the values of t posed at -0.173 for burnout, -1.185 for

secondary traumatic stress, and -0.843 for compassion satisfaction. Said values are higher than the p value of 0.05. Thus, the hypothesis which states that "There are no significant differences in the professional quality of life of the nurse-respondents when grouped according to their attendance in trainings/seminars" was accepted. This meant that the nurse-respondents did not differ in their professional quality of life according to their attendance in trainings/seminars.

Table 15 shows the comparison in the professional quality of life of the nurse-respondents according to their present employment.

Table 15

Comparison in the PROQOL of the Nurse-Respondents by Present Employment

Group Statistics					
PROQOL	**Present Employment**	**N**	**Mean**	**Level**	**SD**
Burnout	Employed	68	24.1	Average	0.6
	Unemployed	3	27.3	Average	1.7
Secondary Traumatic Stress	Employed	68	24.5	Average	0.6
	Unemployed	3	28.7	Average	1.5
Compassion Satisfaction	Employed	68	37.3	Average	0.8
	Unemployed	3	31.3	Average	1.2

t-test for equality			
PROQOL	**t**	**df**	**Sig. (2-tailed)**
Burnout	-1.169	69	0.247
Secondary Traumatic Stress	-1.578	69	0.119
Compassion Satisfaction	1.506	69	0.137

* Significant at the 0.05 level (2-tailed).

Table 15 shows the differences in the nurse-respondents' professional quality of life when grouped according to their present employment. As it is shown in the table, the nurse-respondents did not differ in their professional

quality of life when grouped according to their attendance in trainings/seminars based on the values of t posed at -1.169 for burnout, -1.578for secondary traumatic stress, and 1.506 for compassion satisfaction. Said values are higher than the p value of 0.05. Thus, the hypothesis which states that "There are no significant differences in the professional quality of life of the nurse-respondents when grouped according to their present employment" was accepted. This meant that the nurse-respondents did not differ in their professional quality of life according to their present employment.

Table 16 shows the comparison in the professional quality of life of the nurse-respondents according to their employment history. Table 16 shows the differences in the nurse-respondents' professional quality of life when grouped according to their employment history. As it is shown in the table, the nurse-respondents did not differ in their professional quality of life when grouped according to their attendance in trainings/seminars based on the values of F posed at 0.209 for burnout, 0.159 for secondary traumatic stress, and 0.147 for compassion satisfaction. Said values are higher than the p value of 0.05. Thus, the hypothesis which states that "There are no significant differences in the professional quality of life of the nurse-respondents when grouped according to their employment history" was accepted. This meant that the nurse-respondents did not differ in their professional quality of life according to their employment history.

Burnout	Between Groups	188.1	4	47.0	2.29	0.069
	Within Groups	1356.8	66	20.6		
	Total	**1544.9**	**70**			
Secondary Traumatic Stress	Between Groups	69.1	4	17.3	0.83	0.514
	Within Groups	1383.1	66	21.0		
	Total	**1452.2**	**70**			
Compassion Satisfaction	Between Groups	518.0	4	129.5	3.12	0.021
	Within Groups	2737.5	66	41.5		
	Total	**3255.5**	**70**			

Post Hoc Analysis (Tukey HSD)

Dependent Variable	Pair	Mean Difference	Sig.
Compassion Satisfaction	Salaries and Benefits & Peer influence	5.83	0.55
	Salaries and benefits & Family inflence	-1.17	1.00
	Salaries and Benefits & Related to course	9.10(*)	0.03
	Salaries and Benefits & Career Challenge	3.42	0.48
	Peer influence & Family influence	-7.00	0.67
	Peer influence & Related to Course	3.27	0.96
	Peer Influence & Career Challenge	-2.42	0.98
	Family influence & Related to Course	10.27	0.20
	Family Influence & Career Challenge	4.58	0.81
	Related to Course and Career Challenge	-5.68	0.47

* The mean difference is significant at the .05 level.
* Significant at the 0.05 level (2-tailed).

As seen in the table, the professional quality of life along compassion satisfaction of the nurse-respondents' differed when grouped according to their reasons for leaving their work in government hospitals. Based on the mean difference of 9.10, with a computed F value of 0.03, which value was lesser than the p value of 0.05, the hypothesis which stated that "There are no significant

differences in the professional quality of life of the nurse-respondents when grouped according to their reasons for leaving their work in the government hospitals along salaries and benefits, and related of work to degree" was rejected at 0.05 level of significance. This meant further that the nurse-respondents' differed in their professional quality of life when grouped according to their reasons for leaving their work in government hospitals due to their salaries and benefits and related to degree reasons.

Chapter 5

SUMMARY OF FINDINGS, CONCLUSIONS AND RECOMMENDATIONS

This chapter presents the summary of findings, conclusions and recommendations made in this study.

