



INTERPLAY BETWEEN WORKLOAD INTENSITY, CLINICAL FATIGUE, AND WORKFORCE SUSTAINABILITY IN PRIVATE TERTIARY HOSPITALS: BASIS FOR AN ORGANIZATIONAL ACTION PLAN

Alfredo II B. Angel
oderflalegna@gmail.com
ORCID- 656

Abstract

This dissertation explores on the current situation of Unciano Colleges and General Hospital, Inc., a tertiary hospital in Antipolo City. Hospital work is incredibly stressful as it involves life and death situation not only for the patients themselves but also among the staff. Given this gravity of work responsibility, several studies have explored the stress brought about by hospital work. One of the critical challenges nurses and hospital staff face globally is high work demands, which results in adverse effects on their health, such as distress, burnout, mental and physical illnesses (**Kokoroko and Sanda, 2019; Portoghese, 2014**). Longer hours of hospital shift is associated with risks to patients and risks to colleagues (**Harris et al., 2015; Hazzard et al., 2013**). Unfortunately, studies tackling hospital work-related stress is very minimal in the Philippine setting (**Dayrit and Jabonete, 2018**). This sets the necessity to conduct the present study.

Given these pieces of information, the present study explores on the three essential variables at play among the hospital staff: workload, work-life balance, and job satisfaction. It utilized a quantitative approach to measure the three variables.

The results of the study were discussed. A development program is proposed to improve the hospital staff's levels of workload, work-life balance, and job satisfaction.

Keywords: Hospital staff workload, work-life balance, job satisfaction

Introduction

In the Philippines, hospitals function as the central point of health care delivery (Lavado et al., 2010). These hospitals simultaneously pursue different goals: excellent quality of services, patient care, and retaining employees. These require the right balance between meeting the patient's needs and hospital staff (van den Oetelaar et al., 2016). Consequently, hospital staff experience a great deal of stress.

One of the critical challenges nurses face globally is high work demands, which results in adverse effects on their health, such as distress, burnout, mental and physical illnesses (Kokoroko and Sanda, 2019; Portoghese, 2014). This might affect the quality of their work and patient care. Varying workload per week has become the common issue of nurses across the globe. For example, a nurse works for a total of 12 hours each shift three to four days a week in the Philippines (Hapal, 2017). Studies show that a 12 – hour nursing shift is associated with risks to patients and risks to colleagues (Harris et al., 2015; Hazzard et al., 2013). Unfortunately, studies tackling hospital work-related stress is very minimal in the Philippine setting (Dayrit and Jabonete, 2018). Despite the high levels of stress in hospitals, employees' professional growth and satisfaction are essential to retaining employees in the long run (Sattigeri and Kulkarni, 2017).

Unlike other hospitals, Unciano Colleges and General Hospital, Inc. do not have stress management programs too. It is in this light that the third variable is added to this study. The researcher wants to find out the role of work-life balance in the relationship between workload and job satisfaction.

This dissertation aims to provide the utmost quality human resource programs to the hospital staff of Unciano Colleges and General Hospital, Inc by first examining the baseline workload, job satisfaction, and work-life balance levels of the employees. The data collected served as a reference for proposing an action plan for the employees, in general.

Theoretical Background

The study is grounded on the following theories:

Herzberg's Motivation Hygiene Theory (1959) to explain how the hospital staff's perceptions and satisfaction towards their work environment can affect their performance.

The Workload Framework was developed by Hart and Staveland (1988) to explain workload, in general.

The Theory on Work/Family Border of Clark (2000) was used to describe the state of Work-Life Balance; furthermore, the Quality of Work Life Theory proposed

by Heskett, Sasser, and Schlesinger (1997) was used to discuss how the employees feel for their jobs, in general, will have a chain effect on the organization's growth and profitability.

Pickle Jar Theory by Jeremy Wright (2002) was also cited to deliberate the importance of putting the most significant tasks at the top of the priority list.

Lastly, the Job Demand-Control Model by Robert Karasek (1994) was used to discuss the importance of employees' independence in their jobs.

All these theories are considered to shed light on the workload, levels of job satisfaction, and work-life balance of the hospital staff of Unciano Colleges and General Hospital, Inc.

Review of Related Literature

Workload and Stress. Family physicians value a predictable and stable work schedule (Bouwkamp – Memmer et al., 2013), which makes shifting schedule a significant contributor to job stress. Night shift midwives, for example, experience a high level of burnout compared to their no shiftwork counterparts. Also, when there are more patients than a nurse can handle, work overload can lead to exhaustion, which is reduced to reduced professional efficacy (Nguyen et al., 2018). The more patients coming to hospitals mean the production of more tasks, time pressure, and physical expenditure (Umansky, 2015).

However, Elshaer and colleagues (2018) found that despite high reports of variation workload, quantitative workload, high levels of responsibility for patient's life and lack of perceived control, the hospital staff is satisfied with their jobs.

Effects of Heavy Workload to the Hospital staff. Chronic stress is a significant factor in developing cardiovascular diseases, depression, and cancer (Ead, 2015). Stressful jobs such as the nursing profession can lead to conditions related to work-related pressure (Safari et al., 2013) and occupational accidents and injuries (Sarsangi et al., 2017; Alavi, 2014).

Medical staff with high levels of workload experience increased stress, frustration, anger, pressure, and a sense of incompetence (Leineweber, C., 2014). Similarly, medical technologists and technicians are more prone to higher chance for error when under pressure (Marr, 2017). Physicians experience omission errors (Mazur et al., 2016). Increased workload leads to turnover intention (Xiaoming et al., 2014; Bonenburger et al., 2014), nursing staff resignation, and high rates of absenteeism (de Magalhaes et al., 2013). Workplace turnover is damaging to health care delivery as it leads to losing competent and capable nurses (Asegid et al., 2014).

It was found that the workload itself does not pose a significant concern to the welfare of the medical professionals if they have sufficient control over their jobs (Portoghese et al., 2014); and increased flexibility in work schedule among pediatricians (Cull et al., 2018).

Impact of Workload on Patient Care. The mental workload score was found to be higher among nurses, which can negatively impact the quality of care provided by them (Malekpour et al., 2014). Task – level workload predicts medication errors and needle–stick injuries (Holden et al., 2011; Kunaviktikul et al., 2015). Similarly, interruptions during work, divided attention, and a sense of rushing negatively impacted the medication safety brought by pharmacists and pharmacy technicians (Holden et al., 2010). It was also found that increased workload may lead to lower quality of patient care (Aiken et al., 2014; Caudros et al., 2017; Delgado et al., 2017); failure to rescue patients (Caudros et al., 2017); increased possibility of patient adverse events (Jeong-Hee et al., 2016); high rate of patient falls, accidents, and injuries (Carlesi et al., 2017; McClelland et al., 2013; Stimpfel & Aiken, 2013); bloodstream infections (de Magalhaes et al., 2013; Stanton, 2013); higher readmission rates (Sturm et al., 2019); and meaningful increase in patients' length of stay and cost (Elliott, 2014). In South Korea, it was found that for every patient added to the nurse's workload is associated with a 5 % increase in chances of patient mortality within 30 days of admission.

Furthermore, high workload decreases nurses' comforting, talking, and educating patients (Ball et al., 2014). In Finland, Fagerstrom and colleagues (2018) found that nurses who have more time for caring and observing each patient may reduce the risk for adverse events and prevent the patient's health condition from worsening. Nursing workload affects the quality of care provided, the speed of patient recovery, and the level of patient satisfaction (Kaur et al., 2017). Doctors, too, may give suboptimal patient care attitude and behavior such as not thoroughly discussing treatment options or answering queries from the patient, ignoring the socio-emotional impact of an illness, and feelings of guilt over the treatment given to the patient (Baer et al., 2017).

Job Satisfaction. Job satisfaction is the extent and alignment of an individual's expectation and the rewarding experience gave (Bhattacharjee et al., 2016). Job satisfaction and the hospital environment are essential for optimal health care delivery (Goetz et al., 2015) and the well-being of the physicians and hospital staff (West et al., 2014).

Bouwkamp – Memmer et al. (2013) found a definite link between service and job satisfaction. Service correlates positively with altruism, commitment to the needs of society, empathy, integrity, and trustworthiness. Job satisfaction correlates positively with employee performance and engagement (Ali and Farooqi, 2014; Zhang et al., 2018).

Positive workplace culture and environment largely contribute to the satisfaction of the Australian midwives in their jobs (Catling, Reid, and Hunter, 2017) as well as to the health care staff in Kenya (Goetz et al., 2015). A positive workplace is characterized by the recognition of work, opportunity to strengthen skills through training and other learning portals, and feelings of sense of belongingness among colleagues (Tao et al., 2015).

Educational background was found to be positively and negatively associated with job satisfaction. Specifically, those with higher educational attainment have reported better satisfaction with their jobs (Zhou et al., 2018; Zhang et al., 2018).

The security of tenure was also found to be a contributing factor to job satisfaction. It was found that compared to the contractual healthcare workers, more than half of the regular healthcare staff were highly satisfied due to the differences in compensation and benefits (Dixit, Goel, and Sharma, 2017).

On the other hand, dissatisfaction leads to high intention to leave a current job position (Lagerlund et al., 2015). Low income and long working hours were found to be contributors to the dissatisfaction of the hospital staff in China (Zhou et al., 2018; Shi et al., 2014; Sharma et al., 2014).

Work-Life Balance. A positive working environment significantly affects the emotional health and welfare of the employees (Anitha, 2014; Engel et al., 2014). It encourages employees to have a high level of participation and motivation to work (Engel et al., 2014; Timilsina Bhandari et al., 2015; Roche et al., 2015). For instance, a workplace that provides employees with education and training on work-life balance improves their satisfaction with work-life balance (Mahmood et al., 2014).

In Japan, the nurses reported that they have an imbalance of working life and private life, which may lead to lower job satisfaction and lower quality of life (Makabe et al., 2015). Such imbalance leads to high intentions to leave the workplace (Lee et al., 2015). Female gastroenterologists were reported to have a higher perception of work-life imbalance compared to males (Mahmood et al., 2014).

Workload and Job Satisfaction. In Greek hospitals, Trivellas and colleagues (2013) found that heavy workload, conflict, and lack of job independence are negatively correlated with job satisfaction. Conversely, feedback, rewards, and job security were found to be positively associated with job satisfaction. In the same manner, Moreover, conflict and a heavy workload were negatively associated with job satisfaction (Trivellas et al., 2013; Tao et al., 2015; Khamisa et al., 2017); emotional exhaustion, burnout, intention to resign, and high nurse attrition rate (Lin, 2013; Hui-Ying Chiang et al., 2017; Friese and Himes-Ferris, 2013; Gabriel et al., 2013; Khamisa et al., 2013; Vargas et al., 2014).

In a Chinese hospital setting, Chinese intensive care nurses' job satisfaction is best predicted by workload, uncertainty about patient's treatment, positive

reframing, and great experience in nursing (Li and Lambert, 2013). Among the pharmacists and pharmacy technicians, a work environment conducive to concentration and effort is not associated with the likelihood of error in dispensing drugs and is positively correlated with job satisfaction (Holden et al., 2010). However, if the environment is characterized by a high workload, interruptions in the workflow, and handling difficult situations, pharmacists and other health professionals will most likely experience stress and lower levels of job satisfaction (Munger et al., 2013; Kumar et al. 2013). Also, if the hospital is understaffed, nurses' resort to rationing, which eventually results in low job satisfaction (Papastavrou et al., 2013).

Among the human resource in the government hospital, it was found that job satisfaction is positively associated with communication, benefits and privileges, working conditions and environment, and relationships with co-workers. A negative relation was found with organizational supervision system, workload, rewards, pay/salary, and career prospects (Jaiswal et al., 2015).

Job satisfaction and Work-life Balance. Job satisfaction and work-life balance were found to be essential factors for quality healthcare to the patients (Azeem and Altalhi, 2015; Azeem & Akhtar, 2014) and enhancing commitment to the organization among healthcare workers (Mohammad Sayed and Akhtar, 2014). It also increases employee retention among expatriate nurses in Saudi Arabia (Aamir et al., 2016).

Interpersonal conflicts can affect one's satisfaction with the job. Sagalowsky et al. (2018) found that if pediatric residents are dissatisfied with their jobs, they will experience burnout. Only dissatisfaction brought by the job itself and perceived conflict between one's personal and professional life are associated with burnout (Batra et al., 2017).

Workload and Work-life Balance. Nurses who were working in a fixed shift have a more excellent work-life balance score compared to their non-fixed shift counterparts (Nurumal et al., 2017).

The study aims to determine the level of workload, work-life balance, and job satisfaction of the hospital staff of Unciano Colleges and General Hospital, Inc., Antipolo, Rizal Province during the Calendar Year 2019 - 2020. The findings of the study will serve as the basis for proposing an action plan. Specifically, the objective is to answer the following sub-questions:

1. What is the demographic profile of the respondents in terms of:
 - 1.1 age;
 - 1.2 sex;
 - 1.3 civil status;
 - 1.4 number of children;
 - 1.5 highest educational attainment;
 - 1.6 area of work;
 - 1.7 employment status; 1.8 years of service; and

- 1.9 salary grade?
2. What is the level of the workload of the respondents?
3. What is the level of work-life balance of the respondents?
4. What is the level of job satisfaction of the respondents?
5. Is there a significant relationship between the profile of the respondents and the following:
 - 5.1 level of workload;
 - 5.2 work-life balance; and
 - 5.3 job satisfaction
6. Is there a significant degree of correlation between the following:
 - 6.1 workload and work-life balance;
 - 6.2 workload and job satisfaction; and
 - 6.3 work-life balance and job satisfaction?
7. Is there a significant degree of difference between the perception of male and female respondents on the following:
 - 7.1 level of workload;
 - 7.2 work-life balance; and
 - 7.3 job satisfaction?
8. Is there a significant degree of variance when the respondents are grouped according to their area of work on the following:
 - 8.1 work load;
 - 8.2 work-life balance; and
 - 8.3 satisfaction?
9. What action plan could be proposed based on the findings?

Research Methodology

The researcher targeted the eighty-two employees of Unciano Colleges and General Hospital, Inc. The respondents represented the different departments of the hospital constituting medical and allied medical professions. The inclusion criteria are the following: (1) hospital staff of Unciano Colleges and General Hospital, (2) attendance during the orientation meeting, and (3) signing of the informed consent. The only exclusion criteria would be the non-provision of informed consent.

The respondents are responsible for providing the necessary information about their levels of workload, job satisfaction, and work-life balance to the principal investigator at most a week after signing the informed consent, and for attending all meetings required by the researcher before and after data gathering, and other meetings deemed necessary for the research.

The research instrument is composed of four parts: demographic profile of the respondents, questionnaires measuring level of workload, work-life balance, and job satisfaction.

Workload. The study adapted NASA Task Load Index (TLX) v. 10 Paper and Pencil Package. It is a multidimensional rating procedure that provides an overall workload score of the respondent. The scale consists of six sub measures: mental

demands, physical demands, temporal demands, own performance, effort, and frustration rated in a 4 – point Likert – type scale as 1 as very low, 2 as low, 3 as high, and 4 as very high.

Work-Life Balance. The Work-Life Balance Questionnaire is a 45 – item questionnaire that provides a venue to rate the respondent's effectiveness in achieving work-life balance using a 4 – point scale with 1 as never, 2 as rarely, 3 as sometimes, and 4 as always (Neal Whitten Group, Inc., 2017).

