ORGANIZATIONAL COMMITMENT, JOB STRESS, AND PERFORMANCE OF HOSPITAL EMPLOYEES IN A TERTIARY HOSPITAL

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ABSTRACT

In today's competitive world, the biggest challenge which the organizations are facing is to retain talented employees. Organizations often try to foster commitment in their employees to achieve stability and reduce costly turnover. It is commonly believed that committed employees will also work harder and are more likely to 'go the extra mile' to achieve organizational objectives. Organizational commitment refers to the employee's emotional attachment to, identification with and involvement in a particular organization. The study was a descriptive-correlational survey method employing quantitative approach. The research participants of this study were randomly selected of the employees in a tertiary level hospital in Cebu City, Philippines. The study went through ethical review prior to recruitment of respondents. The findings of the study revealed that most of the respondents were in the health allied practices who are doctors and nurses comprising 60% of the total population. Also, most of the respondents were in regular status. The job performance result of the research respondents for the past year (2017-2018) exceeded expectations. The status of the level of organizational commitment of the research respondents in terms of: affective commitment; continuance; and normative commitment were high. The job stress of the research respondents in terms of: perception of job; work stress; attitude to job; resilience; job performance; and personal well-being were moderately high. Overall, organizational commitment, turned out that work stress, attitude to the job and personal well-being are the different factors which co-relates to it. All have the decisions of rejecting the null hypothesis and the interpretation for each is significant. This means that these factors/items influence well with the overall commitment in the organization. Performance among hospital employees does not influence overall commitment in the organization. Except for normative commitment in professionalism with a rejected decision and considered as significant being interpreted. Job stress among hospital employees do not influence the overall performance of the organization. Except for perception of the job, performance and personal well-being in the category of customer service with all rejected decisions and considered as significant as being interpreted. It is highly recommended that to have a performance framework in order to have an understanding and guidance for the betterment of the organization. The accuracy of the study is dependent upon the accuracy of the research works included in the study. Administrators must focus on the absolute need of the organization to change, rather than simply on the benefits of the anticipated change. Healthcare organizations today cannot afford to maintain the status quo: change is simply that critical for it to survive and deliver the complex health needs of the people.

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THE PROBLEM

Introduction

In developing countries such as the Philippines, healthcare needs have been increasing due to emerging and re-emerging health problems where the provision of health service is perceived as mainly a government endeavor. In a country where the majority of its people live in poverty, everybody expects the government to provide for affordable if not totally free health services. The government of the Philippines has been implementing various health sector reforms (e.g. user fees in public health facilities, decentralization, sector-wide approaches to donor coordinating) in a bid to improve efficiency in health care (DOH 2010).

The ability of the organization to reach its goals depends in part on the talent and effort of its workforce. The leadership capabilities and organizational climate are a worldwide concern necessary to describe the employee's performance in an organization. Indicators for the level of success and pride among organizations are ability followed by the commitment and loyalty of its employees. Human capital is the most vital and fundamental element affecting the organizational efficiency which would pave the way for promotion and advancement in any organization (Burgees et al., 2010).

The fast turnover of nursing personnel and medical expertise is one of the problems of the different hospitals in Cebu City, Philippines. As we all know, many medical experts want to seek greener pastures as they want to go abroad. So, they work here preferably in local big hospitals just to have a job certification needed for companies abroad. In terms of management, as the study of (Sabandi et al., 2015) those employees

of hospitals providing healthcare services often are confronted with stress. Stress in the healthcare is really present especially those big hospitals in Cebu City, the overflowing of patients could cause stress because of the lack of nurses where most patients are a mixture of a different class in the society.

Organizational commitment and levels of stress could affect organizational or job performance and job efficiency. One of the effects, when the personnel drew to so much stress, is when the record could have errors like data in the charts. Such problem of the organizations needs to be looked into by the management as well as the researcher on what possible recommendations and action plans could be suggested to the organization (Allen & Meyer, 1991).

Hospital employees' job performance as one of the most important professions within the hospital is affected by several factors, particularly organizational commitment. Organizational commitment is an important variable in understanding employee's behavior that has potentially serious effects on the performance of the organization and ignoring it has been harmful for the organization. Failure to research and study the employee's commitment to the organization leads to a huge increase in cost due to staff turnover and recruiting new employees, low performance as well as the establishment of precise and complicated control mechanisms (Aidemark, 2009).

A very good example is the fast turnover of nursing personnel in the hospital. Newly grad nurses who earned their licenses are having a hard time to adjust in the hospital setting during their employment thus it turned out for a fast turnover. Millennials are thinking of more opportunities waiting for them and it is normal to commit mistakes in their performance on an everyday basis.

Studies show that committed employees are more loyal in their behavior. Organizational commitment can bring about a sense of satisfaction, belonging, affiliation and attachment of employees to the organization, more favorable job performance, and financial success, and can increase the effectiveness and efficiency of the organization (Lepine, 2011).

Having worked in the hospital for a period of six years, the researcher, being a Nurse Training Officer, it has been observed that issues pertaining to organizational commitment, job stress and performance at work never seemed to cease. In today's health care system, employees are well noted for their commitment to the job. However, there are instances that these employees are not so committed due to certain factors such as stress in which it affects the performance. Work-life balance is important in which team effort, collaboration, management, and personal well-being are being adopted.

Having felt the need to undertake this study in order to delve into the organizational commitment, job stress and performance of Employees in a Tertiary Hospital in order to come up with recommendations to improve or enhance the center's delivery of medical services to the community.

Thus, this undertaking is taken, by conducting the study it provides practical value to the medical profession as it tries to determine organizational commitment, job stress, and performance and relationship. The baseline information on each variable being studied will serve as a piece of baseline information for the organization to advance and meet its vision and mission. By finding the correlation, a model can be advanced to serve as supplementary information for consumers of research serving part of parcel of the

concepts of management which will find its applicability in the different organization not just in the hospital setting.

Theoretical Framework

This study is anchored on Three-component Model of Organizational Commitment by Meyer & Allen's (1991), Theory of Goal Attainment by Imogene King (1965), and Job Demand Control Theory by Robert Karasek (1979).

The Three-component Model of Organizational Commitment by Meyer & Allen's (1991) which has become the dominant model for the study of workplace commitment. This model of commitment dominates organizational commitment research, and this proposes that organizational commitment is experienced by the employees as three simultaneous mindsets encompassing affective, normative, and continuance organizational commitment. This model of commitment has been used by researchers to influence important employee outcomes, including turnover and citizenship behaviors, job performance, absenteeism, and tardiness provide a comprehensive overview of the theoretical lineage of this model. Given its widespread usage in organizational behavior research, the measures used to tap the Affective Commitment, Normative Commitment, and Continuance Commitment constructs merit close scrutiny (Motadei et al., 2015).