Summary of Findings

This part presents the summary of the major findings of this study:

1. Forty-two or 59.2 percent of the total 71 nurse-respondents were aged between 26 and 35 years old. This is followed by 12 or 16.9 percent who were aged between 46 and 55 years old, eight or 11.3 percent who were aged 25 years old and below, which was the youngest age group, and five or seven percent who were aged between 36 and 45 years old. The oldest group of respondents were aged 56 years old and above with four or 5.6 percent. The mean age was posted at 34.03 years old, or approximately 34 years old, with a standard deviation of 10.30 years.

2. Fifty-three or 74.6 percent of the total 71 nurse-respondents were females, with only 18 or 25.4 percent who were males. The data means that the nurse-respondents in this study were predominantly females.

3. Forty-eight or 67.6 percent of the nurse-respondents were still single, followed by 21 or 29.6 percent who were already married, and two or 2.8 percent who were widowed.

4. Sixty-three or 88.7 percent of the nurse-respondents were earning an income between Php 12,000.00 – Php 12,999. The lowest income earned by two or

2.8 percent nurse-respondents was posted at Php 9,999.00 and below while the highest income earned by two or 2.8 percent nurse-respondents was posted at Php 13,000 or higher.

5. Thirty-one or 43.7 percent of the nurse-respondents indicated others for their year of graduation from their nursing degree. This means that they graduated before the School Year 2010-2011. This is followed by 24 or 33.8 percent who indicated that they graduated during the School Year 2010-2011, seven or 9.9 percent who graduated in 2012-2013, six who graduated in 2011-2012, and three who graduated in 2013-2014.

6. Forty-four or 62 percent of the nurse-respondents have baccalaureate degree, with 12 or 16.9 percent who have master's degree units, and nine or 12.7 percent who have master's degree. There were three or 4.2 percent nurse-respondents with post-graduate units and post-graduate degree. The data in the table reflect that majority of the nurse-respondents did not pursue further education as they only indicated their baccalaureate degree as their highest education attained.

7. Forty-seven or 52.1 percent of the nurse-respondents have attended three trainings/seminars and lower whereas there were 24 or 11.3 percent who had more than three seminars/trainings attended.

8. Sixty-eight or 95.8 percent of the nurse-respondents are employed. Of the 68 nurse-respondents who were employed, 34 or 47.9 percent were employed locally and were, in fact, working in the local government units within the

career challenge, and five or seven percent who left for reason related to course or program of study.

12. Thirty-two or 45.7 percent of the nurse-respondents worked in government hospitals with job order as nurses, followed by 25 or 35.7 percent who worked as Nurse 1 and 10 or 14.3 percent who worked as Nurse II.

13. Thirty-two or 45.1 percent of the nurse-respondents' status of employment in government hospitals where they previously worked was job order only, with 28 or 39.4 percent who were employed permanently.

14. As regards compassion satisfaction, there were 53 or 74.6 percent nurse-respondents who scored between 23 and 41 in the Professional Quality of Life Scale (PROQOL) of Stamm (2009) which was interpreted as average level of professional quality of life in terms of compassion satisfaction. This was followed by 18 or 25.4 percent who scored 42 or higher which indicated a high level of compassion satisfaction. The mean for compassion satisfaction was posted at 37.1, with a standard deviation of 6.8, indicating an average level of compassion satisfaction.

15. As regards burnout, 46 or 64.8 percent of the nurses who left government hospitals scored between 23 and 41 in the Professional Quality of Life Scale (PROQOL) of Stamm (2009) which indicated average level of burnout. On the other hand, 25 or 35.2 percent of the nurse-respondents scored 22 or less, interpreted as low level of burnout. The mean for burnout was posted at 24.2 indicating an average level of burnout among the nurse-respondents.

16. Fifty-one or 71.8 percent of the nurse-respondents scored between 23 and 41 in the Professional Quality of Life Scale (PROQOL) of Stamm (2009) which indicated an average level of secondary traumatic stress, followed by 20 or 28.2 percent who scored 22 or less which indicated a low secondary traumatic stress. The mean score was posted at 24.7 indicating that the nurse-respondents experienced an average level of secondary traumatic stress.

17. As regards the relationship between the nurse-respondents' age and professional quality of life along burnout, r-value of 0.390 was significant at 0.01 level of significance for two-tailed hypothesis testing. This result led to the rejection of the hypothesis which states that "There is no significant relationship between the professional quality of life of the nurse-respondents along burnout and profile of age".

18. There is a significant relationship between the nurse-respondents' age and professional quality of life along compassion satisfaction as shown by the r-value of -0.305, which value is significant at 0.01 level of significance for two-tailed hypothesis testing. This result led to the rejection of the hypothesis which states that "There is no significant relationship between the professional quality of life of the nurse-respondents along compassion satisfaction and profile of age".