Job Satisfaction. The Minnesota Satisfaction Questionnaire measures an employee's satisfaction with his or her occupation by letting the respondent examine which aspect of the job they find rewarding. The present study utilized the short format of the questionnaire known as the MSQ Short Form of 1977. It consists of 20 items and was answered through four response categories: 1 as very dissatisfied, 2 as less dissatisfied, 3 as satisfied, and 4 as very satisfied (University of Minnesota, 2019).

Data Gathering Procedure

Before the distribution of survey questionnaires to the respondents, the following steps were strictly implemented: security of approval from the Dean of Graduate School and the VicePresident for Academic Affairs for the distribution of the survey – questionnaires, and approval from the administration of Unciano Colleges and General Hospital, Inc. to administer the study to the randomly selected medical and allied hospital staff. After, a general meeting was conducted to all employees to brief them about the research procedures, their rights as respondents and to explain to them the necessity of informed consent from their end. They were assured of their rights in the participation of the study, including their right to confidentiality and to withdraw from the study. They were given one – week to answer the questionnaires and were notified a day before collecting answered questionnaires to prevent them from forgetting. After answering the questionnaires, a token of appreciation was provided.

Statistical Treatment of Data

The data gathered from the study were statistically treated using Statistical Package for Social Sciences version 20. Before conducting the inferential statistics, normality tests were conducted to check the skewness of the variables. The results of these normality tests are as follows:

	Kolmogorov-Smirnov ^a			Shapiro-Wilk			Results
	Statistic	Df	Sig.	Statistic	Df	Sig.	
Workload	.147	82	.000	.957	82	.008	Skewed
Work-Life Balance	.081	82	.200*	.979	82	.195	Normal

Job Satisfaction	.138	82	.001	.958	82	.009	Skewed
------------------	------	----	------	------	----	------	--------

The results were analyzed through the following statistical tools: frequency, %age, weighted mean, standard deviation, chi-square test, Spearman rho Correlation, Mann Whitney U test, and T-test for independent samples. Based on the statistical results, the researcher has provided proper interpretation and conclusion.

Results and Discussions

Profile of Respondents

Age. The respondents are composed of 26-30 years old (25.6%), 31 – 35 years old (20.7%), 36-40 years old (12.2%), 41-45 years old (9.8%), 51-55 years old (9.8%), and 56 and above (9.8%), 20 – 25 years old (6.1%), and 46-50 years old (6.1%). This implies that most of the respondents are in their early to middle adulthood.

Sex. There are more female workers (n = 58; 70.7%) in the hospital than males (n = 24; 29.3%).

Civil Status. As for the civil status, 38 or 46.3 % are married; 36 or 43.9 % of the hospital staff are single; while five or 6.1 % are widows or widower, and three (3.7 %) are single parents.

Number of Children. Results showed that 68 or 82.9 % of the hospital staff respondents have 0-2 children. Only 11 or 13.4 % have 3-5 children, while 3 or 3.7 % have 6 or more children.

Highest Educational Attainment. It was found that 35 or 42.7 % of the respondents received their college degrees. Thirty or 36.6% of the respondents are Doctors of Medicine, Philosophy, and Dental Medicine. On the other end, 11 or 13.4 % of the respondents did not finish college level, and four or 4.9% of the respondents are high school graduates. Finally, only two or 2.4 % obtained their master's degree.

Area of Work. The respondents are hospital staff assigned in the following departments: Nursing Services (n = 27 or 32.9 %); Medical Services (n = 26 or 31.7 %); Hospital Operations and Patient Support Department (n = 25 or 30.5 %); and Office of the Medical Center Chief (n = 4 or 4.9 %).

Employment Status. Most of the respondents are regular employees (n = 65 or 79.3 %); few are moonlighter (n = 16 or 19.5 %); and lastly, 1 (1.2 %) is a probationary employee among the respondents.

Years of Service. Many of the hospital staff respondents (n = 51 or 62.2 %) are in the service for zero to five years. Eleven (13.4 %) have been at the hospital for 16-20 years. Nine or 11 % have rendered 11 – 15 years at the hospital. Eight or 9.8 %, have are employed for 21 years and above. Lastly, three hospital staff respondents (3.7 % of the sample) have rendered 6-10 years at the hospital.

Salary Grade. In terms of the salary grade, most of the respondents (n = 47, 57.3 %) receive 8,113 – 11,190 monthly, followed by 18 respondents (22 %) who receive 15,000 – 20,000; 13 or 15.9% receive 11,119 – 15,000; and only four or (4.9 %) receive 20,001 and above. The salary is an important factor. Studies show that income and long working hours were contributors to the dissatisfaction of the hospital staff in China (Zhou et al., 2018; Shi et al., 2014; Sharma et al., 2014).

The demographic profile of the respondents are summarized in Table 3.

Demographic Profile of the Respondents Table 3 N = 82

<i>Items</i>	<i>F</i>	<i>%</i>	<i>Rank</i>
Age (in years)			
20 – 25	5	6.1	7
26 – 30	21	25.6	1
31 – 35	17	20.7	2
36 – 40	10	12.2	3
41 – 45	8	9.8	4
46 – 50	5	6.1	8
51 – 55	8	9.8	4
56 and above	8	9.8	4
Mean Age = 37.90 y.o.			
Sex			
Male	24	29.3	2
Female	58	70.7	1
Civil Status			
Single	36	43.9	2
Married	38	46.3	1
Widow / Widower	5	6.1	3
Single Parent	3	3.7	4
Number of Children			
0-2	68	82.9	1
3-5	11	13.4	2
6 and above	3	3.7	3
Mean number of children = 2			
Highest Educational Attainment			
High School Graduate	4	4.9	4
College Level	11	13.4	3

Bachelor's Degree	35	42.7	1
Master's Degree	2	2.4	5
Doctorate Degree – PhD/ MD/ DMD	30	36.6	2
Area of Work			
Office of the Medical Center Chief	4	4.9	4
Medical Services	26	31.7	2
Nursing Services	27	32.9	1
Hospital Operations and Patient Support Department	25	30.5	3
Employment Status			
Moonlighter	16	19.5	2
Probationary	1	1.2	3
Regular	65	79.3	1
Years of Service			
0 - 5 years	51	62.2	1
6 - 10 years	3	3.7	5
11 to 15 years	9	11.0	3
16 to 20 years	11	13.4	2
21 years and above	8	9.8	4
Mean years of service = 7.85 years Salary Grade			
8,113 - 11,190	47	57.3	1
11,191 - 15,000	13	15.9	3
15,001 - 20,000	18	22.0	2
20,001 & Above	4	4.9	4
Mean Salary Grade = 12,547.21			

Level of Workload

Employees perceive their level of workload as high ($M = 2.80$, $SD = 0.35$). Out of six items, item 5, "I work hard to accomplish my level of performance," got the highest mean rating of 3.28 (very high), while item 6, "I am insecure, discouraged, irritated, stressed and annoyed by my job" got the lowest mean rating of 1.57 (very low).

The following table reflects the level of the workload of the hospital staff.

Level of Workload Table 4 N = 82

<i>Items</i>	<i>WM</i>	<i>Standard Deviation</i>	<i>Interpretation</i>	<i>Rank</i>
1. My task is mentally demanding.	3.13	.73	High	3
2. My task is physically demanding.	2.93	.81	High	4
3. My task requires me to be always in a hurry or in a rush pace.	2.76	.64	High	5
4. I am successful in accomplishing my task.	3.15	.55	High	2
5. I work hard to accomplish my level of performance.	3.28	.53	Very High	1
6. I am insecure, discouraged, irritated, stressed, and annoyed by my job.	1.57	.65	Very Low	6
Composite Mean	2.80	.35	High	

Parameters:

1.00 1.75 Very Low

1.76 2.50 Low

2.51 3.25 High

3.26 4.00 Very High

Level of Work-Life Balance

The third problem of the research measures the level of balance between the hospital staff's work and personal lives.

Level of Work-Life Balance Table 5 N = 82

<i>Items</i>	<i>WM</i>	<i>Standard Deviation</i>	<i>Interpretation</i>	<i>Rank</i>
1. Do you feel that you are wasting your time if you are not accomplishing something?	3.18	0.69	Good	4
2. Do you feel that you never have a chance to catch your breath before you have to move on to the next project/crisis?	2.50	0.63	Borderline	29
3. Do you take at least one consecutive full week of vacation each year?	1.94	0.93	Poor	45
4. Do you use all of your vacation days and personal days each year?	2.79	1.00	Borderline	18

5. Do you frequently delegate work to others?	2.46	0.79	Borderline	31
6. Do you work more than one hour per day while on vacation?	2.13	0.94	Borderline	43
7. Do you look forward to starting your day each morning?	3.44	0.61	Good	2
8. Do you feel boxed in; that is, you do what you do because others depend on you for support?	2.98	0.83	Borderline	11
9. Is your work satisfying and rewarding?	3.01	0.78	Good	9
10. Do you feel burnt out, exhausted, and unable to give your all to any area of your life?	2.63	0.66	Borderline	25
11. Do you feel that you are reasonably in control over your workday?	3.02	0.74	Good	8
12. Are you impatient and short with your co-workers or your family?	2.23	0.69	Borderline	37
13. Do you dedicate time to having lunch each day (versus multitask while you eat or skip lunch)?	2.78	0.74	Borderline	20
14. Are you satisfied with where you are at this point in the journey of your business life?	2.91	0.76	Borderline	14
15. Do you reserve at least 30 minutes of "me time" each day?	3.12	0.78	Good	5
16. Do you start your day tired?	2.16	0.82	Borderline	42
17. Do you feel you are missing out on the things that mean the most to you?	2.40	0.77	Borderline	33
18. Do thoughts of work interrupt a good night's rest?	2.32	0.98	Borderline	35
19. Do you bring work home with you?	2.17	0.93	Borderline	41
20. Do you reply to texts while in the company of others?	3.05	0.84	Good	7
21. Are you satisfied with where you are at this point in the journey of your personal life?	2.85	0.89	Borderline	16
22. Do you have a hard time saying "no" to requests at work?	2.50	0.93	Borderline	30

23. Do you miss special family events?	3.05	0.56	Good	6
24. Do you feel you don't have time for yourself or for your family and friends?	2.66	0.71	Borderline	23
25. Do you prioritize your to-do list each day and especially focus on your highest priority items?	3.21	0.66	Good	3
26. Do you feel that your personal needs are secondary?	2.80	0.62	Borderline	17
27. Is clutter building in your office and at home?	2.33	0.67	Borderline	34
28. Do you feel you spend too much time reacting and too little time thinking?	2.32	0.72	Borderline	36
29. Do you feel stressed out most of the time?	2.65	0.69	Borderline	24
30. Do you feel guilty because you can't make time for things outside of work?	2.52	0.91	Borderline	27
31. Do you hire people in your personal life to handle some of your chores, such as yard work and other home tasks?	2.21	1.03	Borderline	38
32. Do you squeeze every bit of productivity you can out of each day?	2.91	0.69	Borderline	13
33. Do you lose sight of who you are and what you're doing?	2.18	0.74	Borderline	40
34. Do you experience actions at least monthly that allows you to de-stress and rebuild your energy?	2.73	0.74	Borderline	22
35. Do you spend too much time doing things you don't want to do or spending time with people you don't want to?	2.09	0.63	Borderline	44
36. Do you feel overwhelmed and overcommitted?	2.44	0.72	Borderline	32
37. Do you find it hard to relax and just do nothing, even when you are away on holiday?	2.51	0.80	Borderline	28
38. Do you frequently feel anxious or upset because of what is happening at work?	2.56	0.79	Borderline	26
39. Are you satisfied with your work-life balance?	2.95	0.65	Borderline	12
40. Do you take time off from work and do fun activities?	2.78	0.65	Borderline	21

41. Do you work more than you think is reasonable?	3.00	0.61	Good	10
42. Do you read and finish at least one book for pleasure every 6 months?	2.20	0.84	Borderline	39
43. Do you find time to exercise, eat properly, and keep yourself healthy?	2.87	0.78	Borderline	15
44. Do you feel relaxed and comfortable when you are at home?	3.56	0.50	Good	1
45. Do you get adequate sleep most nights?	2.79	0.94	Borderline	19
Work-Life Balance (Composite Mean)	2.66	0.20	Borderline	

Parameters:

1.00 1.90 Poor

2.00 2.90 Borderline

3.00 4.00 Good

Table 5 presents the work-life balance level of the respondents. Overall they perceive their level of work-life balance as borderline ($M = 2.66$, $SD = 0.20$). Among the 45 items, item 44 ("Do you feel relaxed and comfortable when you are at home?") got the highest mean rating of 2.79 ($SD = 0.94$, Good) while item 3 ("Do you take at least one consecutive full week of vacation each year?") got the lowest mean rating of 1.94 ($SD = 0.93$, Poor).

Degree of Job Satisfaction

The fourth problem measures the hospital staff's level of job satisfaction, which covers their intrinsic, extrinsic, and general level of satisfaction in their workplace.

Level of Job Satisfaction Table 6 N = 82

<i>Items</i>	<i>WM</i>	<i>Standard Deviation</i>	<i>Interpretation</i>	<i>Rank</i>
1. I feel that I am able to keep busy all the time	2.95	0.49	Satisfied	12
2. I feel that I have the chance to work alone on the job	2.63	0.85	Satisfied	17
3. I feel that I have the chance to do different things from time to time	3.07	0.58	Satisfied	5
4. I feel that I have the chance to be "somebody" in the community	3.02	0.67	Satisfied	10
5. I feel satisfied with the way my boss handles his/her workers	2.43	0.96	Less Satisfied	18

6. I feel satisfied by the competence of my supervisor in making decisions	2.66	0.82	Satisfied	15
7. I feel that I can do things that don't go against my conscience	3.05	0.74	Satisfied	8
8. I feel satisfied by the way my job provides for steady employment	2.67	0.83	Satisfied	14
9. I feel that I have the chance to do things for other people.	3.29	0.58	Very Satisfied	1
10. I feel that I have the chance to tell people what to do	3.06	0.55	Satisfied	6
11. I feel that I have the chance to do something that makes use of my abilities	3.24	0.69	Satisfied	3
12. I am satisfied with the way company policies are put into practice	2.41	0.72	Less Satisfied	19
13. I am satisfied with my pay and the amount of work I do	2.29	0.82	Less Satisfied	20
14. I am satisfied with the chances for advancement on this job	2.68	0.81	Satisfied	13
15. I am satisfied with the freedom to use my own judgment	3.02	0.63	Satisfied	9
16. I am satisfied with the chance to try my own methods of doing the job	3.05	0.68	Satisfied	7
17. I am satisfied with the working conditions	2.63	0.73	Satisfied	16
18. I am satisfied with the way my coworkers get along with each other	3.26	0.62	Satisfied	2
19. I am satisfied with the praise I get for doing a good job	3.01	0.71	Satisfied	11
20. I am satisfied with the feeling of accomplishment I get from the job	3.24	0.68	Satisfied	4
Job Satisfaction (Composite Mean)	2.88	0.48	Satisfied	

Parameters:

1.00 1.75 Very Dissatisfied
 1.76 2.50 Less Dissatisfied
 2.51 3.25 Satisfied
 3.26 4.00 Very Satisfied

Results showed that overall, the respondents feel satisfied ($M = 2.88$, $SD = 0.48$) in their job. Specifically, item 9 ("I feel that I have the chance to do things for other people.") got the highest mean rating ($M = 3.29$, $SD = 0.58$). On the other end, item 13 ("I am satisfied with my pay and the amount of work I do.") got the lowest

rating ($M = 2.29$, $SD = 0.82$). A similar study in the Philippines found that 75% of their respondents are satisfied with their present work conditions and with their jobs. Ninety – one % of these nurses intend to remain in their institutions (Dones and colleagues, 2016).