Meyer & Allen (1991) were the first to argue that attitudinal and behavioral issues are correlated and need to be considered together in order to arrive at a more accurate measurement of employee commitment. Meyer & Allen (1991) described attitudinal commitment as the process in which employees consider their relationship with the organization in terms of whether their own values and goals are congruent with those of the organization. Behavioral commitment, on the other hand, was described as the
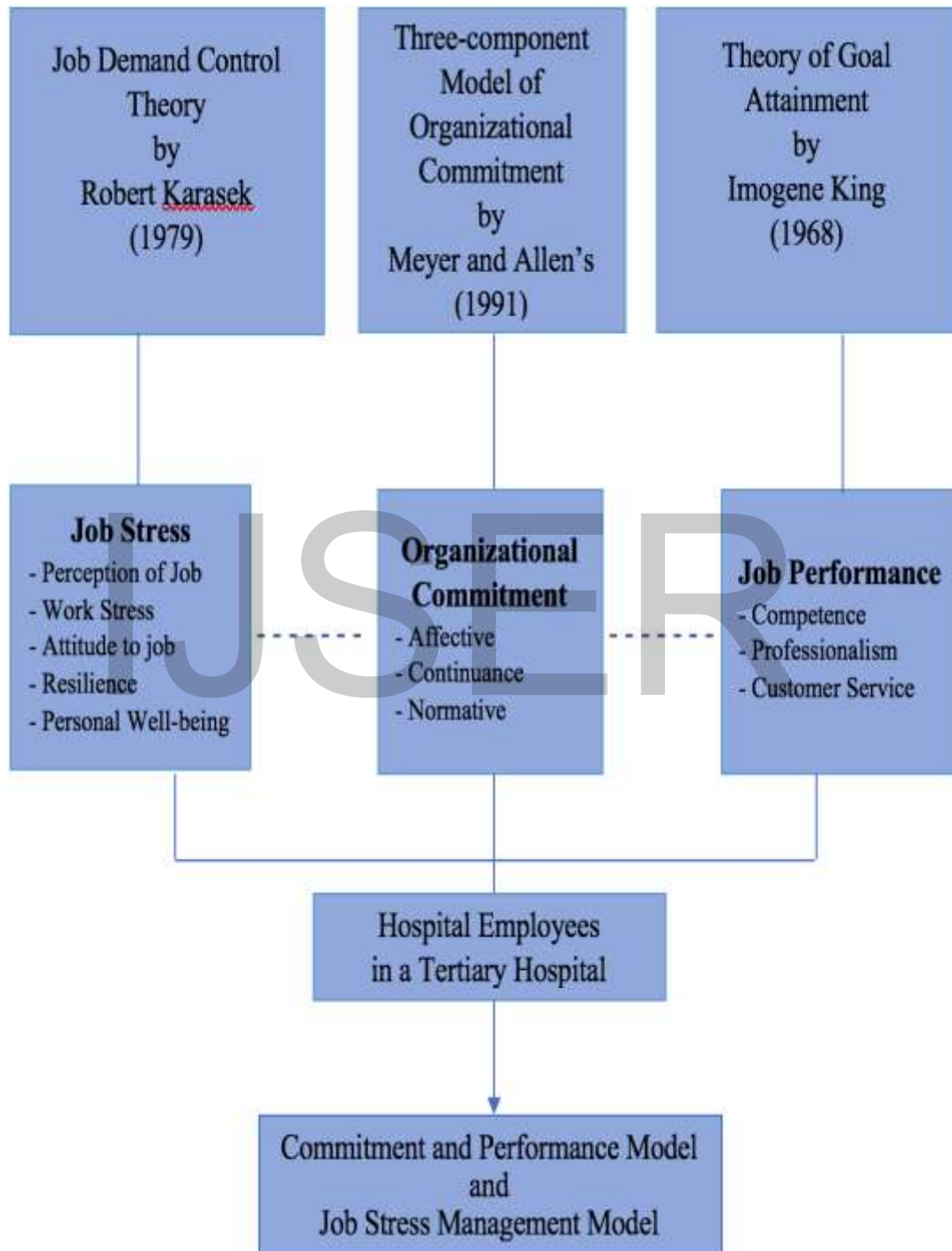
Figure 1: Schematic Diagram of the Study Utilizing Three-component Model of Job Demand Control Theory by Robert Karasek (1979); Organizational Commitment by Meyer &Allen's (1991); Theory of Goal Attainment by Imogene King (1965).

process by which individual employees engaged into a particular organization. They also suggested that the psychological attachment that employees often have to an organization is not limited to values and goals but also reflects a desire, a need and/or an obligation to maintain membership of the organization.

The organization commitment model developed by Meyer & Allen (1991) effectively integrated the approaches by Becker (1960), Porter et al. (1974) and Mowday, Steers & Porter (1979) by including three components: affective commitment, continuance commitment, and normative commitment. Affective commitment is a psychological aspect of an employee's willingness to commit to an organization, continuance commitment is about the cost of leaving an organization and normative commitment is concerned with the obligation of an employee to an organization. These three components comprise employees' emotional and psychological attachment to and involvement in an organization (Meyer & Allen, 1997), as well as the attitude of individual employees when considering their relationship with the organization (Brooks, 2002).

It should be noted that the study tries to determine the commitment of the organization of the hospital employees of the tertiary hospital in terms of: (a) affective commitment; (b) continuance commitment and (c) normative commitment. As suggested by the Three-component Model of Organizational Commitment by Meyer and Allen, the hospital employees of the tertiary hospital as a team are required to grow as an organization where commitment is there. The organization has been there for quite a long period of time already, they have been through different stages as a team. The

organization is composed of interdisciplinary manpower from the ancillary to the medical team, which are necessary for the operation of a hospital where every member has their own task as encompassed in their respective scope of responsibilities, Thus, this theory is very applicable to the study as the study tries to determine the organizational commitment of the hospital employees.

As shown in Figure 1, the three types of organizational commitment which are Affective, Continuance and Normative combine to create an overall sense of psychological attachment to the company. Of course, different people may weigh the three types differently. Some employees may be very rational and cautious by nature, focusing primarily on continuance commitment when evaluating their overall desire to stay. Other employees may be more emotional and intuitive by nature, going more on "feel" that a calculated assessment of costs and benefits. The importance of the three component types also may vary over the course of a career. For example, you might prioritize affective reasons early in your work life before shifting your attention to continuance reason as you start a family or more established in a community. Regardless of how the three types are prioritized, however, they offer an important insight into why someone might be committed and what an organization can do to make employees feel more committed.

Organizational commitment is dependent on the employee's competence and internal motivation. Mathur and Vadera (2003), highlighted the achievement of goals in which it has a significant correlation with organizational success. Committed employees always want their employees to be on top. Organizational commitment is the notion which attracted the various practitioners of human resource management because it

influences the organizational and employee's performance. Organizational commitment is an essential behavior for assessing the intention of the employee to leave and employee contribution to the organization. Thus, performance is the result of the actions of employees who used his or her skills in situations. Employee performance is mutual perception, ability, and effort for tasks. Organizational objectives can be achieved due to good performance. Although more efforts are required for enhancement or organizational performance, Organizational commitment improves the organizational competitiveness and employee's performance.

Another theory that was being used in the study is Imogene King's Goal Attainment Theory. King initially introduced her theory "The Goal Attaining Theory" in 1968 and then extended and presented it in her book entitled, "General Concepts of Human Behavior." She defines health as human-environment communication and interaction. She believes that each human is an open system having unique needs, motivations, and wants which are different from those of other humans. She also emphasized that needs, motivations, and wants significantly affect the health of a human being (Tahmouresi et al., 2018).

King based. Her theory on four main elements which includes: (1) health is attained through appropriate nurse-patient relationships; (2) nurse and patient need to have a mutual understanding about each other; (3) the goals and functions of nurse and patient need to be in line with each other, and (4) nurse needs to use all his/her knowledge to establish relationship and set goals. These elements provide goal attainment (Adib-Hajbaghery et al., 2018).

The theory of Goal Attainment is consisting of three main systems, namely, personal, social, and social systems. Within the personal system, King considers all and sundry as a novel being and a full that is usually in interaction with the atmosphere. Thus, all and sundry ought to be thought of as a private system which has the scale of perception, self, growth and development, body image, personal house, learning, and coping. Perception considerably contributes to the healthcare personnel-patient relationship as a result of the perception of self to others and even the perception of body image, time, place, and way of life events, and helps the person establish higher interaction with the encircling atmosphere (www.nmsjournal.com).

The personnel system of the speculation of goal attainment entails that there'll be no effective interaction between attention personnel associate degreed patient unless they need a correct understanding of every alternative. In alternative words, attention personnel' correct perception of patients' personal system facilitates goal attainment and healthcare personnel-patient interaction (Bergdahl, 2016).

The second theory of goal attainment system is the social one. this technique is made by the interactions of 2 or additional folks in tiny and enormous teams. Personnel– the patient reciprocal relationship is associate degree example of the social system. Understanding this technique necessitates understanding ideas like interaction, communication, group action, role, stress, and stressors (Bertero, 2016).

Interaction is the method of the act with and understanding another person. It's typically faultfinding and might have an effect on goals. Communication is that the method of act data and turning information from one state to a different whereas group action could be an interaction between folks and therefore the surroundings to realize the

goal of health. Healthcare personnel must have adequate information for the understanding the method of interaction. This method includes the behaviors of either side of the interaction. In fact, every action is related to a reaction. This action and reaction set is named interaction. Once either side of interaction has the same goal and try to attain it, an efficient interaction happens that is named group action. It's simply throughout a group action that individuals effectively perform their roles, attain their planned goals, and deal with their surroundings. This cycle includes feedback chains for frequently assessing the social system (McQueen, 2017).