19. As regards the employability profile of reasons for leaving work and the professional quality of life of the nurse-respondents along burnout, the r value was posted at 0.315, with a p value of 0.007 which was significant at 0.01 level of significance for two-tailed hypothesis testing. This then led to the rejection of the

hypothesis which states that "There is no significant relationship between the professional quality of life of the nurse-respondents along burnout and their reasons for leaving work".

20. As regards the employability profile of position at work and the professional quality of life of the nurse-respondents along burnout, the r value was posted at -0.307, with a p value of 0.009 which was significant at 0.01 level of significance for two-tailed hypothesis testing. This then led to the rejection of the hypothesis which states that "There is no significant relationship between the professional quality of life of the nurse-respondents along burnout and their position at work".

21. As regards the employability profile of employment status and the professional quality of life of the nurse-respondents along burnout, the r value was posted at 0.249, with a p value of 0.036 which was significant at 0.01 level of significance for two-tailed hypothesis testing. This then led to the rejection of the hypothesis which states that "There is no significant relationship between the professional quality of life of the nurse-respondents along burnout and their status of employment". Thus, the status of employment of the nurse-respondents in the government hospitals where they previously worked influenced their professional quality of life along burnout.

22. The nurse-respondents differed in their level of burnout while working in government hospitals prior to their resignation when they were grouped according to their age as shown by the p value of 0.009. Said value was significant

at 0.01 level of significance for two-tailed hypothesis testing. This then led to the rejection of the hypothesis which states that "There are no significant differences in the professional quality of life of the nurse-respondents when grouped according to their age". This means further that the level of burnout experienced by the nurse-respondents differed according to their ages. Among the age categories, the differences were significant 25 and below, and 56 or higher as evidenced by the p value of 0.01 which was significant at 0.05 level of significance. Likewise, the differences were significant at 26-35 years old, and 56 or higher as evidenced by the p value of 0.02, which was significant at 0.05 level of significance.

23. The nurse-respondents did not differ in their professional quality of life when grouped according to their sex based on the values of t posed at -0.27 for burnout, -0.98 for secondary traumatic stress, and -0.42 for compassion satisfaction. Said values are higher than the p value of 0.05. Thus, the hypothesis which states that "There are no significant differences in the professional quality of life of the nurse-respondents when grouped according to their sex" was accepted.

24. The nurse-respondents did not differ in their professional quality of life when grouped according to their civil status based on the values of t posed at -1.334for burnout, -0.935 for secondary traumatic stress, and 0.983 for compassion satisfaction. Said values are higher than the p value of 0.05. Thus, the hypothesis which states that "There are no significant differences in the professional quality

of life of the nurse-respondents when grouped according to their civil status" was accepted.

25. The nurse-respondents did not differ in their professional quality of life when grouped according to their average monthly income based on the values of t posed at -1.65 for burnout, -1.817 for secondary traumatic stress, and 0.919 for compassion satisfaction. Said values are higher than the p value of 0.05. Thus, the hypothesis which states that "There are no significant differences in the professional quality of life of the nurse-respondents when grouped according to their average monthly income" was accepted.

26. The nurse-respondents did not differ in their professional quality of life when grouped according to their year of graduation based on the values of F posed at 0.727 for burnout, 2.473 for secondary traumatic stress, and 1.084 for compassion satisfaction. Said values are higher than the p value of 0.05. Thus, the hypothesis which states that "There are no significant differences in the professional quality of life of the nurse-respondents when grouped according to their year of graduation" was accepted.

27. The nurse-respondents did not differ in their professional quality of life when grouped according to their attendance in trainings/seminars based on the values of t posed at -0.173 for burnout, -1.185 for secondary traumatic stress, and -0.843 for compassion satisfaction. Said values are higher than the p value of 0.05. Thus, the hypothesis which states that "There are no significant differences in the

professional quality of life of the nurse-respondents when grouped according to their attendance in trainings/seminars" was accepted.

28. The nurse-respondents did not differ in their professional quality of life when grouped according to their attendance in trainings/seminars based on the values of t posed at -1.169 for burnout, -1.578for secondary traumatic stress, and 1.506 for compassion satisfaction. Said values are higher than the p value of 0.05. Thus, the hypothesis which states that "There are no significant differences in the professional quality of life of the nurse-respondents when grouped according to their present employment" was accepted.

29. The nurse-respondents did not differ in their professional quality of life when grouped according to their attendance in trainings/seminars based on the values of F posed at 0.209 for burnout, 0.159 for secondary traumatic stress, and 0.147 for compassion satisfaction. Said values are higher than the p value of 0.05. Thus, the hypothesis which states that "There are no significant differences in the professional quality of life of the nurse-respondents when grouped according to their employment history" was accepted.

30. The professional quality of life along compassion satisfaction of the nurse-respondents' differed when grouped according to their reasons for leaving their work in government hospitals. Based on the mean difference of 9.10, with a computed F value of 0.03, which value was lesser than the p value of 0.05, the hypothesis which stated that "There are no significant differences in the professional quality of life of the nurse-respondents when grouped according to

their reasons for leaving their work in the government hospitals along salaries and benefits, and related of work to degree" was rejected at 0.05 level of significance.