Correlation between Demographic Variables and Level of Workload

Age and Level of Workload

Correlation between Age and Level of Workload Table 7 N = 82

		Age											
												56 and above	Total
Level of Workload	Low	– 40				41 - 45	46 – 50	51 - 55				1	8
	High	5	17	13	1	2	0	0	6	5	6	7	67
	Very High	0	3	1	1				0	0	2	0	7
Total		5	21	17	10				8	5	8	8	82

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	11.676 ^a	14	.632
Likelihood Ratio	13.958	14	.453
Linear-by-Linear Association	.058	1	.810
N of Valid Cases	82		

It was found that age did not significantly correlate with level of workload ($\chi^2 = 11.676$, $p = 0.672$). This implies that the age of the respondents' did not affect their perception on the level of workload.

The present study reveals that regardless of age, respondents report the same level of workload. This affirms the literature since previous studies do not have a consensus on age and work stress. Some studies, like Galdikiene et al. (2016) show that older nurses reported increased levels of experienced stress with work. On the other hand, in China, the demographic profile of the nursing staff who experiences burnout include single and childless who are 30 years old and below, had secondary education, and less than five years of nursing experience (Qu and Wang, 2015; Leineweber et al., 2016; Lagerlund et al., 2015; Asegid et al., 2014; Lu et al., 2016; Fang et al., 2015). This is also true in Egypt (Ghareeb et al., 2014) and among younger anesthesiologists (Sousa and Mourao, 2018), pediatric residents (Kemper et al., 2018), and firstyear residents (Block et al., 2013). The young professionals may be facing problems such as payment of bills, economic insecurity, the pressure to

produce more, interpersonal relationships, less job experience, and giving priority to professional life over personal life (Sousa and Mourao, 2018).

Sex and Level of Workload

Table 8 presents the result of the correlation between sex and level of workload.

Correlation between Sex and Level of Workload Table 8 N = 82

		Sex		
		Male	Female	Total
Level of Workload	Low	3	5	8
	High	20	47	67
	Very High	1	6	7
	Total	24	58	82

	Value	df	Asymp. Sig. (2-sided)
Pearson ChiSquare	1.032 ^a	2	.597
Likelihood Ratio	1.132	2	.568
Linear-by-Linear Association	.928	1	.335
N of Valid Cases	82		

Results showed that sex did not significantly affect the respondents' perception of the level of workload ($\chi^2 = 1.032$, $p = 0.597$).

Civil Status and Level of Workload

Table 9 projects the relationship between civil status and the level of workload.

Correlation between Civil Status and Level of Workload Table 9 N = 82

		Civil Status				
		Single	Married	Widow / Widower	Single Parent	Total
Level of Workload	Low	3	4	0	1	8
	High	30	30	5	2	67

	Very High	3	4	0	0	7
Total		36	38	5	3	82

	Value	df	Asymp. Sig. (2sided)
Pearson Chi-Square	3.491 ^a	6	.745
Likelihood Ratio	3.978	6	.680
Linear-by-Linear Association	.633	1	.426
N of Valid Cases	82		

The result reveals that there is no adequate indication that civil status and level of workload are associated with each other ($\chi^2 = 3.491$, $p = 0.745$). This suggests that regardless of civil status, respondents' perceptions of the level of workload was not affected.

Qu and Wang (2015) found that married nurses experience less burnout compared to their single counterparts. Dayrit and Jabonete (2018) explained using the lens of the Filipino culture that married nurses are less stressed compared to the single ones because of the secure primary support system played by the husband or wife of the nurse.

Number of Children and Level of Workload

Table 10 portrays the computation on the correlation between the number of children and the level of workload.

Correlation between Number of Children and Level of Workload Table 10 N = 82

		Number of Children			Total
		0 – 2	3 - 5	6 and above	
Level of Workload	Low	8	0	0	8
	High	55	9	3	67
	Very High	5	2	0	7
Total		68	11	3	82

	Value	df	Asymp. Sig. (2-sided)
Pearson ChiSquare	3.342 ^a	4	.502

Likelihood Ratio	4.647	4	.325
Linear-by-Linear Association	1.352	1	.245
N of Valid Cases	82		

It was found that the number of children and respondents' perceptions of the level of the workload is not significantly associated with each ($\chi^2 = 3.342$, $p = .502$). The result implies that the number of children and the respondents' perception of the level of the workload is not correlated with each other.

Highest Educational Attainment and Level of Workload

The level of workload and its correlation with the respondents' level of educational attainment was explored using the chi-square test. Table 11 below reveals the results.

Correlation between Highest Educational Attainment and Level of Workload
Table 11 N = 82

		Highest educational attainment					Total
		High school graduate	College level	Bachelor's degree	Master's Degree	Doctorate - PhD/MD/DMD	
Level of Workload	Low	0	1	4	0	3	8
	High	4	10	26	2	25	67
	Very High	0	0	5	0	2	7
Total		4	11	35	2	30	82

	Value	df	Asymp. Sig. (2sided)
Pearson Chi-Square	4.227 ^a	8	.836
Likelihood Ratio	6.025	8	.644
Linear-by-Linear Association	.027	1	.870
N of Valid Cases	82		

The educational attainment of the employees does not yield a significant relationship with the level of workload ($\chi^2 (8) = 4.227$, $p = .836$). The results mean that regardless of the employees' educational attainment, they all have the same perception of the level of workload.

Area of Work and Level of Workload

The respondents' area of work was also explored in terms of its relationship with the level of workload as reflected in Table 12.

Relationship between Area of Work and Level of Workload Table 12 N = 82

		Area of Work				Total
		Office of the medical center chief	Medical services	Nursing services	Hospital Operations and Patient Support Department	
Level of	Low	1	2	1	4	8
Workload	High	3	22	23	19	67
	Very High	0	2	3	2	7
Total		4	26	27	25	82

	Value	df	Asymp. Sig. (2sided)
Pearson Chi-Square	3.849 ^a	6	.697
Likelihood Ratio	4.048	6	.670
Linear-by-Linear Association	.001	1	.975
N of Valid Cases	82		

The area of work to which the employees belong does not have any significant relationship with their level of workload ($\chi^2 (6) = 3.849$, $p = .697$). Regardless of their area of assignment, they all have the same perception of the level of workload in Unciano Colleges and General.

Employment Status and Level of Workload

Table 13 shows the computation on the relationship between employment status and level of workload

Relationship between Employment Status and Level of Workload Table 13 N = 82

		Employment status			Total
		Moonlighter	Probationary	Regular	
Level of	Low Workload	2	0	6	8
	High	13	1	53	67
	Very High	1	0	6	7
Total		16	1	65	82

	Value	df	Asymp. Sig. (2sided)
Pearson Chi-Square	.501 ^a	4	.973
Likelihood Ratio	.681	4	.954
Linear-by-Linear Association	.253	1	.615
N of Valid Cases	82		

The respondents' status of employment was found to have an insignificant relationship with their level of workload ($\chi^2 (4) = 0.501$, $p = .973$). Employee-respondents perception of the level of workload is independent in terms of their employment status.

Years of Service and Level of Workload

Table 14 shows the correlation between years of service and the level of workload.

Relationship between Years of Service and Level of Workload Table 14 N = 82

		Years of Service					Total
		0 - 5 years	6 -10 years	11 - 15 years	16 - 20 years	21 years and above	
Level of Workload	Low	5	1	0	1	1	8
	High	42	2	8	10	5	67
	Very High	4	0	1	0	2	7
Total		51	3	9	11	8	82

	Value	df	Asymp. Sig. (2sided)
Pearson Chi-Square	7.106 ^a	8	.525
Likelihood Ratio	7.658	8	.468
Linear-by-Linear Association	.286	1	.593
N of Valid Cases	82		

Based on the Chi-square analysis, the respondents' years of service did not significantly correlate with the level of workload ($\chi^2 (8) = 7.106$, $p = .525$). This

suggests that regardless of their length of service, employee-respondents perception of the level of workload has the same result.

Salary Grade and Level of Workload

Table 15 shows the correlation between respondents' salary grade and level of workload.

Relationship between Salary Grade and Level of Workload Table 15 N = 82

		Salary Grade				
		8,113 - 11,190	11,1191 - 15,000	15,001 - 20,000	20,001 & Above	Total
Level of Workload	Low	6	1	0	1	8
	High	39	11	14	3	67
	Very High	2	1	4	0	7
	Total	47	13	18	4	82

	Value	Df	Asymp. Sig. (2sided)
Pearson Chi-Square	8.592 ^a	6	.198
Likelihood Ratio	9.374	6	.154
Linear-by-Linear Association	2.358	1	.125
N of Valid Cases	82		

The respondents' level of salary grade did not significantly correlate with the level of workload ($\chi^2(6) = 8.592, p = .198$). Salary grade has nothing to do with the employee-respondents level of workload. The findings of this report are backed by the research of Allen and colleagues (2017), who found that remuneration and hours of work contribute to the achievement of the medical practitioners.

Summary Table on the Level of Workload and Demographic Profile

Table 16

Level of Workload/ Demographic Profile	df	Chi-Square Value	Probability Value	Decision on Null Hypothesis
Age	14	11.676	0.632	Fail to reject
Sex	2	1.032	0.597	Fail to reject
Civil Status	6	3.491	0.745	Fail to reject
Number of Children	4	3.342	0.502	Fail to reject
Highest Educational Attainment	8	4.227	0.836	Fail to reject
Area of Work	6	3.849	0.697	Fail to reject

Employment Status	4	0.501	0.973	Fail to reject
Years in Service	8	7.106	0.525	Fail to reject
Salary Grade	6	8.592	0.198	Fail to reject

Table 16 shows a summary of the chi square values of the relationship among level of workload and demographic profile. As presented, none of the variables reveal significant relationship.

Correlation between Demographic Variables and Level of Work-Life Balance

The following tables present how the respondents differ in perceiving their work-life balance according to their demographic variables.

Age and Level of Work-Life Balance

Table 17 portrays the result of the correlation between age and level of work-life balance.

Correlation between Age and Level of Work-Life Balance Table 17 N = 82

		Age								
		20 – 25	26 - 30	31 – 35	36 – 40	41 - 45	46 – 50	51 - 55	56 and above	
Level of	Poor	2	9	4	2	3	0	0	1	21
Work-	Borderline	3	12	13	8	5	5	8	7	61
Life										
Total		5	21	17	10	8	5	8	8	
		82								
Balance										
Total										

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	9.817 ^a	7	.199
Likelihood Ratio	12.722	7	.079
Linear-by-Linear Association	6.114	1	.013
N of Valid Cases	82		

The above results show that there is no sufficient evidence to show that age has a significant relationship with the level of work-life balance ($\chi^2(7) = 9.817$, $p = .199$). The result implies that the age of the employee-respondents is not a factor in their perception of the level of work-life balance.

Sex and Level of Work-life balance

Table 18 presents the correlation between sex and the employees' level of work-life balance.

Correlation between Sex and Level of Work-life balance Table 18 N = 82

		Sex		Total
		Male	Female	
Level of Work-	Poor	10	11	21
Life Balance	Borderline	14	47	61
Total		24	58	82

	Value	df	Asymp. Sig. (2-sided)
Pearson ChiSquare	4.592 ^a	1	.032
Likelihood Ratio	4.360	1	.037
Linear-by-Linear			
Association	4.536	1	.033
N of Valid Cases 82			

The results suggest that the hospital staff's perception of their level of work-life balance is associated with their sex ($\chi^2 = 4.592$, $p = 0.032$).

Correlation between Civil Status and Level of Work-life balance

Table 19 projects the relationship between civil status and the level of work-life balance. The Chi-square test was used to determine the relationship between civil status and the level of work-life balance of the hospital staff respondents.

Correlation between Civil Status and Level of Work-life balance Table 19 N = 82

		Civil Status				Total
		Single	Married	Widow / Widower	Single Parent	
Level of	Poor	13	8	0	0	21
Work-Life	Borderline	23	30	5	3	61
Balance		36	38	5	3	82
Total						

	Value	df	Asymp. Sig. (2sided)
Pearson Chi-Square	5.252 ^a	3	.154
Likelihood Ratio	7.100	3	.069
Linear-by-Linear Association	4.974	1	.026
N of Valid Cases	82		

The computed Chi-square reveals a non significant relationship between civil status and work-life balance ($\chi^2 = 5.252$, $p = 0.154$). This implies that civil status is not associated in any way with the employee-respondents perception on the level of work-life balance.

Number of Children and Level of Work-life balance

Table 20 portrays the computation on the correlation between the number of children and the level of work-life balance subjected under Chi-square test.

Correlation between Number of Children and Level of Work-life balance
Table 20 N = 82

		Number of Children			
		0 – 2	3 - 5	6 and above	Total
Level of	Poor	21	0	0	21
Work-Life	Borderline	47	11	3	61
Balance		68	11	3	82
Total					

	Value	df	Asymp. Sig. (2-sided)
Pearson ChiSquare	5.812 ^a	2	.055
Likelihood Ratio	9.236	2	.010
Linear-by-Linear Association	5.046	1	.025
N of Valid Cases	82		

Results showed the insignificant relationship between number of children and work – life balance ($\chi^2 (2) = 5.812$, $p = .055$). Regardless of the number of children, they all have the same perception of the level of work-life balance.

Highest Educational Attainment and Level of Work-life

balance Table 21 below reveals the result using the Chi-square test.

Correlation between Highest Educational Attainment and Level of Work-life balance Table 21 N = 82

		Highest educational attainment				Total	
		High school graduate	College level	Bachelor's degree	Master's Degree		Doctorate - PhD/MD/DMD
Level of Poor Work-Life Balance		0	1	11	0	9	21
	Borderline	4	10	24	2	21	61
	Total	4	11	35	2	30	82

	Value	df	Asymp. Sig. (2sided)
Pearson Chi-Square	4.567 ^a	4	.335
Likelihood Ratio	6.377	4	.173
Linear-by-Linear Association	1.012	1	.314
N of Valid Cases	82		

The educational attainment of the employees does not yield a significant relationship with the level of work-life balance ($\chi^2(4) = 4.567, p = .335$). The results mean that regardless of the employees' educational attainment, they have the same perception of their level of work-life balance.

Area of Work and Level of Work-life balance

Table 22 displays the result of the computation to determine whether there is a significant level of correlation between the area of work and level of work-life balance.

Relationship between Area of Work and Level of Work-life balance Table 22 N = 82

	Area of Work	Total
--	--------------	-------

		Office of the medical center <u>chief</u>	Medical <u>services</u>	Nursing <u>services</u>	Hospital Operations and Patient Support <u>Department</u>	
Level of	Poor	0	9	10	2	21
Work-	Borderline	4	17	17	23	61
Life	Total	4	26	27	25	82
Balance						

	Value	df	Asymp. Sig. (2sided)
Pearson Chi-Square	8.404 ^a	3	.038
Likelihood Ratio	10.231	3	.017
Linear-by-Linear Association	1.731	1	.188
N of Valid Cases	82		

The area of work to which the employees belong and their perception of the level of worklife balance shows a significant association ($\chi^2(3) = 8.404, p = .038$). The data implies that respondents' perception of the level of work-life balance is dependent on the area of work to which the employees belong.