The social system considerably contributed to the event of the speculation of goal attainment. King believed that the importance of the social system to worry quality is far bigger than that of the private and social systems. She conjointly noted that the nursing method primarily happens within the social system (Cockroft, 2017).

More similarly in an organization like the research environment was chosen. It is composed of a healthcare worker who grow through clearly defined states, from their creation as a group of individuals like a nurse, doctor, departmental personnel, etc. to cohesive, task-focused health care teams. Health care professionals attain a goal in their everyday performance at work. Like this time around, the hospital employees are planning and implementing goals in their respective team. This is then followed by goal attainment where the health care team members begin to see themselves as part of the health care team. Togetherness is achieved at this point in time.

The third theory of goal attainment system is that the social organization. This technique is chargeable for providing a framework for social interactions and social communications in societies like faculties, workplace, and organizations. This technique

facilitates nurses not solely manage their caring roles and attain their skilled goals in hospital-based caring systems. The scale of this technique, embraces organization, authority, power, status, and decision-making (Bertero, 2016).

Power is that the ability to use structure resources to realize the goal whereas decision making could be a "dynamic and systematic process by that a purposive alternative of perceived alternatives is created, and acted on, by people or teams to answer a matter and attain a goal". King represented power as a scenario during which, folks settle for a fascinating or undesirable action. Within the theory of goal attainment, power has been recognized because of the controller and therefore the director of the goal. Through power, the healthcare personnel will support the patient. Moreover, power affects people's functions and decision-making ability (Mullins, 2017).

According to King's theory of goal attainment, adequate information concerning the relationship and effective communication are among absolutely the necessities of hospital apply. Effective attention personnel–patient relationship helps healthcare personnel perceive patients' conditions, enhances care quality and improves patients' quality of life.

Together with his Job Demand Management Model, a social scientist parliamentarian Robert Karasek (1979) conferred associate assessment of stress and stress factors within the work atmosphere (labor intensity) and health promotion in the work. It has become one in each of the known models with reference to work and work-related stress and emphasizes 2 vital aspects:

The Peak of Strain (Demands). These are the wants that are set at work, together with work rate, handiness, time pressure, effort, and problem. Such necessities represent the psychological stressors within the work atmosphere (Karasek, 1979).

Call Latitude (Control). This issue the liberty associate worker needs to manage and organize his own work. This latitude refers to the management that staff has regarding their duties and the way they require to perform these tasks. It consists of each competency and decision-making authority (Karasek, 1979).

Both the task necessities and management capabilities will be low or high. The Task Demand Management Model shows that the strain itself doesn't cause high psychological stress. It's regarding the mix of the strain and therefore the call latitude that the task offers. If the latitude to arrange your work in keeping with your own ideas is restricted, this will cause symptoms of stress. If it's attainable for him to manage the work himself, an associate worker will usually handle the work additional adequately and is more actuated (Karasek, 1979).

The Job Demand Management Model is geared toward reconciliation necessities and autonomy; the choice latitude somebody has. Parliamentarian Karasek posits that staff, who have demanding jobs, expertise lots of stress if they cannot decide once they do the work. As presently the element of management becomes less or is barely gift in any respect, the work can feel higher, resulting in stress. Conversely, it's conjointly true that despite the high demands of the task, the private management is really a pleasant addition that results in staff feeling way less stressed. In jobs wherever management is given to time and deadlines, staff expertise lots additional stress than once they will decide and use their own time schedule. This type of autonomy is so rather more vital in

stress development than the complexness and high demands of the tasks (Schulz-Hardt et al., 2010).

Karasek (1979) has placed his Job Demand management model in a diagram. The horizontal coordinate axis shows the task demands, which may be high or low. The vertical coordinate axis shows the task call latitude, which may even be high or low. From this Job Demand Management Model, there are four things that are explained below:

Low-strain jobs. This is regarding the mix of not terribly hard tasks and management latitude for the worker and therefore the freedom to make your mind up their own schedule. This section includes the foremost routine jobs. The intrinsic motivation of staff in these kinds of jobs is extremely low and that they don't see it as a challenge to embrace new challenges. staff with those forms of jobs quickly get bored (Karasek, 1979).

High-strain jobs. This refers to terribly hard and/or complicated jobs with little or no management. the worker has no management and needs to do as he's told. the shortage of call latitude may be the results of deadlines. the danger of stress is extremely high for these varieties of jobs (Karasek, 1979).

Passive jobs. These jobs are straightforward jobs with very little to no call latitude. This includes lots of repetitive and production jobs. The danger of stress for these varieties of jobs is the lowest. Staff in these varieties of jobs show little or no initiative and are wait-and-see and passive (Karasek, 1979).

Active jobs. These jobs are extremely hard jobs that permit the worker to make your mind up once he does his work. As a result of the high level of call latitude, he

doesn't master his job as nerve-racking, despite it being terribly psychologically hard. According to parliamentarian Karasek, those varieties of jobs offer decent intrinsic motivation and staff are hospitable to new challenges. That afterward creates an area for development, growth, and challenges (Karasek, 1979).

The Job Demand Management Model focuses on the balance between the needs of staff and their autonomy. It indicates that those that have a high degree of labor pressures and experience of management have associate accumulated risk of stress. The jobs stress model is characterized by its simplicity and might be wont to establish and analyze psychological fatigue or work-related stress in staff. It conjointly offers beginning points for interventions. If the associate worker finds his work to be high thanks to the big variety of tasks he must complete, the manager would be known to raise him regarding the degree of management latitude (Mulder, 2017).

If the identical worker finds it troublesome that he has very little or no influence on the organization of his work, then the task stress model shows that he's in a very nerve-racking job, however really wants an additional active job. As such, the chances are numerous. It is the manager's task to talk to his worker regarding this and to come back up with joint solutions. That way, the task stress model may be wont to live worker satisfaction and motivation (Mulder, 2017).

The study determined the job demand of the hospital employees in a tertiary hospital in terms of perception of the job, work stress, attitude to job, resilience, performance and personal well-being utilizing the concept of the Job Demand Control Theory where it helps us understand job stress. It also helps us consider how they may encounter different problems at different stages of their development. The study also

determines the organizational commitment in terms of coordination, knowledge, reliability, timeless and effectiveness by utilizing the Job Demand Control Theory, persons-in-organization such as the respondents in the study construct their own social realities. Further, it determines the performance and relationship of hospital employees. Furthermore, it will assess whether the facets of job stress are making impacts of performance and organizational commitment as well as whether the facets of organizational commitment are influencing the performance and relationship which is a premised on the assumption of the Job Demand Control Theory.

All the variables are determined based on the perceptions of the hospital employee in the organization. As an expectation, it cannot be determined as to what to expect from the manner that this study will yield results as an assumption from the models may be proved or disproved. As an output of the study, an organizational commitment and performance model and job stress management model will be proposed.

So, what does it mean to be a "committed" employee? It means a lot of different things. It means that employees have a strong desire to remain a member of the organization, maybe because they want to stay, need to stay, or feel they ought to stay. Regardless of the reason for their attachment though, retaining these employees means stopping the progression of withdrawal that begins with psychological forms and then escalates to behavioral forms.

So, in this study, organizational commitment, job stress, and performance were determined. The three variables was correlated. Lastly, a proposed output was to address the findings.

Statement of Purpose

This study aimed to assess the correlation among organizational commitment, job stress and performance of employees in a tertiary hospital for the year 2018. The findings served as basis for proposed performance framework.

Specifically, it answered the following queries:

1. What was the level of organizational commitment of the research respondents in terms of:

    1.1 affective commitment;

    1.2 continuance commitment; and

    1.3 normative commitment?

2. What contributed to job stress of the respondents in terms of:

    2.1 perception of job;

    2.2 work stress;

    2.3 attitude to job;

    2.4 resilience;

    2.5 job performance; and

    2.6 personal well-being?

3. What was the performance result of the respondents in the period of 2017-2018?

4. Was there a significant relationship between the respondents':

    4.1 organizational commitment and job stress;

    4.2 organizational commitment and performance; and

    4.3 performance and job stress?