Conclusions

Based on the findings of the study, the following conclusions were derived:

1. The nurse-respondents came from varied socio-demographic profile in terms of their age which were predominantly from early adulthood, were predominantly females, unmarried and with average monthly income slightly above the poverty threshold.

2. The nurse-respondents came from varied academic background in terms of year of graduation, level of education which were predominantly only baccalaureate, and with fewer trainings/seminars.

3. The nurse-respondents came from diverse employability history from their local present employment, citing salaries and benefits as the reasons for leaving work, and worked as job order employees in the government hospitals where they previously worked.

4. The nurse-respondents had average level of professional quality of life in terms of compassion satisfaction, burnout and secondary traumatic stress.

5. The professional quality of life of nurses along compassion satisfaction is significantly related to their age.

6. The professional quality of life of nurses along burnout is significantly related to their age.

7. The nurse-respondents' professional quality of life along burnout differed when grouped according to their reasons for leaving their work in government hospitals.

8. The nurse-respondents' professional quality of life along burnout differed when grouped according to their positions in government hospitals where they were previously employed.

Recommendations

On the basis of the conclusions of the study, the following recommendations were made:

1. The government must provide permanent status to the nurses to give them the reason to stay in government hospitals.

2. The government must improve the salary standardization of the nurses working in government hospitals so that they will have the reason to stay because salaries and benefits is related to their professional quality of life.

3. The Department of Health (DOH) must re-examine the nurses' situations in the different government hospitals in the Philippines so that they will have baseline information regarding the professional quality of life.

4. A follow-up study must be conducted in other areas in Eastern Visayas.

BIBLIOGRA

Estella, Chit. "Lack of Nurses Burdens an Ailing Healthcare System". Philippine Center for Investigative Journalism, March 21, 2005. Retvieved November 4, 2017, http://pcij.org/stories/lack-of-nurses-burdens-an-ailing-healthcare-system/.

Hapal, Don Kevin. "Why our nurses are leaving". Rappler Philippines, September 3, 2017. Retrieved October 17, 2017, https://www.rappler.com/move-ph/180918-why-nurses-leave-philippines.

King, L.A. and McInerney, P.A. "Hospital Workplace Experiences of Registered Nurses that have Contributed to their Registration in the Durban Metropolitan Area". Curationis, 29(4), pp 70-81, November 2006.

Lorenzo, Fely Marilyn E. "Migration of Health Workers: Country Case Study, Philippines". Working Paper Presented to the International Labour Office, Geneva.

Lorenzo, Fely Marilyn E., Tan, Jaime Galvez, Icamina, Kriselle and Javier, Lara. "Nurse Migration from a Source Country Perspective: Philippines Country Case Study". Health Services Research, 42:3, Part II, June 2007. DOI: 10.1111/j.1475-6773.2007.00716.x

Markwell, Perpetua, Pollivka, Barbara J., Morris, Katrina, Ryan, Carol and Taylor, Annetra. "Snack and Relax: A Strategy to Address Nurses' Professional Quality of Life". Journal of Holistic Nursing, Vol 34, No 1, pp 80-90, March 2016. doi.10.1177/08980101115577977

Marzieh, Mohammadi, Peyrovi, Hamid and Mahmood, Mahmoodi. "The Relationship between Professional Quality of Life and Caring Ability in Critical Care Nurses". Dimensions of Critical Care Nursing, Vol 36, Issue 5, pp 273-277, September/October 2017. doi: 10.1097/DCC.0000000000000263

Potot, Russel Chiu. "Retention and Resignation of Nurses in Government Hospitals of Cebu City". Unpublished Master's Thesis, Cebu Doctors University, Cebu City, September 2012.

Romualdez, Alberto G. Jr., et al. "The Philippines Health System Review". Health System in Transition, Vol 1, No 2, 2011.

Tamayo, Renier Lorenzo, et al. "Professional Quality of Life of Staff Nurses in the Cancer Institute of the Philippine General Hospital". Journal of Oncology Navigation and Survivorship, Vol 7, Issue 9, pp 32, October 2016.

"Nurse Advocate says Philippine nursing is dying". The Summit Express Online, June 17, 2016. Retrieved October 16, 2017, http://www.thesummitexpress.com.

"State of Phl Nurses Today". The Philippine Star Online, June 8, 2015. Retrieved November 9, 2017, http://www.philstar.com.

A E ICES

APPENDIX A

Letter Request from Dean of the College of Graduate Studies

Samar State University
Catbalogan City

January 30, 2018

FELISA E. GOMBA
Dean, College of Graduate Studies
Samar State University
Catbalogan City, Samar

Dear Madam:

Good day!