Employment Status and Level of Work-life balance

Table 23 shows the correlation between employment status and level of work-life balance.

Relationship between Employment Status and Level of Work-life balance

Table 23 N = 82

		Employment status			
		<u>Moonlighter</u>	<u>Probationary</u>	<u>Regular</u>	<u>Total</u>
Level of	Poor	7	0	14	21
Work-Life	Borderline	9	1	51	61
Balance	Total	16	1	65	82

	Value	df	Asymp. Sig. (2sided)
Pearson Chi-Square	3.673 ^a	2	.159
Likelihood Ratio	3.645	2	.162
Linear-by-Linear Association	3.628	1	.057
N of Valid Cases	82		

The respondents' status of employment was found to have an insignificant relationship with their level of work-life balance ($\chi^2 (2) = 3.673$, $p = .159$). This insignificant relationship denotes that the type of employment does not influence respondents' level of work-life balance.

Years of Service and Level of Work-life balance

Table 24 shows the correlation between years of service and level of work-life balance.

Relationship between Years of Service and Level of Work-life balance Table 24 N = 82

		Years of Service					
		0 - 5 years	6 - 10 years	11 - 15 years	16 - 20 years	21 years and above	Total
Level of	Poor	17	1	2	0	1	21
Work-Life	Borderline		34	2	7	11	7
61							
Balance		51	3	9	11	8	82
Total							

	Value	df	Asymp. Sig. (2sided)
Pearson Chi-Square	6.254 ^a	4	.181
Likelihood Ratio	8.999	4	.061
Linear-by-Linear Association	5.003	1	.025
N of Valid Cases	82		

The respondents' years of service did not significantly correlate with the level of work-life balance ($\chi^2 (4) = 6.254$, $p = .181$). This suggests that the length of service has nothing to do with the employee-respondents' perception of their level of work-life balance.

Salary Grade and Level of Work-life balance

Table 25 shows the correlation between respondents' salary grade and level of work-life balance. To determine the relationship, the data were subjected to the Chi-Square test.

Relationship between Salary Grade and Level of Work-life balance Table 25
N = 82

		Salary Grade				
		8,113 - 11,190	11,1191 - 15,000	15,001 - 20,000	20,001 & Above	Total
Level of Work-life balance	Low	14	4	3	0	21
	Borderline	33	9	15	4	61
	Total	47	13	18	4	82

	Value	df	Asymp. Sig. (2sided)
Pearson Chi-Square	2.745 ^a	3	.433
Likelihood Ratio	3.786	3	.286
Linear-by-Linear Association	2.167	1	.141
N of Valid Cases	82		

The salary grade of the respondents was explored according to their relationship with work-life balance. Results showed an insignificant relationship ($\chi^2(3) = 2.745$, $p = .43$). This implies that employee respondents' level of work-life balance is independent in terms of salary grade.

Summary Table on the Correlation Between Demographic Profile and Level of Work-Life Balance Table 26

Level of Work-Life Balance/ Demographic Profile	df	Chi-Square Value	Probability Value	Decision on Null Hypothesis
Age	7	9.817	0.199	Fail to reject
Sex	1	4.592	0.032	Reject
Civil Status	3	5.252	0.154	Fail to reject
Number of Children	2	5.812	0.055	Fail to reject
Highest Educational Attainment	4	4.567	0.355	Fail to reject
Area of Work	3	8.404	0.036	Reject
Employment Status	2	3.673	0.159	Fail to reject
Years in Service	4	6.254	0.181	Fail to reject
Salary Grade	3	2.745	0.433	Fail to reject

Table 26 summarized the relationship among the respondents' demographic profile and level of work – life balance. Among the variables, only sex and area of work correlate significantly with work-life balance.

Correlation between Demographic Variables and Level of Job Satisfaction

The next tables present the relationship between job satisfaction and the demographic variables of the respondents. In the health care industry, previous studies claimed that the variances in job satisfaction are brought about by individual characteristics of the employees like age, sex, health status, and profession, and job – related factors such as workload, remuneration, hospital setting, duration of vacation leave, sick leave policy, health coverage for the employee and family, a general benefits package, and relationship with colleagues and patients (Zhou et al., 2018; Singh, 2013; Elarabi and Johari, 2014; Bahnassy et al., 2016; Tran et al., 2012).

Age and Level of Job Satisfaction

Table 27 shows the computation on the correlation between age and level of job satisfaction.

Correlation between Age and Level of Job Satisfaction Table 27 N = 82

		Age										Total	
													56 and above
Level of Satisfaction	less	36 – 40				41 - 45		46 – 50		51 - 55		4	20
	disastisfied	2				0		1		2			
	satisfied	4	11	6			6		7	4	4	4	46
	very	1	5	5			2		1	0	2	0	16
	satisfied												
Total		5	21	17				10	8	5	8	8	82

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	14.111 ^a	14	.442
Likelihood Ratio	18.987	14	.165
Linear-by-Linear Association	2.184	1	.139
N of Valid Cases	82		

The data shows that there is no sufficient evidence to show that respondents' age and level of job satisfaction have a significant relationship ($\chi^2 = 14.111$, $p = 0.442$) This implies that regardless of age, employees all agree that they are satisfied with their job.

Sex and Level of Job Satisfaction

Table 28 presents the correlation between sex and the employees' level of Job Satisfaction.

Correlation between Sex and Level of Job Satisfaction Table 28 N = 82

		Sex		Total
		Male	Female	
Level of Satisfaction	Less Dissatisfied	6	14	20
	Satisfied	13	33	46
	Very Satisfied	5	11	16
	Total	24	58	82

	Value	df	Asymp. Sig. (2-sided)
Pearson ChiSquare	.058 ^a	2	.971
Likelihood Ratio	.058	2	.972
Linear-by-Linear Association	.004	1	.950
N of Valid Cases	82		

Results have shown that sex has no significant relationship with the level of Job Satisfaction ($\chi^2 (2) = 0.058$, $p = .971$). This implies that male and female employees all agree that they are satisfied with their job. The previous study indicates that older female hospital staff in good health and good shape and a high level of privately insured patients were positively related to job satisfaction (Goetz, 2013).

Civil Status and Level of Job Satisfaction

Table 29 projects the relationship between civil status and the level of Job Satisfaction.

Correlation between Civil Status and Level of Job Satisfaction Table 29 N = 82

		Civil Status				Total
		Single	Married	Widow / Widower	Single Parent	
Level of Satisfaction	Less Dissatisfied	12	6	2	0	20
	Satisfied	17	23	3	3	46

	Very Satisfied	7	9	0	0	16
Total		36	38	5	3	82

	Value	df	Asymp. Sig. (2sided)
Pearson Chi-Square	7.147 ^a	6	.307
Likelihood Ratio	9.208	6	.162
Linear-by-Linear Association	.158	1	.691
N of Valid Cases	82		

Results show that the relationship between the two variables is not significant ($\chi^2(6) = 7.147, p = .307$). This suggests that regardless of civil status, the respondents have the same level of job satisfaction.

Number of Children and Level of Job Satisfaction

Table 30 portrays the relationship between the number of children and their relationship with the level of job satisfaction.

Correlation between the Number of Children and Level of Job Satisfaction
Table 30 N = 82

		Number of Children			Total
		0 – 2	3 – 5	6 and above	
Level of Job Satisfaction	less dissatisfied	14	5	1	20
	satisfied	40	4	2	46
	very satisfied	14	2	0	16
Total		68	11	3	82

	Value	df	Asymp. Sig. (2-sided)
Pearson ChiSquare	5.099 ^a	8	.747
Likelihood Ratio	6.907	8	.547
Linear-by-Linear Association	.107	1	.744
N of Valid Cases	82		

Based on the Chi-square test analysis between the number of children and level of job satisfaction, the results showed no significant relationship between the two variables ($\chi^2(8) = 5.099, p = .747$).

Highest Educational Attainment and Level of Job Satisfaction

Table 31 below reveals the results of the computation.

Highest Educational Attainment and Level of Job Satisfaction Table 31 N = 82

		Highest educational attainment					Total
		High school graduate	College degree	Bachelor's Degree	Master's PhD/MD/DM	Doctorate - level	
Level of Job Satisfaction	less dissatisfied	0	2	10	0	8	20
	satisfied	3	8	17	2	16	46
	very satisfied	1	1	8	0	6	16
Total		4	11	35	2	30	82

	Value	df	Asymp. Sig. (2sided)
Pearson Chi-Square	5.099 ^a	8	.747
Likelihood Ratio	6.907	8	.547
Linear-by-Linear Association	.107	1	.744
N of Valid Cases	82		

The educational attainment of the employees does not yield a significant relationship with the level of job satisfaction ($\chi^2(8) = 5.099, p = .747$). The present study somehow adds support to the varying reports in the literature. Educational background was found to be positively and negatively associated with job satisfaction. Specifically, those with higher educational attainment have reported better satisfaction with their jobs (Zhou et al., 2018; Zhang et al., 2018). On the other hand, Munger and colleagues (2013) discussed that among the pharmacists in the United

States, those with doctoral degrees reported the lowest satisfaction due to management leadership, lack of recognition from supervisors and colleagues, and work activities and schedules.

Area of Work and Level of Job Satisfaction

The relationship between area of work and level of Job Satisfaction are presented in Table 32.

Relationship between Area of Work and Level of Job Satisfaction Table 32 N = 82

		Area of Work				Total
		Office of the medical center chief	Medical services	Nursing services	Hospital Operations and Patient Support Department	
Level of	less	1	7	7	5	20
Job	dissatisfied	3	13	12	18	46
Satisfaction	Satisfied	0	6	8	2	16
very						
satisfied						
Total		4	4	26	27	25

	Value	df	Asymp. Sig. (2sided)
Pearson Chi-Square	6.565 ^a	6	.363
Likelihood Ratio	7.581	6	.270
Linear-by-Linear Association	.007	1	.935
N of Valid Cases	82		

Results revealed that area of work is not associated with job satisfaction ($\chi^2(6) = 6.565$, $p = .363$). This suggests everyone can be satisfied with their jobs regardless of where they work.

Employment Status and Level of Job Satisfaction

The next factor investigated in relation to the level of job satisfaction was the employment status as presented in Table 33.

Relationship between Employment Status and Level of Job Satisfaction Table 33 N = 82

Employment status	Total
-------------------	-------

		<u>Moonlighter</u>	<u>Probationary</u>	<u>Regular</u>	
Level of Job Satisfaction	less				
	dissatisfied	5	1	14	20
	satisfied	9	0	37	46
	very satisfied	2	0	14	16
Total		16	1	65	82

	Value	df	Asymp. Sig. (2sided)
Pearson Chi-Square	4.173 ^a	4	.383
Likelihood Ratio	3.934	4	.415
Linear-by-Linear Association	.255	1	.613
N of Valid Cases	82		

The respondents' status of employment was found to have an insignificant relationship with their level of Job Satisfaction ($\chi^2(4) = 4.173, p = .383$). The result denotes that having a regular or contractual type of employment has nothing to do with their level of Job Satisfaction.

Years of Service and Level of Job Satisfaction

Table 34 shows the correlation between years of service and level of Job Satisfaction.

Relationship between Years of Service and Level of Job Satisfaction Table 34
N = 82

		Years of Service					Total
		0 - 5 years	6 -10 years	11 - 15 years	16 - 20 years	21 years and above	
Level of Job Satisfaction	less	14	1	2	1	2	20
	dissatisfied	26	2	5	9	4	46
	satisfied						
	very satisfied	11	0	2	1	2	16
Total		51	3	9	11	8	82

	Value	df	Asymp. Sig. (2sided)
Pearson Chi-Square	4.482 ^a	8	.811

Likelihood Ratio	5.368	8	.718
Linear-by-Linear Association	.131	1	.717
N of Valid Cases	82		

The result of the Chi-Square test between years in service and the level of job satisfaction shows insignificant result ($\chi^2 (8) = 4.482, p = .811$).

Salary Grade and Level of Job Satisfaction

The amount of salary in relation to the respondents' level of satisfaction is presented in Table 35.

Relationship between Salary Grade and Level of Job Satisfaction Table 35 N = 82

		Salary Grade				Total
		8,113 - 11,190	11,1191 - 15,000	15,001 - 20,000	20,001 & Above	
Level of Job Satisfaction	less dissatisfied	14	2	3	1	20
	satisfied	28	8	7	3	46
	very satisfied	5	3	8	0	16
	Total	47	13	18	4	82

	Value	df	Asymp. Sig. (2sided)
Pearson Chi-Square	11.306 ^a	6	.079
Likelihood Ratio	11.092	6	.086
Linear-by-Linear Association	3.604	1	.058
N of Valid Cases	82		

The respondents' level of salary grade did not significantly correlate with the level of job satisfaction ($\chi^2 (6) = 11.306, p = .079$). This is consistent with the previous study, which showed that nonmonetary factors such as interpersonal relations, social support, skill, and career development opportunities were considered as a more important determinant of job satisfaction than salary (Sadeq et al., 2013; Tripathy et al., 2016).

Summary Table on the Correlation Between Demographic Profile and Level of Job Satisfaction Table 36

Level of Job Satisfaction/ Demographic Profile	df	Chi-Square Value	Probability Value	Decision on Null Hypothesis
---	----	------------------	-------------------	-----------------------------

Age	14	14.111	0.442	Fail to reject
Sex	2	0.058	0.971	Fail to reject
Civil Status	6	7.147	0.307	Fail to reject
Number of Children	8	5.099	0.747	Fail to reject
Highest Educational Attainment	8	5.099	0.747	Fail to reject
Area of Work	6	6.565	0.363	Fail to reject
Employment Status	4	4.173	0.383	Fail to reject
Years in Service	8	4.482	0.811	Fail to reject
Salary Grade	6	11.306	0.079	Fail to reject

Workload, work-life balance, and job satisfaction

Another problem explored in this research is the relationship among the three variables – workload, work-life balance, and job satisfaction. These variables were computed using Spearman's rho as presented in Table 37.

Correlation among Workload, Work-life Balance, and Job Satisfaction Table
37 N = 82

			Workload	Work-Life Balance	Job Satisfaction
Spearman's rho	Workload	Correlation Coefficient	1.000	.372**	-.028
		Sig. (2-tailed)		.001	.801
	Work-Life Balance	Correlation Coefficient	.372**	1.000	.102
		Sig. (2tailed)	.001		.361
	Job Satisfaction	Correlation Coefficient	-.028	.102	1.000
		Sig. (2tailed)	.801	.361	

Workload and work-life balance. It was found that workload, and work-life balance was significantly related to each other ($r_s = 0.372$, $p = 0.001$). Prior research reveals that nurses who were working in a fixed shift have a more excellent work-life balance score compared to their nonfixed shift counterparts (Nurumal et al., 2017).