5. What performance framework can be proposed based on the findings of the study?

Statement of the Null Hypotheses

Ho1: There is no significant relationship between research respondents' organizational commitment and job stress.

Ho2: There is no significant relationship between research respondents' organizational commitment and performance.

Ho3: There is no significant relationship between research respondents' performance and job stress.

Significance of the Study

Given the importance accorded to health services, it is only proper that an objective assessment is made on the private sector's performance in the arena of health promotion and delivery. The study was beneficial to the following:

Patients. They were assured that they can have a good health service that was provided to them. Concerning with the day-to-day practice of health care personnel and has the potential of having an impact on the health and well-being of patients.

Hospital Employees. This study assisted them to be aware of their own level of commitment, job stress, and performance to the organization. It also helped them to evaluate themselves in order to meet the standards and to become more efficient in their field of expertise.

Hospital Administrators. The study served as a guideline to administrators and policymakers in terms of helping the person develop their commitment to their work, job stress, and performance in the organization as a whole. Administrators need to understand

the concept of commitment, job stress, and performance – what it is, how it operated and most importantly, which behaviors are displayed by employees to the organization and the factors affecting the way in which organization should build.

The Community. As an institution of healing, this study helped the community in understanding the personnel's commitment; job stress and what was delivered to them in one way or another.

The Policy Maker. In line with the thrust of the Department of Health, this study helped them in providing means for active and constructive activity that will enhance personnel' potential, commitment, and performance especially in rendering service to DOH-retained hospital and in the community as a whole.

Accrediting Agencies. This provided an analysis of health services, especially to Philhealth accrediting buddy. This employed a principal framework for analyzing two critical relationships: that between the purchaser and healthcare provider, and between the purchaser and members of Philhealth. Both serve as regulator and funder of services at the local government levels.

The Researcher. This study served as a challenge to encourage future nurses to begin their self-actualization as real and competent registered nurses to meet the ever-changing needs to society. The findings of this study will help nurse educators to incorporate into their school's curriculum the basic principles of organizational commitment which will form part in the formation of future nurses. The commitment of future employees can be an important instrument for improving the performance of the organization.

Future Researcher. The study served as a baseline for a more in-depth study on organization commitment, job stress, and performance of personnel.

Definition of Terms

The definition of terms provided a consistent interpretation and a frame of reference. The following definitions applied to the study:

Organizational Commitment. This referred to the personnel's commitment in terms of affective commitment, continuance commitment, and normative commitment.

Affective Commitment. This referred to the organizational commitment of personnel's emotional attachment to, identification with and involvement in the organization.

Continuance Commitment. This referred to the organizational commitment of personnel in terms of the work continuity, dedication of work, and reasons to stay in the organization.

Normative Commitment. This referred to the organizational commitment of the personnel in terms of their loyalty to the organization and their feeling of belongingness and value to the organization.

Job Stress. Refers to how stress was being managed in terms of work being under pressured or experiencing high pressure in their job.

Stress. Pertains to the stress of the personnel in terms of perception of the job, work stress, attitude to job, resilience, job performance, and personal well-being.

Attitude to job. Pertained to how stress was being managed of the employees in terms of satisfaction towards their job.

Perception of job. It pertained on how stress was being managed in terms of their perception towards their job it includes the expectation of the job.

Personal well-being. It referred to how stress was being managed in terms of behavior felt towards their work and symptoms of feeling stress.

Resilience. Pertained to how stress was being managed in terms of the ability of the personnel to face challenging of the work and brought about stress.

Performance. This pertained to the annual performance of the hospital employees for the year 2017-2018. This determined if their organizational commitment and job stress could be a factor in their job performance.

Performance Framework. This referred to the output of the study based on the descriptive findings on the organizational commitment, job stress, and performance of hospital employees as well as their correlation and the different challenges of the hospital employees in attaining job performance.

Chapter II

REVIEW OF RELATED LITERATURES AND STUDIES

This chapter reflects the various literature and studies related to the organizational commitment, job stress and performance motivator among hospital employees in a tertiary hospital.

Organizational Commitment

The importance of organizational commitment cannot be overstated because it correlates with a variety of factors benefiting both the individual and the organization. From an individual perspective, organizational commitment has been linked to intrinsic motivation and job satisfaction. Likewise, from an organizational perspective, organization commitment has positively contributed to organizational attachment (Joo and Lim, 2014). In the aggregate, organizational commitment can "increase performance, reduce absenteeism, and reduce turnover", thus providing positive outcomes for both the individual and the organization (Cohen and Golan, 2013). Organizational commitment is important in the eyes of a company. It is important for the organization to keep talented individuals who are engaged in their jobs and are productive workers. Organizational commitment involves the loyalty that a worker feels towards the company he works for. Organizational commitment involves more than just company loyalty. It entails employee's intrinsically wanting to defend against criticism both internal and external (Business Daily Review, 2010).

Empowerment of Employees

One way to elicit organizational commitment in employees is to develop empowerment and empowered employees. Empowerment means giving employees the

authority, skills, and self-control to perform their tasks. Empowerment has been associated with increased motivation, satisfaction, organizational commitment, and, ultimately, job performance. According to Park and Rainey "Empowered employees should have higher levels of motivation, commitment, and other positive jobs attitudes" (Redmond, 2013).

It is believed that affectively committed employees to continue working with great devotion on a voluntary basis, continuance commitment ensures that employees retain their organizational membership, however those who are normally committed usually feel that is an obligation in their part to stay in the organization. The concept of organizational commitment has attracted considerable interest in an attempt to understand and clarify the intensity and stability of an employee's dedication to the organization (Lumley, 2016).

Organizational Commitment Studies.

In a study by Mozatedi et al., (2015) about Iran nurses' organizational commitment, total organizational commitment score was at the middle. Continuance commitment score was the highest among the three subscales of the organizational commitment which may be due to the individual's characteristics and the manner by which they evaluate this parameter which is gained during the time spent in the organization. The significant positive correlation was found between the subject's work experience and the affective commitment. No significant difference was found in the study regarding gender and age (Motadei et al, 2015).

In the study of Patrick Simon Soria, RN of organizational commitment as a Driver of Change in selected Hospitals in Davao City found out that staff nurses have high

continuous commitment and normative commitment. In addition, employment status is not correlated to organizational commitment. The study also proved that organizational commitment is a driver of change (Soria, 2017).

Another recent study provided support for the hypothesis that a health care practitioner's autonomy support encourages patients to engage in healthier behavior, boosts their perceived competence in those behaviors, and can even enhance their sense of mindfulness in addition to helping them meet the three basic needs (Positive Psychology Program, 2018).

Nurses from different generations showed the same levels of organizational commitment, but LPNs showed significantly lower levels of affective commitment, that is, lower feelings of loyalty to their workplace, than RNs. This information may be useful for hospital administrators and human resource managers in the United States to highlight the need for flexible incentive packages to address the needs of a diverse workforce. For healthcare employers in the UK, the concept that there is an association between nursing qualifications and levels of organizational commitment is valuable. This association is critical for building organizational stability and effectiveness, and also for nurse recruitment and retention (Jones, 2015).

Elements of Organizational Commitment.

Meyer and Allen suggested that organizational commitment could be based on any one of the three elements: (1) an emotional attachment to an organization, or affective commitment; (2) an element representing the perceived cost of leaving the organization or continuance commitment; and (3) an element representing an obligation to remain in the organization, or normative commitment (Land & Conte,2016).

Affective commitment is an emotional attachment to the organization and a belief in its values (Robbins, 2014). Higher levels of affective organizational commitment have been shown to reduce voluntary turnover in the nursing workforce. Employees with strong affective commitment work harder and perform better than those with weak affective commitment (Shalon, 2017).

Continuance commitment is the perceived economic value of remaining with an organization compared to leaving it. It describes an individuals' need to stay with the organization based on the perceived costs of their investment, and the costs of discontinuing membership with the organization. Although the basis of continuance commitment is generally on economic reasoning, continuance commitment may contain as an assessment of both tangible and intangible benefits. Costs can be losing good pay, developed networks or contacts, image, need to relocate, and job search costs. Personal investments may also include some special talents that are unique to a particular organization, well-established working relationship with co-workers, and other benefits that make it too costly for an individual to leave an organization and search for employment elsewhere (Robbins, 2014).