I am **MAUREEN FATIMA D. MARCO**, a graduate student taking up Master of Science in Nursing in this University. As part of the requirements of MSN 100 (Research in Nursing), I am currently writing my research entitled **"PROFESSIONAL QUALITY OF LIFE OF NURSES WHO RESIGNED FROM SERVICES IN GOVERNMENT HOSPITALS"**. In this regard, I would like to respectfully request for approval from your good office to conduct this study among the resigned nurses in the First District of the Province of Leyte.

Rest assured that the data which will be collected from this undertaking will be used for research purposes only. Further, a copy of this research with the results will be provided to your office for reference and guidance

Herein attached are the instruments of the study which will be used to gather the needed data. I hope for your affirmative response on this request. Thank you very and Godspeed!

Very truly yours,

MAUREEN FATIMA D. MARCO (sgd)
Researcher

Approved:

FELISA E. GOMBA (sgd)
Dean, College of Graduate Studies

APPENDIX B

Questionnaire for the Nurse-Respondents

Part I. PERSONAL PROFILE
Directions: This part of the questionnaire consists of items about your personal profile. Please fill in the line spaces provided in each item the needed information and/or place a check mark on the appropriate line spaces of your answers.

Name (Optional) _____

Age ___ Sex ___Female ___Male

Civil Status ___Single ___Married ___Separated ___Widowed

Average Monthly Income ____Php 9,999 and below
____Php 10,000 - Php 10,999
____Php 11,000 - Php 11,999
____Php 12,000 - Php 12,999
____Php 13,000 or Higher

Part II. PROFESSIONAL PROFILE
Directions: This part of the questionnaire consists of items about your professional profile which is further sub-divided into your academic profile and employability profile. Please fill in the line spaces provided in each item the needed information and/or place a check mark on the appropriate line spaces of your answers.

A. Academic Profile

Year of Graduation from Nursing School
____ 2010-2011
____ 2011-2012
____ 2012-2013
____2013-2014
____2014-2015
____Others, please specify _____

Highest Educational Attainment
___ Baccalaureate Degree
___With Master's Degree Units
___With Master's Degree
___With Post-Graduate Degree Units
___With Post-Graduate Degree

Number of Seminars/Trainings Attended

____Regional
____National
____Others, please specify

B. Employability Profile

Present Employment

Present Employment Status ( ) Employed ( ) Unemployed

If employed, please specify:

( ) Employed locally (in LGUs/offices within the Province/Region)
( ) Employed nationally (in national offices/organizations)
( ) Employed in a foreign country
( ) Self-employed

If unemployed, please specify:

( ) Never been employed before
( ) Resigned/Laid off/Separated from Previous Employment

Full business/organization name of your present employment

_____

Nature of business/services the business/organization engage in

( ) hospital/medical facility
( ) nursing home/caregiving facilities
( ) rehabilitation clinics
( ) government offices like SSS, PhilHealth, others
( ) call centers
( ) pharmaceuticals
( ) others, please specify _____

Employment History

(Please give the details of your employment history below)

Name of Employer	**Post Held/Job Title**	**Period Employed**	
		From	**To**

Reasons for Leaving Work in Government Hospitals

(You may check more than one answer)

( ) Salaries and benefits
( ) Related to special nursing skills
( ) Peer influence
( ) Family influence
( ) Related to course or program of study
( ) Career challenge
( ) Proximity to residence
( ) Other reasons, please specify _____

Level of Position as Nurse in Government Hospital
(Please include promotion/additional designation/other assignment in the present employment)

Present Employment	**Post Held/Job Title**	**Period Employed**	
		From	**To**

Status of Employment in Government Hospital

___Permanent
___Contractual
___Job Order
___Others, please specify _____

CURRICULUM VITAE

CURRICULUM VITAE

Name	: MAUREEN FATIMA D. MARCO
Age	: 26 years old
Sex	: Female
Date of birth	: October 13, 1991
Citizenship	: Filipino
Status	: Single
Religion	: Roman Catholic
Home Address	: Brgy. 72 PHHC Maharlika Highway Tacloban City
Parents	: Michael Y. Marco Ma. Digna D. Marco

EDUCATION

Graduate Studies	: Master of Science in Nursing Samar State University Catbalogan City 2017 - 2018
Undergraduate Studies	: Bachelor of Science in Nursing Holy Infant College Tacloban City 2012 – 2013
Secondary	: Sacred Heart College Tacloban City 2007 – 2008

Elementary : St. Therese Child Development Center
Tacloban City
2003 - 2004

POSITION HELD (SCHOOL DESIGNATION/ORGANIZATONS

Schistosomiasis Control and Research Hospital
Palo Leyte
September 2017 - August 2018

Eastern Visayas Regional Medical Center
Magsaysay Boulevard, Tacloban City
September 2018 - Present

TRAININGS/SEMINARS/CONFERENCE/WORKSHOP ATTENDED

Basic Intravenous Therapy Training
Association of Nursing Service Administrators of the Philippines
Eastern Visayas Regional Medical Center
April 22 – April 24, 2015