Workload and job satisfaction. There is no significant relationship between the variable's workload and job satisfaction. ($r_s = -0.028$, $p = 0.801$)

Though insignificant, it showed a negative relationship between the two variables, which suggests that the higher the workload, the lower the job satisfaction. Several studies report the same trend on the negative relationship between the two variables. In Greek hospitals, Trivellas and colleagues (2013) found that heavy workload, conflict, and lack of job independence are negatively correlated with job satisfaction. Conversely, feedback, rewards, and job security were found to be positively associated with job satisfaction. Similarly, Ali and Farooqi (2014) also found a negative relationship between workload and job satisfaction. Examples of excessive workload include voluminous paperwork, total care of patients, shortage of employees over the number of patients, physical work environment, and frequent inspection from government agencies (Tao et al., 2015). Moreover, conflict and a heavy workload were found to be negatively associated with the dimensions of job satisfaction (Trivellas et al., 2013; Tao et al., 2015; Khamisa et al., 2017); emotional exhaustion, burnout, intention to resign, and high nurse attrition rate (Lin, 2013; HuiYing Chiang et al., 2017; Friese and Himes-Ferris, 2013; Gabriel et al., 2013; Khamisa et al., 2013; Vargas et al., 2014).

Nevertheless, the present study supports the results of Elshaer and colleagues (2018), who found that despite high reports of variation workload, quantitative workload, high levels of responsibility for a patient's life, and lack of perceived control, the hospital staff is satisfied with their jobs. The satisfaction comes from service, which is perceived by the doctors as their top work value, and a factor to their sense of job satisfaction correlates positively with altruism, commitment to the needs of society, empathy, integrity, and trustworthiness (Bouwkamp – Memmer, Whiston, and Hartung, 2013).

Work-life balance and job satisfaction. Finally, work-life balance is not significantly correlated with job satisfaction ($r_s = .102$, $p = .361$). Previous studies report that work-family conflict negatively affects the doctors' job satisfaction, while an excellent doctor-patient relationship positively affects job satisfaction (Deng et al., 2018). Notably, Sagalowsky et al. (2018) found that if pediatric residents are dissatisfied with their jobs, they will experience burnout. However, this does not hold if they feel dissatisfied with their intimate relationships. Only dissatisfaction brought by the job itself and perceived conflict between personal and professional life are associated with burnout (Batra et al., 2017).

Summary Table on the Correlation Between the Different Variables Table 38

Variables	Correlation Coefficient	Probability Value	Decision on Null Hypothesis
Workload and Work-Life Balance	0.372	0.001	Reject
Workload and Job Satisfaction	-0.280	0.801	Fail to reject
Work-Life Balance and Job Satisfaction	0.102	0.361	Fail to reject

Table 38 above shows that among the three variables, only workload and work-life balance significantly correlate with each other.

Sex Differences on Perceived Level of Workload, Work-life Balance, and Job Satisfaction The present study discovers the mean difference between males and females in their perception of the research variables: workload, work-life balance, and job satisfaction.

Sex Difference in the Level of Workload

Table 39 first presents the sex difference in their perception of the level of workload.

Sex Difference in the Level of Workload Table 39 N = 82

		N	Mean Rank	Sum of Ranks
Workload	Male	24	36.35	872.50
	Female	58	43.63	2530.50
	Total	82		

	Workload
Mann-Whitney U	572.500
Z	-1.278
Asymp. Sig. (2-tailed)	.201

Mann-Whitney U test reveals that there is no substantial gap between males (MR = 36.35) and females (MR = 43.63) in terms of their perception of the level of workload, $U = 572.5$, $p = .201$. This suggests that all employees, regardless of their sex, have a similar perception of the level of workload.

Sex Difference on Work-Life Balance.

The next table presents the sex difference in terms of their perception of the work-life balance.

Sex Difference in Work-life Balance Table 40 N = 82

Sex		N	Mean	Std. Deviation	Std. Error Mean
Work-Life Balance	Male	24	2.5821	.20341	.04152
	Female	58	2.6986	.18626	.02446

Levene's Test for Equality of Variances	t-test for Equality of Means
---	------------------------------

								95% Confidence Interval of the Difference	
		F	Sig.	t	Df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	Lower Upper
Work-Life Balance	Equal variances	.057	.812	-2.509	80	.014	-.11654	.04644	-.20896 .02412
	assumed unequal variances			-2.418	39.797	.020	-.11654	.04819	
	not equal variances	.21394	.01913						

A t-test for independent samples revealed that males ($M = 2.58$, $SD = 0.20$) have lower levels of work-life balance than females ($M = 2.70$, $SD = 0.19$). The findings indicate a major gap between males and females in their level of work-life balance, $t(80) = 2.51$, $p = .014$. This is consistent with the previous studies that have been conducted showing a greater perception of work-life inequality among female gastroenterologists compared with their male counterparts (Mahmood et al., 2014).

Sex Difference in Job Satisfaction

Mann Whitney U test was utilized to measure the difference, as portrayed in Table 41.

Sex Difference in Job Satisfaction Table 41 N = 82

Sex		N	Mean Rank	Sum of Ranks
Job Satisfaction	Male	24	42.31	1015.50
	Female	58	41.16	2387.50
	Total	82		

	Job Satisfaction
Mann-Whitney U	676.500
Z	-.199
Asymp. Sig. (2-tailed)	.842

As shown in Table 41, males (MR = 42.31) scored higher in their job satisfaction than females (MR = 41.16). However, it did not yield a significant difference between the two, $U = 676.50$, $p = 0.842$. The result shows that there is no sufficient evidence at a 0.05 level of significance to show that there is a significant difference in the job satisfaction of the employees respondents in terms of sex.

Summary Table on the difference Between the Perception of Male and Female Respondents in terms of Workload, Work-Life Balance and Job Satisfaction Table 42

Sex Differences	Test Statistics	Probability Value	Decision on Null Hypothesis
Workload	Mann-Whitney U 572.500	0.201	Fail to reject
Work-Life Balance	t-test -2.509	0.014	Reject
Job Satisfaction	Mann-Whitney U 676.500	0.842	Fail to reject

Table 42 presents the sex difference on workload, work-life balance and job satisfaction levels of the respondents. Results showed that men and women only significantly differ in their levels of work – life balance ($t = -2.509$, $p = 0.014$).

Degree of Variance according to the Respondents' Area of Work in Relation to their Level of Workload, Work-life balance, and Job Satisfaction

The present study discovers the degree of variance when the respondents are grouped according to their area of work on workload, work-life balance, and job satisfaction.

Level of Workload in Relation to the Respondents' Area of Work

Table 43 presented the analysis of variance on the level of workload when respondents were grouped according to the area of work.

Analysis of Variance on the Level of Workload in Relation to the Respondents' Area of Work Table 43 N = 82

	N	Mean	Std. Deviation	Minimum	Maximum
Workload	82	2.9878	.43016	2.00	4.00

Test Statistic

	Chi-Square	Df	Asymp Sig.
Workload	2.966	3	.397

As demonstrated by the analysis of variance, the p-value of .397 is not sufficient to reject the null hypothesis. The result shows that there is no significant degree of variance in the workload of employees when they are grouped according to the area of work.

Level of Work-Life Balance in Relation to the Respondents' Area of Work

Table 44 displays the result of the analysis of variance on the level of work-life balance when the respondents are grouped according to the area of work.

Analysis of Variance on the Level of Work-Life Balance in Relation to the Respondents'

Area of Work Table 44 N = 82

	Sum of Squares	Df	Mean Square	F	Sig.
Between Groups	1.601	3	.534	2.969	.037
Within Groups	14.021	78	.180		
Total	15.622	81			

Scheffe Test

Area of Work	N	Subset for alpha = 0.05
--------------	---	----------------------------

		1
Nursing Services	27	2.6296
Medical Services	26	2.6538
Hospital Operations and Patient Support Department	25	2.9200
Office of the Medical Center Chief	4	3.0000
Sig.		.252

The result shows that there is sufficient evidence to show a significant degree of variance in the level of work-life balance of the employees when grouped according to the area of work ($F(3, 78) = 2.97, p = 0.037$). It implies that the level of work-life balance significantly varies in different area of work. However, the Scheffe test did not reveal a significant variance among the areas of work in Unciano Colleges and General Hospital, Inc ($p = 0.252$).

Analysis of Variance on the Level of Job Satisfaction in Relation to the Respondents' Area of Work

Table 45 shows the computation on the analysis of variance on the level of job satisfaction in relation to the respondents' area of work.

Analysis of Variance on the Level of Job Satisfaction in Relation to the Respondents' Area of Work Table 45 N = 82

	N	Mean	Std. Deviation	Minimum	Maximum
Job Satisfaction	82	2.9512	.66486	2.00	4.00

Test Statistic

	Chi-Square	Df	Asymp Sig.
Job Satisfaction	1.006	3	.800

The result shows that there is no sufficient evidence to show that there is a significant variance in the job satisfaction of employees when they are grouped by area of work ($p = .800$). Thus, the level of job satisfaction did not significantly vary among different areas of work.

Summary Table on the Analysis of Variance on the Workload, Work-Life Balance and Job Satisfaction, The Respondents, are grouped according to Area of Work Table 46

Sex Differences	Test Statistics	Probability Value	Decision on Null Hypothesis
Workload	Mann-Whitney U 572.500	0.201	Fail to reject
Work-Life Balance	t-test -2.509	0.014	Reject
Job Satisfaction	Mann-Whitney U 676.500	0.842	Fail to reject

Table 46 incorporates the analyses of variance for workload, work-life balance, and job satisfaction as per respondents' area of work. Among the three variables, only work-life balance significantly vary according to the area of work.

Conclusion

Based on the findings, the following conclusions are drawn:

1. The demographic profile of the respondents indicates that their mean age is 37.90 years old. Their group is predominantly composed of female staff. Half of the population is married, while the other half are single employees. Those married or single parent has zero to two number of children. Most of them are at least college graduates. Notably, almost all of the hospital staff respondents have regular employment status. Sixteen of them are moonlighter. None of the employees is on probationary status of employment. The majority of the respondents have been in the hospital for zero to five years. Some have spent 21 years and above. Lastly, the majority of the respondents receive a monthly salary of 8,113 to 11,190. The mean salary of the respondents is 12, 547.21.
2. The respondents reported a high level of workload ($M = 2.80$), which suggests that as hospital workers, their tasks are mentally, physically, and temporally demanding.
3. In terms of their work-life balance, the results reveal a borderline level ($M = 2.66$). This implies that despite the high level of workload, the respondents still have a reasonable time to exercise, eat properly, and keep their selves healthy while working at the hospital.

4. The respondents also reported that they are generally satisfied with their job ($M = 2.88$), especially that they have the chance to help other people ($WM = 3.29$). However, they are least satisfied with their salary ($WM = 2.29$).
5. Among the demographic variables of the respondents, the sex of the respondents was found to be significantly correlated with the level of work-life balance ($p = .032$). The area of work of the respondents was also found to be positively correlated with the level of workload ($p = .038$).
6. Workload has been found to be significantly correlated with work-life balance ($p = .001$). The results imply that the level of perceived workload may affect the level of work-life balance of the respondents.
7. There was a significant mean difference between males and females regarding their level of work-life balance ($p = 0.014$). Upon scrutiny between the two sexes, it was found that males ($M = 2.58$) have lower levels of work-life balance than females ($M = 2.70$).
8. It was found that there is a significant difference in the level of workload, $F(3,78) = 2.97$, $p = 0.037$. However, the Scheffe test did not reveal a significant differences among the areas of work in Unciano Colleges and General Hospital, Inc ($p = 0.252$).
9. Finally, there was a significant difference in the level of work-life balance in terms of the respondents' area of work ($p = 0.037$).

Recommendations

Based on the above findings and conclusions, the following recommendations are offered:

1. Dissemination of the research findings to the research participants and the management of Unciano Colleges and General Hospital, Inc.
2. The current study revealed that the hospital staff experience a high level of workload. Specifically, item 5, "I work hard to accomplish my level of performance," got the highest mean rating of 3.28 (very high). Management should update its performance expectations and make some changes to allow the norm for employees without extending their physical and mental resources.
3. Results show that employees reported a borderline level of work-life balance. To increase this rating, the management should enhance its strategy to improve this level of work-life balance. Upon scrutiny, it was found that item 3 ("Do you take at least one consecutive full week of vacation each year?") got the lowest mean rating of 1.94 (Poor). To address this issue, it is recommended that the management advise its employees to go on forced leave, birthday leave, and family and medical leave for both men and women. These benefits are paid leaves.
4. Results also suggest that employees are generally satisfied with their work. However, they also reported that they are dissatisfied with their pay and the amount of work they do ($M = 2.29$). Also, it was found that the mean salary of employees is 12,547. 21, which is 2 percent lower than the minimum salary in NCR 12,888.00. It is then recommended that the management will

- review the Employee and Administrative Manual and consider the concerns of the employees for better compensation that is to implement the yearly wage merit increase-performance based.
5. There was a significant sex difference between males and females in terms of their perceived level of work-life balance, with males having lower levels than females. It is then suggested that the hospital management would implement a sex-equal and sex-suitable year-long sports league, especially to the sports enthusiast. For instance, they may organize a basketball game or soccer game for men. Women may also have a volleyball game. Non-sports fan employees will also engage in other recreational activities suitable to their interests.
 6. Another way to improve work-life balance is through department team building activity. This can improve the group's teamwork and camaraderie.
 7. The employees should undergo trainings to enhance and update their knowledge and skills in health care.
 8. The employees should also attend seminars on workload, work-life balance, and job satisfaction on job performance.
 9. The management should conduct a series of mass hiring in the neighboring Municipalities of Antipolo, which is Binangonan, Teresa, Baras, Tanay, Cardona, Angono, except Cainta, and Taytay since these Municipalities is strategically in the boundary of Ortigas Extension Pasig City with salary rate under NCR.
 10. The salary increase of existing employees will be based on performance and is on a yearly basis increment with a minimum percentage increase of 5% to 10%. Newly hired nurses will have a new salary scheme; the initial offering starts at Php 20,000 per month. After two straight years in service, the salary will increase by 2,000, on the 5th year salary based is at 25,000 monthly—preferential employment priority to be given to all Unciano graduates from its allied medical science programs.
 11. The approval of the proposed action plan is pressed.

REFERENCES CITED

- Aamir, A., Hamid, A.B.A., Haider, M. and Akhtar, C.S. (2016) 'Work-life balance, job satisfaction and nurses' retention: moderating role of work volition', *International Journal in Business Excellence*, 10 (4): 488–501. Retrieved from: <https://bit.ly/34kNReH> on May 23, 2019.
- Aiken, L.H., Shang, J., Xue, Y., Sloane, D.M., (2013a). Hospital use of agency employed supplemental nurses and patient mortality and failure to rescue. *Health Serv. Res.* 48 (3), 931–948. Retrieved from: <https://bit.ly/2oIWZKY> on May 15, 2019.
- Aiken, L.H., Sliane, D.M., Bruyneel, L., Van den Heede, K., Griffiths, P., Busse, R. et al. (2014). Nurse staffing and education and hospital mortality in nine European Countries: a retrospective observational study. *Lancet*, 383 (9931): 1824 - 1830. Retrieved from: <https://bit.ly/2PGU7cu> on May 15, 2019.