Moderator of Commitment

In research conducted by Maurer & Lippstreu (2010) on individual commitment to organizations who provide employee development opportunities, the complexities of commitment are brought to light. In this study, one's orientation to learning was found to be a significant moderator to commitment. If an individual maintains a low learning orientation, the organization who attempts to foster learning/development activities may negatively associate commitment to the individual. Elliot Sussels, the senior vice

president of the Segal Company, said that "The study found that the biggest driver of turnover for employees under forty is dissatisfaction with career opportunities and job content. This suggests the importance of establishing and communicating career path opportunities, work development and interesting work assignments to successfully recruit and retain younger employees (Redmond, 2013).

Attitudes Toward Change: Commitment to Change

Individuals' experience of expertise is a modification in several ways. For some, modification brings joy or advantages, whereas for others it should be a supply of suffering or stress (Bouckenooghe, 2012). Once encountering identical modification, people typically demonstrate totally different tendencies, together with positive and negative attitudes. A positive perspective is typically related to a commitment to varying ,whereas a negative perspective is related to resistance to vary. Empirical researchers have confirmed that individuals' attitudes toward modification are vital for the success of a change (Nohe et al., 2013); therefore, the construct of perspective has received abundant attention from each researcher and practitioners (Sparer et al.,2013).

Commitment to vary is associate degree perspective toward change and has been outlined as "a force (mindset) that binds a personal to a course of action deemed necessary for the prosperous implementation of a change initiative" (Herscovitch et al., 2002). Over the past decade, researchers' interest in examining the factors that have an effect on individuals' commitment to varying (Bouckenooghe, 2012) has increased but, few have tested the relationships between employees' psychological feature bases and also the three aspects of commitment to a particular modification.

Proactive Work Behavior

Work environments these days are characterized by fast and continuous changes. There's additional pressure for innovation and decentralization that needs organizations to adapt their ways and processes. Thus, organizations must depend on staff who will proactively contribute to structure effectiveness. That is, employees must exhibit proactive work behavior that is characterized by active, self-starting, and future-oriented actions that aim to alter and improve the things rather than reacting passively to them (Parker & Strauss, 2010). Such proactive behavior has been shown to steer to each positive individual and structure outcomes, like individual innovation, sales performance, small-firm innovation, overall performance, and structure success (Belschak & Hartog, 2010)

Authentic Leadership and Organizational Commitment

Organizational commitment is "the relative strength of associate degree individual's identification with and involvement in an exceedingly specific organization". Committed staff tends to believe the goals and values of the organization, work flat out for the organization, and shall stick with the organization. Antecedents of structure commitment may be typically classified as a variable associated with the organization and people related to the person. The analysis found that employees' perceptions of organization dependableness, feelings of importance within the organization, and belief that the organization had met their expectations, were completely associated with commitment. Alternative factors enclosed structure support, participation in higher cognitive process, employees' social involvement among the organization, leader communication and democratic leadership, transformational leadership, and servant leadership (Liden, Wayne, Zhao, & Henderson, 2008).

The Effect of Organizational Commitment on Proactive Work Behavior

Organizational commitment is often associated with perceptions of positive affectional stat. As a result, this positive state can lead staff to exhibit proactive behavior, together with increased cooperation, inventive downside finding, psychological feature flexibility, and persistence. It's additionally argued that committed staff tend to interact in encouraging varieties of discretionary behavior, as a result of their fascinated by the success and survival of their organization. The analysis found that structure commitment is powerfully associated with organization member proactivity, and proactive service performance (Rank, Carsten, Unger, & Spector, 2007).

The Moderating Role of Conscientiousness

Conscientiousness, one among the large constructs, describes socially prescribed impulse management that facilitates task and purposeful behavior. Persons with high levels of conscientiousness tend to arrange their time, add a disciplined approach toward their goals, an attempt for accuracy and perfection in their tasks, and deliberate rigorously once creating selections. Thus, conscientiousness is expounded to an individual's degree of self-control, order, persistence, and want for action. Studies have indicated that conscientiousness is that the most relevant temperament traits that influence job performance each in western context and in the Asian context. Recent empirical evidence additionally indicate links between conscientiousness and a number of other work behaviors and outcomes, like retention, attending at work, structure citizenship behavior, proactive work behavior, external career success and activity standing (Wu & Li, 2016).

Professional Competency and Organizational Commitment

In today's contemporary world, scholars place stress on the importance and role of human resource within the development of countries. What is more, they believe that the foremost necessary capital of every organization is its human resource. During this respect, nurses are taken into consideration because the biggest and therefore the most significant human resource in aid organizations (Borhani et al., 2010).

Forceful changes in science and technology, value containment and scarce time to determine relationships with patients will result in an increase within the levels of issues in personnel concerning patient safety and security, quality of care, safety and security, similarly as the ability (Khodayarian, 2011).

In addition, trendy views to the principles of expertise emphasize that quality improvement within the health care system is that the moral and skilled responsibility of all the medical professions. Therefore, they must entail a commitment to knowledgeable ability, honesty with patients and therefore the improvement of the care quality (Lombarts, 2014).

The professional ability has been projected as an elementary component within the provision of medical care. It ought to be conjointly noted that skilled ability refers to the delivery of medical care on the idea of professional standards (Khodayarian, 2011).

Personnel ability has been extensively self-addressed within the literature in terms of safety and quality of medical care. In fact, skilled ability in nurses is outlined as a mixture of skills, knowledge, attitudes, values, and talents that originate effective or high performance in activity and skilled positions. What is more, a skilled ability is taken into account as correct judgment and habits in terms of the employment of information, technical skills, clinical reasoning, communication, feelings, values and rethinking daily

activities aimed toward providing services to people and therefore the society (Heydari, 2016).

Professional authorization and the ability of personnel are among the issues of human resource management in aid systems worldwide. World Health Organization (WHO) needs all the member countries to report and implement their plans for strengthening nurses and militarization them with a skilled ability (World Health Organization, 2016). Having ability ends up in an improved quality of patient care and raised patient satisfaction with the personnel and helps promote performance as a profession and improve education (Nobahar, 2016). Additionally, patients expect personnel to be competent and to behave them in a very affordable manner. Following a high prevalence of medical incidents, and therefore the public became involved concerning the standard of clinical care and have targeted their attention on clinicians' ability. There's a necessity for professionals to demonstrate that they're clinically competent to perform bound roles (Carr, 2010). During this respect, an absence of attention to skilled ability in personnel will cause issues for organizations and question their activities. Personnel's poor ability could result in some undesirable consequences as well as nurses' frustration, job discontent, and their attrition (Heydari, 2016).

Professional skills and ability even have effects on job attitudes as well as structure commitment and skilled affiliations (Rajabipour, 2013). So as to attain the goals of the health system, force is needed to own not solely experience, authorization, and ability however also high levels of structure attachment and commitment similarly as a disposition to get entangled within the activities on the far side on their common and pre-determined duties. Therefore, the degree of attachment and commitment of personnel

towards their attached organizations will have impacts on the promotion of their clinical ability (Koohi et al., 2013). During this respect, structure commitment is outlined as involvement in a very specific organization and beliefs in values and goals of the organization, sense of loyalty to the organization, ethical obligations, devout inclinations and sense of the necessity to remain within the organization (Carman-Tobin, 2013). In fact, structure commitment could be a sort of psychological attachment to a company within which an individual is concerned in order that committed workers typically acquire their own identity from the organization and take pleasure in their memberships (Ahmad, 2014). Structure commitment is additionally thought-about jointly of the fundamental values, that affect a company, and it's used as a criterion to gauge workers (Bastami, 2014).

Consequences of structure commitment embody lower levels of intent to depart, raised retention, higher group action, and better job productivity (Carman-Tobin, 2013). (Han & Chung, 2016) have highlighted that personnel' structure commitment is an important precondition not just for the reduction of negative consequences like conflicts, exhaustion, and turnover however conjointly for the upkeep of patients' health through a deeper commitment to patients. Members who are extremely committed to their organization tend to earn external similarly as internal remuneration (e.g., job satisfaction), to take care of friendly relationships with coworkers, and to perform tasks in favor of the organization.