American Heart Association – ECG and Pharmacology
FDM Training Center for Allied Health Professional
RTRMF, Calanipawan Road, Tacloban City
May 29, 2015

Basic Life Support for Healthcare Providers
FDM Training Center for Allied Health Professional
RTRMF, Calanipawan Road, Tacloban City
May 29, 2015

Advanced Cardiovascular Life Support
FDM Training Center for Allied Health Professional
RTRMF, Calanipawan Road, Tacloban City
May 31, 2015

Pediatric Advanced Life Support
FDM Training Center for Allied Health Professional
Casa Real, Tacloban City
September 5, 2015

National Certificate II in Health Care Services
Technical Education and Skills Development Authority
Tacloban City
January 24, 2015

Internal Advocacy on Hospital DOTS among Physicians and Other Hospital Staff
Schistosomiasis Control and Research Hospital
Palo Leyte
May 16, 2017

Special Topic: A Focus on Suicide Prevention
Catbalogan City, Samar
March 4, 2016

Introduction to Wound Care: A Standard Practice – A 3 day Lecture and Workshop on Basic Wound Care
Tierra De Milagros
November 14-16, 2017

LIST OF TABLES

LIST OF TABLES

LIST OF FIGURES

LIST OF FIGURES

Regarding Permission to Reprint in the Print or Electronic Media Using the ProQOL (Professional Quality of Life Scale: Compassion Satisfaction and Compassion Fatigue) www.proqol.org

The ProQOL is a publically available measure that is free for non-commercial use. If you wish to publish the ProQOL in a print or electronic media outlet, you will need what is called *permission to reprint*.* Obtaining permission is usually a simple process because we work with you to make the ProQOL available to as many people as possible.

- *Examples of media outlets we can generally give permission for reprint without any special permission:*
    - Print Media: newspapers, newsletters, books, journals and similar venues
    - Electronic Media: non-commercial online use that does not return data to the end user, podcast, webinars, books on tape, news media and similar venues
- *Examples of media outlets that require special negotiated permission:*
    - Films, videos, website forms other than research program, particularly if they return automated scoring, commercial online training courses, commercial training programs in which the ProQOL could be interpreted as adding to the monetary value of the class and other similar uses.

Prior to any *permission to reprint in print or electronic media*, you need the *permission to use the ProQOL*. You likely have that permission but for your convenience, we are attaching it to this email.

The following reference or credit line must appear in all documents that use or include results from the use of the ProQOL. For some electronic media credit will be given verbally.

Stamm, B. H. (2010). The ProQOL (*Professional Quality of Life Scale: Compassion Satisfaction and Compassion Fatigue*). Whitefish, MT: ProQOL.org. retrieved [date] www.proqol.org.

You need to verify that you are using the most current version of the ProQOL. We require that some type of statement be made directing people to the website for current information. Here is an example:

Please see www.ProQOL.org for the most current information.

In most cases, publishers will have their own forms for us to sign. Take this document and talk with your media publisher and they will guide you as to how to proceed.

Again, thank you for helping us make the ProQOL available to others. If you need additional assistance in your reprint process, please do write to us at proqolorg@gmail.com.

Permission granted by
Beth Hudnall Stamm, PhD
Author, ProQOL
ProQOL.org
proqolorg@gmail.com

Help us help all of us. Please consider donating a copy of your raw data to the data bank. You can find more about the data bank and how you can donate at www.proqol.org and www.proqol.org/Donate_Data.html. Data donated to the ProQOL Data Bank allow us to advance the theory of compassion satisfaction and compassion fatigue and to improve and norm the measure itself.

Permission for Translation of the ProQOL (Professional Quality of Life Scale: Compassion Satisfaction and Compassion Fatigue) www.proqol.org

Accompanied by the email to you, this document grants you permission to translate the ProOQL.

> ***The ProQOL (Professional Quality of Life Scale: Compassion Satisfaction and Compassion Fatigue) www.ProQOL.org.***

We ask that you do two things in regard to your translation:

1. Let us help you as you work on your translation. While we may not be able to find someone with expertise in your particular language, we can discuss with you what words might mean and how best to translate them.
2. That you provide us with a copy of your translated ProQOL so that we may share it with others.

The ProQOL website has a page to recognize the contributions that people have made to the development of the measure. The like includes people's names and if they like, their organization and country. If you would like to be recognized for your contribution to the ProQOL, please send us your name as you would like it posted on the website. Include your organization and country if you like.

Prior to beginning your project and at the time of any publications, please verify that you are using the latest version by checking the website. All revisions are posted there. If you began project with an earlier version, please reference both to avoid confusion for readers of your work.

This permission covers non-profit, non-commercial uses and includes permission to reformat the questions into a version that is appropriate for your use. This may include computerizing the measure.