- Aiken, L.H., Sloane, D.M., Bruyneel, L., Van den Heede, K., Sermeus, W., Consortium, R.C., (2013b). Nurses' reports of working conditions and hospital quality of care in 12 countries in Europe. *Int. J. Nurs. Stud.* 50 (2), 143–153. Retrieved from: <https://bit.ly/33agATk> on May 16, 2019.
- Alavi, N.M. (2014). Occupational hazards in nursing. *Nursing and Midwifery Studies*, 3 (3): e22357. Retrieved from: <https://bit.ly/2NxiBIU> on May 17, 2019.
- Ali S, Farooqi YA. (2014). Effect of workload on job satisfaction, effect of job satisfaction on employee performance and employee engagement -A case of public sector University of Gujranwala Division). *International journal of multi-disciplinary science and engineering*, 5(8):23–30. Retrieved from: <https://bit.ly/34n0oOI> on May 17, 2019.
- Allen, T., Whittaker, W., & Sutton, M. (2017). Does the proportion of pay linked to performance affect the job satisfaction of general practitioners? *Social Science & Medicine*, 173, 9–17. Retrieved from: <https://bit.ly/332S5ay> on May 22, 2019.
- and *Social Behavior*; 35(3), 266. Retrieved from: <https://bit.ly/34BARBh> on August 29, 2019.
- Anitha, J. (2014). Determinants of employee engagement and their impact on employee performance. *International Journal of Productivity and Performance Management*. Retrieved from: <https://bit.ly/2PzEqnA> on May 22, 2019.
- Asegid, A., Belachew, T. & Yimam, E. (2014). Factors Influencing Job Satisfaction and Anticipated Turnover among Nurses in Sidama Zone Public Health Facilities, South Ethiopia. *Nursing Research and Practice*. Article ID 909768. Retrieved from: <https://bit.ly/2PwnONh> on May 21, 2019.
- Association of Schools of Allied Health Professions (2018). What is Allied Health?. Retrieved from <https://bit.ly/2CgBDYA> on June 18, 2019.
- Azeem, S. M., & Akhtar, N. (2014). The Influence of Work Life Balance and Job Satisfaction on Organizational Commitment of Healthcare Employees. *International Journal of Human Resource Studies*, 4(2), 18. Retrieved from: <https://bit.ly/2PF9mCC> on June 18, 2019.
- Azeem, S. M., & Altalhi, H. (2015). Role of Perceived Work-life Balance and Job Satisfaction in Developing Organizational Commitment among Hospital Employees in Saudi Arabia. *International Journal of Academic Research in Business and Social Sciences*, 5(12), 185197. Retrieved from: <https://bit.ly/334Hf3P> on June 11, 2019.
- Bae, S.-H., & Fabry, D. (2014). Assessing the relationships between nurse work hours/overtime and nurse and patient outcomes: Systematic literature review. *Nursing Outlook*, 62(2), 138–156. Retrieved from: <https://bit.ly/34iilPD> on June 11, 2019.
- Baer TE, Feraco AM, Tuysuzoglu Sagalowsky S, Williams D, Litman HJ, Vinci RJ. (2017). Pediatric Resident Burnout and Attitudes Toward Patients. *Pediatrics*: 139:2163. Retrieved from: <https://bit.ly/2JDf44p> on May 19, 2019.

- Bahnassy, A., Saeed, A., Kadhi, Y.A., & Al – Harbi, J. (2016). Physicians' Job Satisfaction and its Correlates in a Tertiary Medical Care Center, Riyadh, Saudi Arabia. *Saudi Journal of Medicine and Medical Sciences*, 4 (2): 112 – 117. Retrieved from: <https://bit.ly/2PzGiwC> on May 11, 2019.
- Ball, J., Murrells, T., Rafferty, A. M., Morrow, E., & Griffiths, P. (2014). Care left undone during nursing shifts: Associations with workload and perceived quality of care. *BMJ Quality & Safety*, 23, 116-125. Retrieved from: <https://bit.ly/2qemPXw> on May 15, 2019.
- Batra M, Kemper KJ, Serwint JR, et al. (2017). Burnout in Pediatric Residents: A National Survey to Inform Future Interventions (Platform Presentation). *Academic Pediatrics*, 17: e39-e40. Retrieved from: <https://bit.ly/2N2h1JS> on May 11, 2019.
- Bhattacharjee, S, Ray, K., Roy, J.K., Mukherjee, A., Roy, H., and Datta, S. (2016). Job Satisfaction among Doctors of a Government Medical College and Hospital of Eastern India. *Nepal Journal of Epidemiology*, 6(3): 596–602. Retrieved from: <https://bit.ly/2qYYQvM> on June 11, 2019.
- Bingermann, T., Khan, D., Markovics, S., Weinstein, A., Sharma, H. (2017). Provider Health and Wellness. *The Journal of Allergy and Clinical Immunology: In Practice*, 5 (6):1549-1550. Retrieved from: <https://bit.ly/2oSql9O> on June 11, 2019.
- Block L, Wu AW, Feldman L, Yeh HC, Desai SV. (2013). Residency schedule, burnout and patient care among first-year residents. *Postgraduate medical journal* 2013;89:495-500. Retrieved from: <https://bit.ly/2NxHrIJ> on June 11, 2019.
- Bonenberger M, Aikins M, Akweongo P, Wyss K. (2014). The effects of health worker motivation and job satisfaction on turnover intention in Ghana: A cross-sectional study. *Human Resource Health*,12:43. Retrieved from: <https://bit.ly/3397XbJ> on July 11, 2019.
- Bouwkamp-Memmer, J. C., Whiston, S. C., & Hartung, P. J. (2013). *Work values and job satisfaction of family physicians. Journal of Vocational Behavior*, 82(3), 248–255. Retrieved from: <https://bit.ly/322luA8> on June 18, 2019.
- Buerhaus, P. I., DesRoches, C. M., Dittus, R., & Donelan, K. (2015). Practice characteristics of primary care nurse practitioners and physicians. *Nursing Outlook*, 63(2), 144-153. Retrieved from: <https://bit.ly/2puREXT> on May 11, 2019.
- Carayon, P., & Alvarado, C.J. (2007). Systems engineering initiative for patient, S. workload and patient safety among critical care nurses. *Critical Care Nursing Clinics of North America*, 19 (2), 121 – 129. Retrieved from: <https://bit.ly/36nqwKX> on June 18, 2019.
- Carlesi, K.C., Padilha, K.G., Toffoletto, M.C., Henriquez-Roldan, C., & Juan, M.A. (2017). Patient Safety Incidents and Nursing Workload. *Rev Lat Am Enfermagem*, 25: e2841. Retrieved from: <https://bit.ly/2BZzoZu> on October 11, 2019.

- Caston, R. and Braoto, R. (1985). "The Worker – to – Job "Fit" Hypothesis Some Further Evidence." *Work and Occupations*, 269 – 284.
- Catling, C., Reid, F., & Hunter, B. (2017). Australian midwives' experiences of their workplace culture. *Women and Birth*, 30 (2): 137 – 145. Retrieved from: <https://bit.ly/36jJ6np> on October 21, 2019.
- Chamberlain, S. A., Gruneir, A., Hoben, M., Squires, J. E., Cummings, G. G., & Estabrooks, C. A. (2017). *Influence of organizational context on nursing home staff burnout: A crosssectional survey of care aides in Western Canada. International Journal of Nursing Studies*, 71, 60–69. Retrieved from: <https://bit.ly/2Jx5vE3> on July 17, 2019.
- Chaudhury S. (2015). Job satisfaction of hospital staff: An emerging challenge. *Medical Journal of Dr. D.Y. Patil University*, 8:129-30. Retrieved from: <https://bit.ly/2WsCKgQ> on July 17, 2019.
- Cho, E., Sloane, D., Kim, E., Kim, S., Choi, M., Yoo, I.Y., Lee, H.S., & Aiken, L. (2015). Effects of nurse staffing, work environments, and education on patient mortality: An observational study. *International Journal of Nursing Studies*, 52 (2): 535 – 542. Retrieved from: <https://bit.ly/2N3JZZE> on July 17, 2019.
- Choi, S.E. and Kim, S.D. (2016). A meta-analysis of the variables related to job satisfaction among Korean nurses. *Contemporary Nurse*, 52(4):462-476. Epub 2016. Retrieved from: <https://bit.ly/32hajnq> on July 18, 2019.
- Clark, S.C. (2000). Work/family border theory: A new theory of work/family balance. *Human Relations*, 53 (6): 747 – 770. Retrieved from: <https://bit.ly/2PH5QrM> on May 10, 2019
- Cull, W. L., Frintner, M. P., Starmer, A. J., & Leslie, L. K. (2018). *Longitudinal Analyses of Pediatrician Burnout. Academic Pediatrics*. Retrieved from: <https://bit.ly/2N1LZS2> on July 11, 2019.
- Dayrit, A. and Jabonete, F.G. (2018). Reported Work-related Stressors among Staff Nurses in Metro Manila. Retrieved from: <https://bit.ly/2JCEP4F> on May 10, 2019.
- Dayrit, M., Lagrada, L., Picazo, O., Pons, M., & Villaverde, M. (2018). The Philippines Health System Review. *Health Systems in Transition*, 8 (2). Retrieved from: <https://bit.ly/36lstI8> on May 11, 2019.
- De Cordova, P.B., Lucero, R.J., Hyun, S., Quinlan, P., Price, K., & Stone, P.W. (2010). Using the nursing interventions classification as a potential measure of nurse workload. *Journal of Nursing Care Quality*, 25 (1), 11. Retrieved from: <https://bit.ly/2WrEgju> on May 10, 2019.
- De Magalhaes, A.M., Agnol, C.M., Marck, P.B. (2013). Nursing workload and patient safety – a mixed method study with an ecological restorative approach. *Revista Latino – Americana de Enfermagem*, 21. Retrieved from: <https://bit.ly/327AIUV> on June 11, 2019.
- Delgado, C., Upton, D., Ranse, K., Furness, T., & Foster, K. (2017). Nurses' resilience and the emotional labour of nursing work: an integrative review of empirical literature. *International Journal of Nursing Studies*, 70: 71 - 78. Retrieved from: <https://bit.ly/2JPhyfy> on September 17, 2019.

- Deng, S., Yang, N., Li, S., Wang, W., Yan, H., Li, H. (2018). Doctors' Job Satisfaction and Its Relationships With Doctor-Patient Relationship and Work-Family Conflict in China: A Structural Equation Modeling. *INQUIRY: The Journal of Health Care Organization, Provision, and Financing*, 55: 1 – 11. Retrieved from: <https://bit.ly/32ZgduC> on August 21, 2019.
- Department of Budget and Management (2013). Revised Organizational Structure and Staffing Standards for Government Hospitals. Retrieved from: <https://bit.ly/33956Q1> on June 18, 2019
- Department of Health - HFSRB (2019). Part IV – Level 3 Hospital. Retrieved from: <https://bit.ly/34viVIB> on June 11, 2019.
- Department of Health (2001). Manual on Technical Guidelines for Hospitals and Health Facilities Planning and Design. Retrieved from: <https://bit.ly/2pMhOFR> on June 11, 2019.
- Department of Health (2012). Rules and Regulations Governing New Classification of Hospitals and Health Facilities in the Philippines (DOH AO NO. 2012-0012). Retrieved from: <https://bit.ly/2oxJ36m> on June 12, 2019.
- Dixit, J., Goel, S., and Sharma, V. (2017). A comparative study on the level of satisfaction among regular and contractual health-care workers in a Northern city of India. *Journal of Family Medicine and Primary Care*, 6 (2): 416 – 423. PMID: 29302557. Retrieved from: <https://bit.ly/2JD5Vh> on August 18, 2019.
- DOLE DO 182 (2017). *Department of Labor and Employment*. Retrieved from: <https://bit.ly/2BXBB7H> on May 11, 2019
- Dones, L.B., Paguio, J., Bonito, S., Balabagno, A., & Pagsibigan, J. (2016). Work Environment of Nurses in the Philippines: A Preliminary Study. *Philippine Journal of Nursing*, 86 (2): 4-10. Retrieved from: <https://bit.ly/2N0aFdL> on May 11, 2019.
- Duffield, C., Roche, M., & Merrick, E. (2006). Methods of Measuring Nursing Workload in Australia. *Collegian*, 13(1), 16-22. Retrieved from: <https://bit.ly/2NBn8ng> on May 11, 2019.
- Ead, H. (2015). Change Fatigue in Health Care Professionals—An Issue of Workload or Human Factors Engineering? *Journal of PeriAnesthesia Nursing*, 30(6), 504–515. Retrieved from: <https://bit.ly/339tt00> on May 21, 2019.
- Edoho, S., Bamidele, E.O., Neji, O.I., & Frank, A.E. (2015). Job Satisfaction among Nurses in Public Hospitals in Calabar, Cross River State Nigeria. *American Journal of Nursing Science*, 4 (4): 231 – 237. Retrieved from: <https://bit.ly/2psUXyU> on May 21, 2019.
- Elarabi, H.M. & Johari, F. (2014). The Determinant Factors Effecting the Job Satisfaction and Performance in Libyan Government Hospital. *Asian Social Science*, 10 (8). Retrieved from: <https://bit.ly/2C0PIci> on May 22, 2019.
- Elliott DJ, Young RS, Brice J, et al. (2014). Effect of hospitalist workload on the quality and efficiency of care. *JAMA Internal medicine*, 174(5):786– 793. Retrieved from: <https://bit.ly/2pBW5r> on May 22, 2019.
- Elshaer, N.S.M., Moustafa, M.S.A., Aiad, M.W., Ramadan, M.I.E. (2018). Job Stress and Burnout Syndrome among Critical Care Healthcare Workers.

- Alexandria Journal of Medicine, 54(3): 273 - 277. Retrieved from: <https://bit.ly/2Wy3s7Z> on May 23, 2019.
- Engel, C. C., Bray, R. M., Jaycox, L. H., Freed, M. C., Zatzick, D., Lane, M. E., ... & Tanielian, T. (2014). Implementing collaborative primary care for depression and posttraumatic stress disorder: Design and sample for a randomized trial in the US military health system. *Contemporary clinical trials*, 39(2), 310-319. Retrieved from: <https://bit.ly/34ixijn> on May 24, 2019.
- Fagerström L, Kinnunen M, Saarela J. (2018). Nursing workload, patient safety incidents and mortality: an observational study from Finland. *BMJ Open*, 8: e016367. Retrieved from: <https://bit.ly/2pmbTqY> on June 1, 2019.
- Fagerstrom, L. and Vainikainen, P. (2014). Nurses' Experiences of Nonpatient Factors That Affect Nursing Workload: A Study of the PAONCIL Instrument's Nonpatient Factors. *Nursing Research and Practice*, 2014. Retrieved from: <https://bit.ly/2qeim73> on June 1, 2019.
- Fang, P., Luo, Z. & Fang, Zi. (2015). What is the job satisfaction and active participation of hospital staff in public hospital reform: a study in Hubei province of China. *Human Resources for Health*, 13:34. Retrieved from: <https://bit.ly/2N4giaJ> on June 26, 2019.
- Friese, C.R., Himes-Ferris, L. (2013). Nursing practice environments and job outcomes in ambulatory oncology settings. *J. Nurs. Adm.* 43 (3) 149. Retrieved from: <https://bit.ly/34iZiTX> on October 1, 2019.
- Gabriel, A.S., Erickson, R.J., Moran, C.M., Diefendorff, J.M., Bromley, G.E. (2013). A multilevel analysis of the effects of the practice environment scale of the nursing work index on nurse outcomes. *Res. Nurs. Health*. 36 (6) 567–581. Retrieved from: <https://bit.ly/34kYZbi> on October 1, 2019.
- Galdikiene, N., Asikainen, P., Balciunas, S., & Suominen, T. (2016). Experienced stress among nursing teams in primary health care. *Clinical Nursing Studies*, 4(1), 81-90. Retrieved from: <https://bit.ly/2JEeR0M> on September 18, 2019.
- Ghareeb, N.S.E., Aboserea, M.M., & Oraby, E.E. (2014). Assessment of work stress and Organizational commitment among female nurses at Zagazig University hospitals, Egypt. *Middle East Journal of Applied Sciences*, 4(1), 86-95. Retrieved from: <https://bit.ly/2Wu93w4> on September 17, 2019.
- Goetz K, Musselmann B, Szecsenyi J. (2013). The influence of workload and health behaviour on job satisfaction of general practitioners. *Family medicine*, 45 (2) :95–101. Retrieved from: <https://bit.ly/2pmfzcg> on September 17, 2019.
- Goetz, K., Marx, M., Marx, I. et al. (2015). Working Atmosphere and Job Satisfaction of Health Care Staff in Kenya: An Exploratory Study. *BioMed Research International*, 2015, Article ID 256205. Retrieved from: <https://bit.ly/2WHv8aJ> on August 29, 2019.
- Hapal, D.K. (2017 August 28). Long shifts, low pay are part of a PH nurse's reality. *Rappler*. Retrieved from: <https://bit.ly/33iMfID> on May 10, 2019.