Lower levels of structure commitment or its shortage will likewise result in a series of issues in a company as well as turnover, absence, the attenuate quality of health care, inconsistencies with structure goals, declines in structure earnings and numerous

different difficulties (Bastami, 2014). Personnel and organizations are two indivisible factors moving one another within the field of health but the results of activities are glad after they meet their structure commitment, have skilled skills and ability and apprehend themselves as a component of a company they're concerned in. Such people like structure goals to private and ethnic ones and perpetually take organizational excellence into consideration (Amiri, 2007).

With this regard, some studies are conducted in Iran; as an example, (Niazazari et al., 2014) argued that skilled ethics was completely correlative with structure commitment. Additionally, it absolutely was terminated that skilled ethics as a dimension of professional ability had the ability to influence the structure commitment of workers. Another study reported that the personnel were bereft of the acceptable skilled ability to produce religious care (Ghasemi et al., 2014).

Work-life Experiences

This play to fortify (or weaken) managers' motivation to remain committed to their organization, profession, family, and country. Understanding of contextual work-life influences on managers' intent to stay should lead to evidence- based strategies that result in a higher number of employees wanting to remain in the organization and work in the health sector in Sri Lanka (Fashbender, 2018).

The idea of organizational commitment has intuitive appeal because of the relationship of commitment to turnover, absenteeism, and organizational performance. All of these are important to healthcare executives who are attempting to stabilize an employee workforce in the presence of a growing manpower shortage (Israel, 2017).

High organizational commitment enhances job involvement, which may lead to more organizational stability and effectiveness (Alammar, et al., 2016).

Sexes in Organizational Perspective

Some recent research has focused on how men and women perceive work commitment differently, while both genders must find work or life balance, this can be particularly tricky for women who are generally considered to be the primary caregivers of children as well as the person most responsible for maintaining the household. One study that analyzed this concept within the teaching profession concluded that career commitment for women was focused more on "giving, learning, and helping" while men focused more on academic research, which was more likely to further their careers. Fisher goes on to argue that measures of work commitment are largely male-biased and ineffective in determining to what women are committed to the organization (Fisher, 2011).

Job Insecurities

What happens when an economic crisis or insecurity forces the organization to reevaluate its commitment towards the employees? Layoffs and downsizing force organization to restructure in order to control costs. Effective means downsizing and alternatives to downsizing can be more beneficial to ensure that employees do not have lowered or negative expectations of organizational commitment. Scholars have found out that some moderate amount of job insecurity leads to improved work performance, yet some have found that job insecurities lead to decreased work performance. It is therefore assumed that any organization that is downsizing or lying off employees will notice a significant decrease in trust between management and employees. As a result, those

employees who remain on the job after downsizing and corporate restructure often experience sharp drops in organizational commitment (Africa News, 2010). Therefore, it is important that organizational commitment is regarded by both employees and employers.

Philippine Healthcare Sector

No organization in today's competitive world can perform at peak level unless each employee is committed to the organization's objectives and works as an effective team member. The Philippine health system is a system in transition. The mission of the Philippine healthcare sector is to create a sustainable, high quality, and cost-efficient system that can be accessed by all Filipinos. To achieve this, there are numerous health sector and hospital reform programs that have been implemented which includes corporatization of public health providers. (Herrera et al., 2013).

Job Stress

Stress by itself is a neutral motivating force. It motivates us to preserve in things we are working on. However, if the stress from work is too much, we will perceive that we are getting out of control of the work. This state of excessive stress will eventually hinder our motivation to persevere. In the workplace, this situation will happen when employees cannot satisfy the expectations of the employers or when their ability fails to live up to the demand of the job (OSHC, 2014).

It is not surprising that work stress increases as technology in the workplace becomes more sophisticated, market competition more tensed; demand on sales targets doubled, working hours lengthened and as more and more people's job are becoming unstable due to stringent competition from neighboring countries. In the workplace,

workloads are also unprecedented. Employees not only have to accomplish a lot of paper work, they also have to meet their clients and business counterparts to sell the services of their company. In their leisure hours, they also have to take enrichment courses for further career development. So, we can see that employees are pushing themselves to the limit around the clock. It is therefore not uncommon to see that a lot of them are afflicted with different kinds of urban illnesses and rise in suicide and divorce rates. The phenomenon has been the result of the accumulation of occupational stress which can adversely affects your health, interpersonal relationship, your work and other aspects in your life (OSHC, 2014).

Health care workers is wide thought to be a gaggle that's at high risk of labor stress and job discontent. High levels of labor stress are associated with higher illness absence rates and reduced performance, thereby jeopardizing patient safety. Hence, effective interventions to forestall work stress and to boost health, well-being, and performance of health care staff are badly required. though stress bar has received sizable attention over the last 20 years, there's still a niche between theoretical information relating to work stress bar and corresponding sensible applications. Scientifically well-performed studies on work stress and performance interventions are still scarce, and organization-level interventions typically fail to realize the required results. it had been argued that the bulk of labor stress management programs have a "one size (or one pill) fits all" character with some interventions resembling "smoking stop courses for non-smokers". In alternative words, there's a scarcity of correct identification of risk factors at work (i.e., job stressors) and risk teams (Nicks, 2018).

Work-related Factors of Occupational Stress

Work-related stress is common in several countries. Variety of structure and psychosocial work-related factors are found to be related to stress, that successively would possibly end in adverse health effects and ill health, and the next risk of leaving. Work-related factors, like poor structure climate, in terms of intolerance at work, conflicts, and injustice at work are related to stress, poor health, and consequent leave. Being engaged in work or committed to figuring is essentially thought-about to own a positive influence on each the individuals' well-being which of the organization. it's been incontestible, though, that being too engaged, or over-committed, could be a risk issue for illness presenteeism, work-related stress, and poor health. These structures and psychosocial operating life stressors and strains have an effect on individuals negatively and end in numerous mental and physical health complaints, even before sick-listing. individuals with these complaints usually consult their primary health care medico long before they even ponder taking leave. it should otherwise be that neither the patient nor the overall professional person is aware that their symptoms may be caused by structure and psychosocial factors at work. as a result of several patients can be in danger of incapacity and long leave, it's of large worth to spot these persons early and to require preventive actions (Holmgren, 2016).

Stress and Performance

Stress is not always negative as an influence on our lives. It has two faces – one positive and one negative. Constructive stress, or eustress, acts in a positive way. Moderate level of stress by prompting increased work effort, stimulating creativity, and encouraging greater diligence. You may know such stress as the tension that causes you to study hard before exams, pay attention, and complete assignments on time in a difficult

class. Destructive stress, or distress, is dysfunctional for both the individual and the organization. Too much stress can overload and break down a person's physical and mental system resulting in absenteeism, turnover, errors, accidents, dissatisfaction, reduced performance, unethical behavior, and even illness. Organizations were criticize that suffers from excessive practices for creating toxic work places. A toxic company implicitly says to its employees: "We're going to put you in an environment where you have to work in a style and at a pace that is not sustainable. We want you to come in here and burn yourself out. Then you can leave." (Pfeffer, 2009)

Occupational Work Stress

One of the most important factors adversely influencing performances of employees within an organization is stress and psychological pressure which are common characteristics of contemporary societies, and responsible for a wide range of mental and physical illnesses. Stress occurs when stressors such as environmental pressures, obstacles, and unsettling events induce tensions in an individual's physiological and psychological state. One of the most problematic aspects of stress is work-related stress, concerning its damaging effect on both the employees and the organizational performance. Occupational stress is associated with various emotional and behavioral disorders in the workplace, including impatience, conflict with clients, and violence. Evidence shows that work-related stress can lead to job dissatisfaction, increased work delays, and poor staff communication (Burgess et al, 2010).

On the other hand, work performance is a systematic process by which an agency involves its employees as individuals and members of a group, in improving organizational effectiveness in the accomplishment of agency mission and goals, an

example of these approaches are planning work and setting expectations, continually monitoring performance, developing the capacity to perform, periodically rating performance and rewarding good performance (U.S. Office of Personal Management, 2010).