Please print the following reference or credit line in all documents that include results gathered from the use of the ProQOL.

Stamm, B. H. (2010). The ProQOL (*Professional Quality of Life Scale: Compassion Satisfaction and Compassion Fatigue*). Pocatello, ID: ProQOL.org. retrieved [date] www.proqol.org

Permission granted by
Beth Hudnall Stamm, PhD
Author, ProQOL
ProQOL.org
info@proqol.org

Help us help all of us. Please consider donating a copy of your raw data to the data bank. You can find more about the data bank and how you can donate at www.proqol.org and www.proqol.org/Donate_Data.html. Data donated to the ProQOL Data Bank allow us to advance the theory of compassion satisfaction and compassion fatigue and to improve and norm the measure itself.

Permission for Use of the ProQOL (Professional Quality of Life Scale: Compassion Satisfaction and Compassion Fatigue) www.proqol.org

Accompanied by the email to you, this document grants you permission to use for your study or project

> ***The ProQOL (Professional Quality of Life Scale: Compassion Satisfaction and Compassion Fatigue) www.ProQOL.org***

Prior to beginning your project and at the time of any publications, please verify that you are using the latest version by checking the website. All revisions are posted there. If you began project with an earlier version, please reference both to avoid confusion for readers of your work.

This permission covers non-profit, non-commercial uses and includes permission to reformat the questions into a version that is appropriate for your use. This may include computerizing the measure.

Please print the following reference or credit line in all documents that include results gathered from the use of the ProQOL.

Stamm, B. H. (2010). The ProQOL (*Professional Quality of Life Scale: Compassion Satisfaction and Compassion Fatigue*). Pocatello, ID: ProQOL.org. retrieved [date] www.proqol.org

Permission granted by
Beth Hudnall Stamm, PhD
Author, ProQOL
ProQOL.org
info@proqol.org

Help us help all of us. Please consider donating a copy of your raw data to the data bank. You can find more about the data bank and how you can donate at www.proqol.org and www.proqol.org/Donate_Data.html. Data donated to the ProQOL Data Bank allow us to advance the theory of compassion satisfaction and compassion fatigue and to improve and norm the measure itself.

Professional Quality of Life Scale (ProQOL)

Compassion Satisfaction and Compassion Fatigue
(ProQOL) Version 5 (2009)

When you *[help]* people you have direct contact with their lives. As you may have found, your compassion for those you *[help]* can affect you in positive and negative ways. Below are some questions about your experiences, both positive and negative, as a *[helper]*. Consider each of the following questions about you and your current work situation. Select the number that honestly reflects how frequently you experienced these things in the *last 30 days*.

1=Never 2=Rarely 3=Sometimes 4=Often 5=Very Often

_____ 1. I am happy.
_____ 2. I am preoccupied with more than one person I *[help]*.
_____ 3. I get satisfaction from being able to *[help]* people.
_____ 4. I feel connected to others.
_____ 5. I jump or am startled by unexpected sounds.
_____ 6. I feel invigorated after working with those I *[help]*.
_____ 7. I find it difficult to separate my personal life from my life as a *[helper]*.
_____ 8. I am not as productive at work because I am losing sleep over traumatic experiences of a person I *[help]*.
_____ 9. I think that I might have been affected by the traumatic stress of those I *[help]*.
_____ 10. I feel trapped by my job as a *[helper]*.
_____ 11. Because of my *[helping]*, I have felt "on edge" about various things.
_____ 12. I like my work as a *[helper]*.
_____ 13. I feel depressed because of the traumatic experiences of the people I *[help]*.
_____ 14. I feel as though I am experiencing the trauma of someone I have *[helped]*.
_____ 15. I have beliefs that sustain me.
_____ 16. I am pleased with how I am able to keep up with *[helping]* techniques and protocols.
_____ 17. I am the person I always wanted to be.
_____ 18. My work makes me feel satisfied.
_____ 19. I feel worn out because of my work as a *[helper]*.
_____ 20. I have happy thoughts and feelings about those I *[help]* and how I could help them.
_____ 21. I feel overwhelmed because my case [work] load seems endless.
_____ 22. I believe I can make a difference through my work.
_____ 23. I avoid certain activities or situations because they remind me of frightening experiences of the people I *[help]*.
_____ 24. I am proud of what I can do to *[help]*.
_____ 25. As a result of my *[helping]*, I have intrusive, frightening thoughts.
_____ 26. I feel "bogged down" by the system.
_____ 27. I have thoughts that I am a "success" as a *[helper]*.
_____ 28. I can't recall important parts of my work with trauma victims.
_____ 29. I am a very caring person.
_____ 30. I am happy that I chose to do this work.