- Harris, R., Sims, S., Parr, J., & Davies, N. (2015). *Impact of 12h shift patterns in nursing: A scoping review*. *International Journal of Nursing Studies*, 52(2), 605–634. Retrieved from: <https://bit.ly/34l5efq> on May 10, 2019.
- Hart, S. and Staveland, L. (1988). Development of NASA – TLX: Results of Empirical and Theoretical Research. *Human Mental Workload*. P.A. Hancock and N. Meshkati (Editors) Elsevier Science Publishers B.V. (North-Holland), 1988. Retrieved from: <https://go.nasa.gov/2BXXdLE> on May 10, 2019.
- Hazzard, B., Johnson, K., Dordunoo, D., Klein, T., Russell, B., Walkowiak, P. (2013). Work- and nonwork-related factors associated with PACU nurses' fatigue. *J. Perianesth. Nurs.* 28 (4), 201–209. Retrieved from: <https://bit.ly/34jgx7H> on May 10, 2019.
- Hersey, P., & Blanchard, K. (1982). *Management and organizational behavior: Utilizing human resources* (4th ed.). Englewood Cliffs, NJ: Prentice-Hall. Retrieved from: <https://bit.ly/2NoXVOe> on May 18, 2019.
- Herzberg, F. (1966). *Work and The Nature of Man*. New York: Thomas Y. Crowell Co. Retrieved from: <https://bit.ly/32jMzPD> on May 11, 2019.
- Herzberg, F., Mausner, B. and Snyderman, B. (1959). *The Motivation to Work*. New York: Wiley. Retrieved from: <https://bit.ly/2NIBXEM> on June 1, 2019.
- Heskett, JL, Sasser WE, Schlesinger LE (2007) *The Service Profit Chain*, New York: Free
- Holden, R. J., Patel, N. R., Scanlon, M. C., Shalaby, T. M., Arnold, J. M., & Karsh, B.-T. (1997). Effects of mental demands during dispensing on perceived medication safety and employee well-being: A study of workload in pediatric hospital pharmacies. *Research in Social and Administrative Pharmacy*, 6(4), 293–306. Retrieved from: <https://bit.ly/2WxCYmS> on March 11, 2019.
- Holden, R., Scanlon, M., Patel, N., Kaushal, R., Escoto, K.H., Brown, R., Alper, S., Arnold, J., Shalaby, T., Murkowski, K. & Karsh, B.T. (2011). A human factors framework and study of the effect of nursing workload on patient safety and employee quality of working life. *Patient Safety Network*, 20 (1): 15 – 24. Retrieved from: <https://bit.ly/2NwAMYY> on March 11, 2019.
- Hui-Ying Chiang, h., Hsiao, Y., & Lee, H. (2017). Predictors of hospital nurses' safety practices work environment, workload, job satisfaction, and error reporting. *Journal of Nursing Care Quality*, 32(4): 359 - 368. Retrieved from: <https://bit.ly/2N3C8vc> on August 29, 2019.
- IRR of Philippine Pharmacy Act. (2016). *Professional Regulation Commission*. Retrieved from: <https://bit.ly/32k2TQu> on May 11, 2019
- Jaiswal P, Gadpayle A K, Singhal AK, Sachdeva S, Modi RK, Padaria R, Ravi V. (2015). Job satisfaction among hospital staff working in a Government teaching hospital of India. *Medical Journal of Dr. D.Y. Patil Vidyapeeth University*, 8:131-7. Retrieved from: <https://bit.ly/2pmVEKg> on August 29, 2019.
- Jeong-Hee, K., Chul-Woung, K., Sang-Yi, L. (2016). Nurse-Perceived Patient Adverse Events depend on Nursing Workload. *Osong Public Health*

- and Research Perspectives*, 7(1): 56 - 62. Retrieved from: <https://bit.ly/36r7bZl> on August 29, 2019.
- Karasek, Robert (1994). The macroeconomic context of job stress. *Journal of Health*
- Kaur, M.N. and Gujral, H.K. (2017). Work Load On Nurses And It's Impact On Patientcare. *IOSR Journal of Nursing and Health Science (IOSR-JNHS)*, 6(5): 22 – 26. Retrieved from: <https://bit.ly/2JUL1W7> on August 29, 2019.
- Kemper, K. J., Wilson, P., Schwartz, A., Mahan, J. D., Batra, M., Staples, B., ... Serwint, J. R. (2018). *Burnout in Pediatric Residents: Comparing Brief Screening Questions to the Maslach Burnout Inventory. Academic Pediatrics*. Retrieved from: <https://bit.ly/2NoWFZW> on August 29, 2019.
- Khademi M, Mohammadi E, Vanaki Z. (2015). Resources–tasks imbalance: Experiences of nurses from factors influencing workload to increase. *Iranian J Nursing Midwifery Res*, 20:476-83. Retrieved from: <https://bit.ly/34mp3W> on August 29, 2019.
- Khamisa, N., Peltzer, K., Ilic, D., & Oldenburg, A. (2017). Effect of personal and work stress on burnout, job satisfaction and general health of hospital nurses in South Africa. *Health SA Gesondheid*, 22: 252 - 258. Retrieved from: <https://bit.ly/2NpfNS> on August 29, 2019.
- Khamisa, N., Peltzer, K., Oldenburg, B., (2013). Burnout in relation to specific contributing factors and health outcomes among nurses: a systematic review. *International Journal of Environmental Research on Public Health*, 10 (6), 2214-2240. Retrieved from: <https://bit.ly/336nR6F> on August 29, 2019.
- Khamlub S, Harun-Or-Rashid M, Sarker MA, Hirosawa T, Outavong P, Sakamoto J. (2013). Job satisfaction of health-care workers at health centers in Vientiane Capital and Bolikhamsai Province, Lao PDR. *Nagoya J Med Sci*, 75:233–41. Retrieved from: <https://bit.ly/2N6CuRW> on August 30, 2019.
- Koh, S. J., Kim, M., Oh, D. Y., Kim, B. G., Lee, K. L., Kim, J. W. (2014). Psychosocial stress in nurses with shift work schedule is associated with functional gastrointestinal disorders. *Journal of Neurogastroenterology and Motility*, 20, 516-522. Retrieved from: <https://bit.ly/2JGqK6f> on August 30, 2019.
- Kokoroko, E and Sanda M.A. (2019). Effect of Workload on Job Stress of Ghanaian OPD Nurses: The Role of Coworker Support. *Safety and Health at Work*. Retrieved from: <https://bit.ly/2pAzBjd> on May 10, 2019.
- Krueger P, Brazil K, Lohfeld L, Edward HG, Lewis D, Tjam E. (2002). Organization specific predictors of job satisfaction: Findings from a Canadian multi-site quality of work life crosssectional survey. *BMC Health Serv Res* 2:6. Retrieved from: <https://bit.ly/2Nn9MvX> on May 10, 2019.
- Kumar R, Ahmed J, Shaikh BT, Hafeez R, Hafeez A. (2013). Job satisfaction among public health professionals working in public sector: A cross sectional study from Pakistan. *Human Resource Health*. 2013;11:2. Retrieved from: <https://bit.ly/338GOW3> on April 29, 2019.
- Kunaviktikul, W., Wichaikhum, O., Nantsupawat, A., Nantsupawat, R., Chontawan, R., Klunklin, A., ... & Akkadechanunt, T. (2015). Nurses' extended work hours: patient, nurse and organizational outcomes.

- International nursing review, 62(3), 386-393. Retrieved from: <https://bit.ly/2qbeu6X> on April 29, 2019.
- Kwiecień-Jaguś, K., Mędrzycka-Dąbrowska, W., Chamienia, A., & Kielaite, V. (2018). Stress factors vs. job satisfaction among nursing staff in the Pomeranian Province (Poland) and the Vilnius Region (Lithuania). *Ann Agric Environ Med.*, 25(4):616–624. Retrieved from: <https://bit.ly/2JV4SED> on April 30, 2019.
- Lagerlund, M., Sharp, L., Lindqvist, R., Runesdotter, S., Tishelman, C. (2015). Intention to leave the workplace among nurses working with cancer patients in acute care hospitals in Sweden. *European Journal of Oncology Nursing*, 19: 629 – 637. Retrieved from: <https://bit.ly/2JHDvxt> on April 30, 2019.
- Lavado, R., Dunleavy, A.B., Jimenez, J., Matsuda, Y. (2010). How are Government Hospitals Performing? A Study of Resource Management in DOH-retained Hospitals. *Philippine Institute for Development Studies*. Retrieved from: <https://bit.ly/2JHwwEG> on May 10, 2019
- Lee, G. & Cummings, G.G. (2013). Factors influencing job satisfaction of frontline nurse managers: a systematic review. *Journal of Nursing Management*, 16, 7, 768–783. Retrieved from: <https://bit.ly/2WzfTQX> on April 30, 2019.
- Lee, Y.W., Dai, Y.T., McCreary, L.L. (2015). Quality of work life as a predictor of nurses' intention to leave units, organizations and the profession, *Journal of Nursing Management*, 23 (4): 521 – 531. Retrieved from: <https://bit.ly/2WxrBeR> on August 30, 2019.
- Leineweber, C., Chungkham, H.S., Lindqvist, R., Westerlund, H., Runesdotter, S., Alenius, L.S., Tishelman, C. (2016). Nurses' practice environment and satisfaction with schedule flexibility is related to intention to leave due to dissatisfaction: A multi - country, multilevel study. *International Journal of Nursing Studies*, 58: 47 – 58. Retrieved from: <https://bit.ly/321Z9CR> on August 29, 2019.
- Li, J., & Lambert, V.A. (2013). Job satisfaction among intensive care nurses from the People's Republic of China, *International Nursing Review*, 55, 34–39. Retrieved from: <https://bit.ly/2oBi2Ps> on August 29, 2019.
- Lin, Y. (2013). The causes, consequences, and mediating effects of job burnout among hospital employees in Taiwan. *Journal of Hospital Administration*, Vol. 2, No. 1. Retrieved from: <https://bit.ly/36DRnCS> on October 24, 2019.
- Locke E. (1976). The nature and causes of job satisfaction. In: Dunnette M, Hough L, editors. *The handbook of industrial and organizational psychology*. Palo Alto, CA: Consulting Psychologists Press; p. 1319–28. Retrieved from: <https://bit.ly/2ChapAT> on August 18, 2019.
- Lu, Y.; Hu, X.M.; Huang, X.L.; Zhuang, X.D.; Guo, P.; Feng, L.F.; Hu, W.; Chen, L.; Hao, Y.T. (2016). Job satisfaction and associated factors among healthcare staff: A cross-sectional study in guangdong province, China. *BMJ*

- Open*, 6, e011388. Retrieved from: <https://bit.ly/336sX2N> on August 18, 2019.
- Machado, M.C., Silvestre, R.C., Newton, K.J., & Newton, K.J. (2014). Evaluation of job satisfaction of employees of a public hospital care recognized effectiveness. *Revista Brasileira de Oftalmologia*, 73 (3). Retrieved from: <https://bit.ly/36yDDcC> on August 18, 2019.
- Mahmood, S., Oxentenko, A. S., & Ali, T. (2014). *Tu1073 Work-Life Balance of Gastroenterology Trainees: A Nationwide Cross-Sectional Survey*. *Gastroenterology*, 146(5), S- 745. Retrieved from: <https://bit.ly/2qf7Gp6> on August 18, 2019.
- Makabe, S., Takagai, J., Asanuma, Y., Ohtomo, K., and Kimura, Y. (2015). Impact of work-life imbalance on job satisfaction and quality of life among hospital nurses in Japan. *Industrial Health*, 53 (2): 152 – 159. Retrieved from: <https://bit.ly/2PNhQbh> on August 18, 2019.
- Malekpour, F., Mohammadian, Y., Malekpour, A., Mohammadpour, Y., Sheikh A., Ahmadi, A. Shakarami, A. (2014). Assessment of mental workload in nursing by using NASA-TLX. *Journal of Urmia Nursing And Midwifery Faculty*, 11 (11) 0-0. Retrieved from: <https://bit.ly/2Ww2pFs> on August 18, 2019.
- Marr, T. (2017). Lab techs say understaffing could impact patients. Retrieved from: <https://bit.ly/2NK9uOS> on May 11, 2019.
- Mathis, R. and Jackson, J. (1979). *Personnel Contemporary Perspectives and Application*. 2nd ed. St. Paul: West Publishing Company. Retrieved from: <https://bit.ly/36DzSCG> on May 12, 2019.
- Mazur, L., Mosaly, P., Moore, C., Comitz, E., Yu, F., Falchook, A., Eblan, M., Hoyle, L., Tracton, G., Chera, B., & Marks, L. (2016). Toward a better understanding of task demands, workload, and performance during physician-computer interactions. *Journal of the American Medical Informatics Association*, 23 (6), 1113 – 1120. Retrieved from: <https://bit.ly/36qxdMD> on May 28, 2019.
- McClelland, L. E., Switzer, F. S., Pilcher, J. J. (2013). Changes in nurses' decision making during a 12-h day shift. *Occupational Medicine* (London), 63, 60-65. Retrieved from: <https://bit.ly/2oy8c0G> on August 11, 2019.
- Medina, M. (2017 November 20). DID YOU KNOW: PH has 476 public, 960 private hospitals as of October 2017. Retrieved from <https://bit.ly/36AoRBX> on May 11, 2019.
- Meenakshi, S.P., Subrahmanyam, V., Ravichandran, K. (2013). The Importance of Work – Life Balance. *IOSR Journal of Business and Management*, 14 (3): 31 – 35. e-ISSN: 2278487X. Retrieved from: <https://bit.ly/34jQYmZ> on August 11, 2019.
- Mitchalik, H. (2013). Impact of Attending Physician Workload on Patient Care: A Survey of Hospitalists. *JAMA Intern Med*. 2013;173(5):375-377. Retrieved from: <https://bit.ly/2C4E1S8> on May 21, 2019.
- Mohammad, A., & Akhtar, N. (2014). The Influence of Work Life Balance and Job Satisfaction on Organizational Commitment of Healthcare