Organizational Stress

At the conference of the Academy of Activity Health Scientific Discipline in Rome in 2010, Cary Cooper argued that: "We have enough scientific knowledge on what causes folks to fall sick within the geographical point ... we all know the issues, what we'd like to try now could seek out solutions" (Cooper & Nielsen et al., 2010). Prices related to shriveled performance, to illness absence and presentism, are substantial. This alone ought to encourage additional employers to develop approaches to boost the quality of life, stop stress and improve well-being at work (Cooper & Dewe 2008; Sainsbury Centre for Psychological State, 2007). Whereas we tend to acknowledge that the issues related to stress at work are pricey, interventions to forestall them are still rare and largely centered on the results of stress (e.g. coaching on stress, time or conflict management) instead of elimination of risk factors at the supply (Giga et al., 2003). Moreover, though theoretical models recommend to researchers totally different components to document and evaluate in an intervention, very little sensible steering exists on the way to concretely operationalize these components within the field. For instance, many approaches suggest having sturdy support from prime management and transparent communication set up regarding the interventions that were already enforced or that may be undertaken (Health and Safety Government, 2003)

Work Related Stress

Work-related stress is dear not solely to workers however additionally to organizations and society. As an example, it's calculable that work-related stress, depression, and anxiety prices British employers £1,035 per worker which work stress prices the United States economy up to $300 billion annually. However, elevated levels of stress typically can't be modified, and, if demands weren't placed on workers, worker learning, structure innovation, and social group economic process would be hindered. Consequently, it's very important that activity health practitioners, employees, employers, and researchers try to higher perceive and manage work stress; such worker health and well-being are often improved. Beliefs and expectations of stress and its results, whether or not useful or hurtful, will have a profound influence on our stress experiences. Also, the method that we tend to approach our work (e.g., job crafting) or the treatment we tend to receive from others (e.g., with dignity) will either mitigate or exacerbate any harmful or helpful effects of stress. Moreover, we tend to assess the psychological (e.g., burnout and well-being) or physiological (e.g., cortisol) outcomes of stress are significant, and therefore the correct designation of stress (e.g., stress surveys) underlies our understanding (Rossi et al., 2017).

It is well-known that health care staff in today's general hospitals should house high levels of job demands, that may have negative effects on their health, well-being, and job performance. The way to scale back job-related stress reactions and to optimize positive work-related outcomes is to lift the extent of specific job resources and opportunities to get over work. However, the question remains on a way to translate the optimization of the balance between job demands, job resources, and recovery opportunities into effective geographic point interventions. Hospitals have to work a lot

of with efficiency than ever before to extend the standard of health care and at the identical time scale back prices, that places a better burden on health care workers. As a consequence, health care staff have usually obligatory with an extremely tight psychological feature, emotional, and physical work tasks. Such tight tasks that need effort are cited as job demands. High levels of job demands will have negative effects on employees' health, well-being, and job performance unless staff has sufficient job resources to deal with their tight jobs. Job resources will be represented as work-related assets that may be used to house job demands. samples of job resources are geographic point social support and job autonomy. as a result of job demands usually cannot be reduced, the concept to extend job resources instead to combat strain is appealing for today's operating life in health care (Houtman, 2013).

Managing Stress

Stress prevention is the best first-line strategy in the battle against stress. It involves taking actions to keep stress from reaching destructive levels in the first place. Personal and nonworking stressors must be recognized so that action can be taken to prevent them from adverse impact.

Once stress has reached a destructive point, special techniques of management can be implemented. This process begins with the recognition of stress symptoms and continues with actions to maintain a positive performance edge. The term wellness is increasingly used these days. Personal wellness involves the pursuit of one's physical and mental potential through a personal health promotion program. The concept recognizes individual responsibility to enhance and maintain wellness through a disciplined approach to physical and mental health (Schermerhorn et al., 2002)

Turnover of Companies

Adam Miller, president and CEO of Cornerstone on Demand said that "American workers simply want to be empowered to do a good job and be recognized for their contributions. If companies don't clearly communicate how employees can contribute to organizational goals and provide adequate training and performance feedback, they risk losing their best people as the economy improves. This kind of turnover is costly and can dull a company's competitive edge" (Loyalty and Employee Retention, 2012)

While there are many possible explanations for this, one primary reason is that the individual "…is being expected to exert effort on learning/development beyond what he/she wants". This effect is also seen among "performance oriented" employees, whereby an individual who perceives that learning will "stretch" them beyond their preferred performance level, may negatively influence their commitment to the organization (Maurer and Lippstreu, 2010).

Employees of military hospitals are on the front line of crisis conditions and are responsible for providing healthcare services to the nation's defenders. In addition, their critical role is not limited to wartime; they are also responsible for supporting civilians in natural disasters and extreme emergencies. These responsibilities require employees of military hospitals to continuously maintain their mental and physical readiness for confronting emergencies anywhere and anytime. On the other hand, specific responsibilities of military hospitals require their leadership to constantly monitor the wellbeing of their employees by regular surveys and to use the resulting data for developing and updating interventional programs (Sarabandi et al., 2015).

Job Analysis and Work Performance

In any given organization, an analysis of job description and performance targets of its employees is considered the most import essential function of the office manager. Performance targets are important because they provide direction to the individual particularly on his work efficiency and productivity, which is an essential factor in the delivery of quality service with their clients (Gamil and Soria, 2013).

According to Gamil and Soria, these three determinants of employees' performance are to be a great extent a gauge of their actual performance in their tasks (Gamil and Soria, 2013).

Employee Performance

High performance follows from making positive work surroundings, supporting worker development, and empowering folks to tackle issues. Mutual respect and trust are essential together with reward practices that reinforce sensible performance. The solution over the past decade just about has been multiplied attention to worker engagement, a construct like love and wonder that doesn't have a solid definition. The concept is intuitively valid: associate worker agency is "fully absorbed by and addicted to their work" will be expected to perform higher. Gallup's analysis extending over twenty years confirms that's true across a series of metrics like productivity, safety, and absence relevant in each sector. Even the simplest qualified employees want feedback and training to boost their performance level. The importance of effective coaching job shifts the main target from the appraisal type and also the dreadful year-end reviews to the everyday role of managers. Making ready managers ought to currently be the priority,

with the goal of obtaining the simplest from everybody. The fixation on managing the few poor performers isn't useful (Risher, 2017).

Work Engagement and Performance

A host of studies suggests that job engagement that is outlined as "a positive, fulfilling, work-related state of mind that's characterized by vigor, dedication, and absorption" is beneficial in nature. As an example, work engagement has been related to higher mental and physical health in terms of low levels of depression and anxiety, healthy internal organ, involuntary activity, higher corticosteroid suppression in response to corticosteroid, higher sleep quality, and less psychological distress. Additionally, the analysis suggests that job engagement is useful for employees' job performance, and, hence, for organizations. This is often illustrated by the very fact that job engagement is expounded to low illness absence frequency, low risk of long-run illness absence, self-rated job performance, manager's and co-workers' rated job performance, task- and discourse performance originality, creativity, high money returns, sensible service quality, fewer errors, superior business outcomes like high productivity and profitableness, and business growth (Shimazu, 2018).

Knowledge Management

Effective information management is extremely necessary to realize robust organizational performance. The success or failure of data management depends on effectively associate organization's members share and use their knowledge. As a result of information management plays a key role in enhancing nursing performance, the core factors and work the amount of data management in given hospital priorities to make sure with a top quality of caring for patients. Particularly, prioritizing the adoption of an

information-sharing culture and organizational learning in knowledge management systems could be one methodology for organizations to additional effectively manage their knowledge resources and so to reinforce the outcomes of performance and attain bigger business fight (Lee, 2014).

Continuous Performance Management

The once-a-year performance review provides a proper chance for manager and worker to celebrate accomplishments, discuss challenges, and set annual goals, however, performance management is only once it's a continual method instead of a one-time spoken language at analysis time. Several healthcare organizations are discovering that providing staff on a continual basis with mentoring and training opportunities that are aligned with their annual goals ends up in bigger worker answerability and higher performance (Weeks, 2016).