PROQOL SELF SCORING WORKSHEET

This worksheet helps you to get an estimate of your score on the ProQOL. To make it easy for you to use on your own, scores are grouped into high, average and low. If your score falls close to the border between categories, you may find that you fit into one group better than the other. The scores are estimates of your compassion satisfaction and fatigue. It is important that you use this information to assist you in understanding how your professional quality of life is, not to set you into one category or the other. The ProQOL is not a medical test and should not be used for diagnosis.

What is my score and what does it mean?

In this section, you will score your test and then you can compare your score to the interpretation below.

Scoring

1. Be certain you respond to all items.
2. Go to items 1, 4, 15, 17 and 29 and reverse your score. For example, if you scored the item 1, write a 5 beside it. We ask you to reverse these scores because we have learned that the test works better if you reverse these scores.

You Wrote	Change to
1	5
2	4
3	3
4	2
5	1

To find your score on **Compassion Satisfaction**, add your scores on questions 3, 6, 12, 16, 18, 20, 22, 24, 27, 30.

The sum of my Compassion Satisfaction questions was	So My Score Equals	My Level of Compassion Satisfaction
22 or less	43 or less	Low
Between 23 and 41	Around 50	Average
42 or more	57 or more	High

To find your score on **Burnout**, add your scores questions 1, 4, 8, 10, 15, 17, 19, 21, 26 and 29. Find your score on the table below.

The sum of my Burnout questions	So My Score Equals	My Level of Burnout
22 or less	43 or less	Low
Between 23 and 41	Around 50	Average
42 or more	57 or more	High

To find your score on **Secondary Traumatic Stress**, add your scores on questions 2, 5, 7, 9, 11, 13, 14, 23, 25, 28. Find your score on the table below.

The sum of my Secondary Traumatic Stress questions	So My Score Equals	My Level of Secondary Traumatic Stress
22 or less	43 or less	Low
Between 23 and 41	Around 50	Average
42 or more	57 or more	High

YOUR SCORES ON THE PROQOL: PROFESSIONAL QUALITY OF LIFE SCALE

Based on your responses, your personal scores are below. If you have any concerns, you should discuss them with a physical or mental health care professional.

Compassion Satisfaction _____

Compassion satisfaction is about the pleasure you derive from being able to do your work well. For example, you may feel like it is a pleasure to help others through your work. You may feel positively about your colleagues or your ability to contribute to the work setting or even the greater good of society. Higher scores on this scale represent a greater satisfaction related to your ability to be an effective caregiver in your job.

The average score is 50 (SD 10; alpha scale reliability .88). About 25% of people score higher than 57 and about 25% of people score below 43. If you are in the higher range, you probably derive a good deal of professional satisfaction from your position. If your scores are below 40, you may either find problems with your job, or there may be some other reason—for example, you might derive your satisfaction from activities other than your job.

Burnout_____

Most people have an intuitive idea of what burnout is. From the research perspective, burnout is one of the elements of compassion fatigue. It is associated with feelings of hopelessness and difficulties in dealing with work or in doing your job effectively. These negative feelings usually have a gradual onset. They can reflect the feeling that your efforts make no difference, or they can be associated with a very high workload or a non-supportive work environment. Higher scores on this scale mean that you are at higher risk for burnout.

The average score on the burnout scale is 50 (SD 10; alpha scale reliability .75). About 25% of people score above 57 and about 25% of people score below 43. If your score is below 18, this probably reflects positive feelings about your ability to be effective in your work. If you score above 57 you may wish to think about what at work makes you feel like you are not effective in your position. Your score may reflect your mood; perhaps you were having a "bad day" or are in need of some time off. If the high score persists or if it is reflective of other worries, it may be a cause for concern.

Secondary Traumatic Stress_____

The second component of Compassion Fatigue (CF) is secondary traumatic stress (STS). It is about your work-related, secondary exposure to extremely or traumatically stressful events. Developing problems due to exposure to other's trauma is somewhat rare but does happen to many people who care for those who have experienced extremely or traumatically stressful events. For example, you may repeatedly hear stories about the traumatic things that happen to other people, commonly called Vicarious Traumatization. You may see or provide treatment to people who have experienced horrific events. If your work puts you directly in the path of danger, for example due to your work as a emergency medical personnel, a disaster responder or as a medicine personnel, this is not secondary exposure; your exposure is primary. However, if you are exposed to others' traumatic events as a result of your work, such as providing care to people who have sustained emotional or physical injuries, this is secondary exposure. The symptoms of STS are usually rapid in onset and associated with a particular event. They may include being afraid, having difficulty sleeping, having images of the upsetting event pop into your mind, or avoiding things that remind you of the event.

The average score on this scale is 50 (SD 10; alpha scale reliability .81). About 25% of people score below 43 and about 25% of people score above 57. If your score is above 57, you may want to take some time to think about what at work may be frightening to you or if there is some other reason for the elevated score. While higher scores do not mean that you do have a problem, they are an indication that you may want to examine how you feel about your work and your work environment. You may wish to discuss this with your supervisor, a colleague, or a health care professional.