- Employees. *International Journal of Human Resource Studies*, 4(2), 18–24. Retrieved from: <https://bit.ly/2qdv9Xo> on May 22, 2019.
- Mohammadi, M., Nasl Seraji, J., Zeraati H. (2013). Developing and assessing the validity and reliability of a questionnaire to assess the mental workload among ICUs Nurses in one of the Tehran University of Medical Sciences hospitals, Tehran, Iran. *J Sch Public Health Inst Public Health Res*, 11: 87-96. Retrieved from: <https://bit.ly/2oBbbp9> on May 23, 2019.
- Mohite N, Shinde M, Gulavani A. (2014). Job satisfaction among nurses working at selected tertiary care hospitals. *Int J Sci Res*, 3:358. Retrieved from: <https://bit.ly/2oBbwIr> on May 23, 2019.
- Mullen, K. (2015). Barriers to Work–Life Balance for Hospital Nurses. *SAGE Journals*. Retrieved from: <https://bit.ly/2ClgtuS> on May 23, 2019.
- Munger, M. A., Gordon, E., Hartman, J., Vincent, K., & Feehan, M. (2013). Community pharmacists' occupational satisfaction and stress: A profession in jeopardy? *Journal of the American Pharmacists Association*, 53(3), 282–296. Retrieved from: <https://bit.ly/2JI5vB7> on May 23, 2019.
- Neal Whitten Group, Inc. (2017). Questionnaire for Self -Assessing Your Work-Life Balance. Retrieved from: <https://bit.ly/2NIBZDj> on May 22, 2019.
- Nei, D., Snyder, L.A., Litwiller, B.J. (2014). Promoting retention of nurses: a meta-analytic examination of causes of nurse turnover. *Health Care Manage*, 40 (3): 237 – 253. Retrieved from: <https://bit.ly/2PDvUDO> on May 22, 2019.
- Nguyen, H.T.T., Kitaoka, K., Sukigara, M., & Thai, A.L. (2018). Research Article Burnout Study of Clinical Nurses in Vietnam: Development of Job Burnout Model Based on Leiter and Maslach's Theory. *Asian Nursing Research*, 12: 42- 49. Retrieved from: <https://bit.ly/2N6PiYj> on May 22, 2019.
- Nurumal, M.S., Makabe, S., Jamaludin, F.I.C., Yusof, H.F.M., Aung, K.T., Kowitlawakul, Y. (2017). Work-Life Balance among Teaching Hospital Nurses in Malaysia. *Global Journal of Health Science*, 9 (8): 81 – 89. Retrieved from: <https://bit.ly/2JH8byX> on May 23, 2019.
- O'Keefe, L. C., Brown, K. C., Christian, B. J. (2014). Policy perspectives on occupational stress. *Workplace Health & Safety*, 62, 1-7. Retrieved from: <https://bit.ly/2C1wQdh> on May 23, 2019.
- Oakley, S., Grealish, L., Amouri, S.E., & Coyne, E. (2019). The lived experience of expatriate nurses providing end of life care to Muslim patients in a Muslim country: An integrated review of the literature. *International Journal of Nursing Studies*, 94: 51 - 59. Retrieved from: <https://bit.ly/2qWEaoa> on May 23, 2019.
- Ona, E. (2012). Rules and Regulations Governing the New Classification of Hospitals and Other Health Facilities in the Philippines. *Department of Health*. Retrieved from: <https://bit.ly/2oDZbDx> on June 18, 2019.
- Ozkan, A., Ozdevecioglu, M., Kaya, Y., Koç, F.Ö.(2015). Effects of mental workloads on depression-anger symptoms and interpersonal sensitivities of

- accounting professionals. *Revista de Contabilidad*, 18: 194-199. Retrieved from: <https://bit.ly/2NB9Dnw> on May 23, 2019.
- Papastavrou, E., Andreou, P., & Efstathiou, G. (2014). Rationing of nursing care and nurse– patient outcomes: a systematic review of quantitative studies. *The International Journal of Health Planning and Management*, 29 (1): 3 - 25. Retrieved from: <https://bit.ly/2PCKwna> on May 23, 2019.
- Portoghese, I., Galletta, M., Coppola, R.C., Finco, G., & Campagna, M. (2014). Burnout and Workload Among Health Care Workers: The Moderating Role of Job Control. *Safety and Health at Work*, 5: 152 - 157. Retrieved from: <https://bit.ly/36yXfxg> on May 10, 2019.
- Press, 2007. Retrieved from <https://bit.ly/2x0cKh0> accessed on March 11, 2019.
- Private Hospitals Association of the Philippines (2013). Unciano Medical Center. Retrieved from <https://bit.ly/33zpqKg> on October 24, 2019.
- Qu, H.Y. & Wang, C.M. (2015). Study on the relationships between nurses' job burnout and subjective well-being. *Chinese Nursing Research*, 2 (2-3): 61 - 66. Retrieved from: <https://bit.ly/322IUqh> on August 29, 2019.
- RA 10918. (2016). *Official Gazette of the Republic of the Philippines*. Retrieved from: <https://bit.ly/2JW4qG2> on May 11, 2019.
- RA 11223. (2018). *Official Gazette of the Republic of the Philippines*. Retrieved from: <https://bit.ly/36GKNLE> on May 11, 2019.
- RA 11241. (2018). *Official Gazette of the Republic of the Philippines*. Retrieved from: <https://bit.ly/34ynzWm> on May 11, 2019.
- RA 5527. (n.d.). *Professional Regulation Commission*. Retrieved from: <https://bit.ly/34Ex72i> on May 11, 2019.
- RA 6758. (1989). *Official Gazette of the Republic of the Philippines*. Retrieved from: <https://bit.ly/2PQijZZ> on May 11, 2019.
- RA 7431. (1992). *Professional Regulation Commission*. Retrieved from: <https://bit.ly/33n7OkX> on May 11, 2019.
- RA 8981. (2000). *Professional Regulation Commission*. Retrieved from: <https://bit.ly/32iiWOx> on May 11, 2019.
- RA 9173. (2002). *Professional Regulation Commission*. Retrieved from: <https://bit.ly/2JQdAnt> on May 11, 2019.
- Rajan, D. (2018). Negative impacts of heavy workload: a comparative study among sanitary workers. *Sociology International Journal*, 2 (6): 465 – 474. Retrieved from: <https://bit.ly/327XnjQ> on May 11, 2019.
- Ranada, P. (2019). Duterte Signs Universal Health Care Law. *Rappler*. Retrieved from <https://bit.ly/2oR4ejW> on May 11, 2019.
- Roche, M. A., Laschinger, H. K. S., & Duffield, C. (2015). Testing the Nursing Worklife Model in Canada and Australia: A multi-group comparison study. *International Journal of Nursing Studies*, 52(2): 525–534. Retrieved from: <https://bit.ly/3274yZi> on August 18, 2019.
- Ross, C., Rogers, C., & King, C. (2019). Safety Culture and Invisible Nursing Workload. *Collegian*, 26: 1-7. Retrieved from: <https://bit.ly/2oCMt81> on August 18, 2019.

- Sadeq T, Khudair A. (2013). Job satisfaction among Al-Kadhimiya teaching hospital's medical doctors. *Iraqi Journal of Medical Science*, 11:353-9. Retrieved from: <https://bit.ly/36r9ko8> on August 18, 2019.
- Safari, S., Mohammadi-Bolbanabad, H., Kazemi, M. (2013). Evaluation Mental Work Load in Nursing Critical Care Unit with National Aeronautics and Space Administration Task Load Index (NASA-TLX). *Journal of Health System Research*, 9: 613-619. Retrieved from: <https://bit.ly/32o5CrW> on September 11, 2019.
- Sagalowsky, S. T., Feraco, A. M., Baer, T. E., Litman, H. J., Williams, D. N., & Vinci, R. J. (2018). *Intimate Partner Relationships, Work-Life Factors, and their Associations With Burnout Among Partnered Pediatric Residents. Academic Pediatrics*. Retrieved from: <https://bit.ly/36pfFR2> on September 11, 2019.
- Sarsangi, V., Salehiniya, H., Hannani, M., Marzaleh, M.A., Abadi, Y.S., Honarjoo, F., Dehkordi, A.S., Derakhshanjafari, M. (2017). Assessment of workload effect on nursing occupational accidents in hospitals of Kashan, Iran. *Biomedical Research and Therapy*, 4 (08):1527-1540. Retrieved from: <https://bit.ly/36orB5t> on August 18, 2019.
- Sattigeri, R. and Kulkarni, D.G. (2017). Job Satisfaction in Hospital Employees: A Review of Literature. *International Journal of Engineering Technology Science and Research*, 4 (2): ISSN 2394 – 3386. Retrieved from: <https://bit.ly/339awdF> on May 10, 2019.
- Sharma, M., Goel, S., Singh, S.K., Sharma, R., & Gupta, P. (2014). Determinants of Indian physicians' satisfaction & dissatisfaction from their job. *Indian Journal of Medical Research*, 139 (3): 409 – 417. Retrieved from: <https://bit.ly/2N711c0> on July 14, 2019.
- Shi, L., Song, K., Rane, S., Sun, X., Li, H., & Meng, Q. (2014). Factors associated with job satisfaction by Chinese primary care providers. *Prim Health Care Res Dev*.15(1):46-57. doi: 10.1017/S1463423612000692. Epub 2013. Retrieved from: <https://bit.ly/36tgf0a> on July 14, 2019.
- Singh, R. (2013). Factors Explaining Job Satisfaction Among Hospital Employees. *OPUS: Annual HR Journal*, 29-43, ISSN 0973-9866. Retrieved from: <https://bit.ly/2WKRbgC> on July 14, 2019.
- Sousa, A.R. and Mourao, J.I. (2018). Burnout in anesthesiology. *Revisita Brasileira de Anestesiologia*, 68 (5): 507 – 517. Retrieved from: <https://bit.ly/2JGX351> on July 14, 2019.
- Stanton, M. (2013). Hospital Nurse Staffing and Quality of Care. *Agency for Healthcare Research and Quality*, 14. Retrieved from <https://bit.ly/2rl8JEr> on July 14, 2019.
- Stimpfel, A. W., Aiken, L. H. (2013). Hospital staff nurses' shift length associated with safety and quality of care. *Journal of Nursing Care Quality*, 28, 122-129. Retrieved from: <https://bit.ly/2WxgH8Z> on July 14, 2019.
- Sturm H, Rieger MA, Martus P, Ueding E, Wagner A, Holderried M, et al. (2019) Do *perceived* working conditions and patient safety culture correlate with *objective* workload and patient outcomes: A cross-sectional explorative

- study from a German university hospital. *PLoS ONE*, 14(1): e0209487. Retrieved from: <https://bit.ly/2NvV5Wf> on July 7, 2019.
- Tao, H., Ellenbecker, C., Wang, Y., & Li, Y. (2015). Examining perception of job satisfaction and intention to leave among ICU nurses in China. *International Journal of Nursing Sciences*, 2: 140 – 148. Retrieved from: <https://bit.ly/2N5tIDE> on July 7, 2019.
- Timilsina Bhandari, K. K., Xiao, L. D., & Belan, I. (2015). Job satisfaction of overseas-qualified nurses working in Australian hospitals. *International nursing review*, 62(1), 64-74. Retrieved from: <https://bit.ly/2qWFck3> on July 7, 2019.
- Tran, B.X., Van Hoang M., Nguyen, H.D. (2012). Factors associated with job satisfaction among commune health workers: Implications for human resource policies. *Global Health Action*, 6:1–6. Retrieved from: <https://bit.ly/2JHECgB> on July 18, 2019.
- Tripathy, J.P., Goel, S., and Kumar, A. (2016). Measuring and understanding motivation among community health workers in rural health facilities in India-a mixed method study. *BioMed Central Health Services Research*, 16:366. Retrieved from: <https://bit.ly/2qa6AL6> on July 18, 2019.
- Trivellas, P., Reklitis, P., and Platis, C. (2013). The effect of job related stress on employees' satisfaction: A survey in Health Care. *Procedia - Social and Behavioral Sciences*, 73: 718 – 726. Retrieved from: <https://bit.ly/329Ee0O> on July 18, 2019.
- Umansky, J. (2015). Workload in Nursing: A descriptive Study using Cognitive Work Analysis. *Rochester Institute of Technology*. Retrieved from: <https://bit.ly/34pzyph> on June 18, 2019.
- University of Minnesota. (2019). Vocational Psychology Research. Retrieved from: <http://vpr.psych.umn.edu/> on May 21, 2019.
- Van den Oetelaar, WFJM., van Stel, H.F., van Rhenen, W., Stellato, RK., & Grolman, W. (2016). Balancing nurses' workload in hospital wards: study protocol of developing a method to manage workload. *BMJ Open*, 6 (11): e012148. Retrieved from: <https://bit.ly/36rTDwI> on May 10, 2019.
- van der Meij, L., Gubbels, N., Schaveling, J., Almela, M., van Vugt, M. (2015). Hair cortisol and work stress: Importance of workload and stress model (JDCS or ERI). *Psychoneuroendocrinology*. 89: 78–85. Retrieved from: <https://bit.ly/2PFF1UG> on September 17, 2019.
- Vargas, C., Cañadas, G.A., Aguayo, R., Fernández, R., de la Fuente, E.I., (2014). Which occupational risk factors are associated with burnout in nursing? A meta-analytic study. *International Journal of Clinical Health Psychology*, 14: 28-38. Retrieved from: <https://bit.ly/3288Y2m> on September 17, 2019.
- West, C.P., Dyrbye, L.N., Rabatin, JT, Call, T.G., Davidson, J.H., Multari, A., et al. (2014). Intervention to promote physician well-being, job satisfaction, and professionalism: A randomized clinical trial. *JAMA Intern Med*, 174:527-33. Retrieved from: <https://bit.ly/34nar6w> on September 17, 2019.
- Wright, Jeremy (2002) Time Management: The Pickle Jar Theory. Retrieved from: <https://bit.ly/2MA1Xqa> on August 10, 2019.

- Xiaoming, Y., Ma, B., Chang, C.L., & Shieh, C.J. (2014). Effects of Workload on Burnout and Turnover Intention of Hospital staff: A Study. *Ethno Med*, 8 (3): 229 – 237. Retrieved from: <https://bit.ly/2WzXgw0> on August 10, 2019.
- Yamaguchi, Y., Inoue, T., Harada, H., & Oike, M. (2016). Job control, work-family balance and nurses' intention to leave their profession and organization: A comparative cross-sectional survey. *International Journal of Nursing Studies*, 64: 52 – 62. Retrieved from: <https://bit.ly/328KohA> on August 10, 2019.
- Zhang, W., Meng, H., Yang, S., & Liu, D. (2018). The Influence of Professional Identity, Job Satisfaction, and Work Engagement on Turnover Intention among Township Health Inspectors in China. *International Journal on Environmental Research and Public Health*, 15(5). pii: E988. Retrieved from: <https://bit.ly/36tnxB4> on August 10, 2019.
- Zhou, H., Han, X., Zhang, J., Sun, J., Hu, L., Hu, G., Wu, S., Zhao, P., Juang, F., & Liu, Y. (2018). Job Satisfaction and Associated Factors among Hospital staff in Tertiary Public Hospitals: Results from a National Cross-Sectional Survey in China. *International Journal of Environmental Research and Public Health*. 15, 1528. Retrieved from: <https://bit.ly/339jeZh> on August 10, 2019.