Phelps County Regional middle in Rolla, Missouri, is one such organization. It's developed work and mentoring programs that increase the touchpoints between managers and staff. These initiatives improve retention among high-performing team members, increase worker satisfaction through additional targeted skilled development, and enhance worker answerability by combining goals with frequent feedback (www.healthcaresource.com).

Performance management is an associate current method that ought to be prime of mind all year spherical. Mentoring and training programs are good in giving continuous feedback to front-line staff, managers, and leaders. These techniques bridge the gap between formal evaluations and facilitate team members to concentrate on ways that they will improve their performance. The results embody higher patient care, bigger worker

answerability and satisfaction, and lower turnover among the strongest performers (www.trainingmag.com).

The foregoing theories, concepts, and principles would serve as the backbone of this study.

Synthesis

Organization that build positive work environments and make significant investments in their employees are best positioned to realize that benefits of their full talents and work potential. As Pfeffer says: "All that separates you from your competitors are the skill, knowledge, commitment, and abilities of the people who work for you." Organizations that treat people right will get high returns. That, in essence, is what the study of organization behavior is all about.

The organizational commitment of personnel, handling of stress in everyday duty and the delivery of their work performance will be observed in their workplace as to the various literature and studies presented. Their perception of their job, the attitude in dealing with their job, resiliency and personal well-being will be able to partake as they strive for organizational commitment. The level of organizational commitment with the integration of management and job performance in the respective environment will meet satisfaction and motivation towards the fulfillment of their profession.

Chapter III

RESEARCH METHODOLOGY

This chapter will present the methodology, environment, respondents, sampling designs, data gathering, and data analysis.

Design

The study was a descriptive-correlational survey method employing quantitative approaches. The purpose of descriptive research was to observe, document, describe and provide interpretation of a situation as it naturally occurs and sometimes serves as a starting point for the generation of hypothesis and development of theory (Beck and Polit, 2014). Rather than describing cause and effect relationship, the design described the relationship among every variable. This was a way of measurement of two or more relevant variable and assessment of every relationship between or among those variables presented. As it applies to the study, this described the relationship between organizational commitment and job stress of employees in a tertiary hospital in Cebu City.

Environment

The data gathering and other procedures needed to complete this study was conducted in a tertiary hospital in Cebu City.

A tertiary level training private hospital with 150-bed capacity located at Cebu City. It is considered as a general hospital that offers services including Internal Medicine, Surgery, and Pediatrics, Obstetrics and Gynecology Department and the newly opened Department of Family Medicine. It is committed to an educational and working

environment that provides equal delivery of healthcare services. It exists primarily to give holistic care of medical care to patients as human, living and feeling persons.

It is located in urban areas of the South District of Cebu City with 5,681 square meters. It serves mostly the 150,000 population comprising 32 barangays of the South District of Cebu City and comes neighboring municipalities. A "Center for Quality" during its recent PhilHealth Bench book Accreditation and an accredited member of the Private Hospital Association of the Philippines Inc.

The hospital has four (4) Divisions namely: Medical Division which includes Clinical Services and General Medical Services; Administrative Division; Finance Division; and Nursing Service Division.

The Medical Division has two (2) services section. The Clinical Services which composed of Obstetrics and Gynecology, Pediatrics, Internal Medicine, Surgery and Family Medicine. The General Medicine Services includes the following: Admitting Section; Dietary Services, Emergency Medical Services; Industrial Clinic, Laboratory, Blood Bank, Medical Records, Pharmacy, Radiology and Sonography, Rehabilitation, Social Welfare, Special Laboratory Services and Minimal Invasive Surgery.

Administrative Division has six (6) sections it includes the following: Housekeeping, Central Supply and Linen Department, Maintenance and Engineering, Out Patient Care, General Services Department, and Security.

Finance Division has six (6) sections composed of Accounting, Billing, PHIC, Cashier, Budget, and Finance Assistance Desk.

In the Nursing Service Division, it has eleven (11) nursing units, namely: Emergency Room, Labor/Delivery and Operating Room, Obstetric Ward and Private

Rooms, Gynecology Ward and Private Rooms, Pediatric Ward and Private Rooms, Surgical Ward and Private Rooms, Internal Medicine Ward and Private Rooms, Neonatal Intensive Care Unit, Intensive Care Unit, Out Patient Department, and Reproductive Health Unit.

Participants

Sampling Design. There was no sampling design that was utilized in the study, instead, all hospital employees who will qualify based on the inclusion and exclusion criteria were invited to participate in the study.

Inclusion and Exclusion Criteria. Participants were able to meet the inclusion and exclusions of the criteria included to be admitted in the study. Employees who were hired in the hospital for six months and above and participants who were willing to comply with the research protocol and voluntarily provide consent to participate in the study.

The study excluded new hospital employees, which means that those who were hired for less than 6 months are excluded from the study as they are still on the orientation or probationary phase. Further, the study excludes hospital employees who are about to resign and pending effectivity dates of their termination.

Respondents. Part of the study was hospital employees. One hundred (100) was the total respondents. Part of which was the regular and contractual employees for medical staff. The researcher was able to utilize the Sloven's formula to determine the sample size and stratified random sampling in the selection of the participants for the regular and contractual employees in order that every division is well represented. Below was the distribution of the sample size.

Table 1

Distribution of Sample Size

Division/Department/Section	Regular	Contractual	Total
Medical Division	0	30	30
Nursing Division	30	0	30
Administrative Division	25	0	25
Finance Division	15	0	15
		Total	100

Instrument

The tool for data gathering made use of a modified-standardized tool questionnaire. The questionnaire formulated by Allen and Meyer (2002) to determine the organizational commitment of the personnel was utilized in the study. There were three parts of the instrument. The first part was composed of the department where the participant is assigned and second part was composed of the items that will determine the level of personnel's' organizational commitment based on the three components: namely, Affective Commitment (AC) items 1-8, Continuance Commitment (CC) items 9-16, and Normative Commitment (NC) 17-24 items. John Meyer, Ph. D authorized the use of employee commitment questionnaire for academic purposes.

The scales were shown in Table 2– Likert Scale for organizational commitment.

Table 2

Organizational Commitment Rating Scale

Scale	Range Value	Response Category	Descriptive Interpretation
4	3.25 – 4.00	Strongly Agree	Very High
3	2.51 – 3.25	Agree	High
2	1.76 – 2.50	Disagree	Low
1	1.00 – 1.75	Strongly Disagree	Very Low

The four-point Likert attitudinal scale was utilized in the design of the questionnaire. The respondents will make to express what they believe in their organizational commitment.

The questionnaire of job stress was adopted from a modified standardized tool of Job Stress Management DIY Kit, Occupational Safety and Health Center (http://www.Oshc.org.hk/others/workstress/public/doc/workstress_e.pdf). The indicators involved the following perception of the job, work stress, attitude to job, resilience, job performance, and well-being. The survey results are interpreted based on the tool kit do-it-yourself for guidance and identification of job stress.

The second part was the Job Stress where there are 6 categories or sub-variables which include: Perception of Your Job (15 items), Work Stress (2items), Attitude to Job (2 items), Resilience (2 items), Performance (5 items) and Personal Well-being (6 items). A six-point Likert scale was used for all the sub-variables. For the Perception of Your job 6 is for very often, 5 for often, 4 for sometimes, 3 for occasionally, 2 for seldom and 1 for never. For Work Stress 6 is for very often, 5 for often, 4 for sometimes, 3 for occasionally, 2 for seldom and 1 for never. For Attitude to Job 6 is for strongly agree, 5 for agree, 4 for slightly agree, 3 for slightly disagree, 2 for disagree and 1 for strongly agree. For Resilience, 6 is for very accurate, 5 for mostly accurate, 4 for slightly accurate, 3 for slightly inaccurate, 2 for mostly inaccurate and 1 for very inaccurate. For Performance 6 is for excellent, 5 for good, 4 for satisfactory, 3 for fair, 2 for marginal and 1 for poor. For Personal Well-being 6 is for very often, 5 for often, 4 for sometimes, 3 for occasionally, 2 for seldom and 1 for never.

Table 3

Job Stress among Hospital Employees' Rating Scale

Perceptions of your Job; Work Stress and Personal Well-being			
Scale	Range Value	Response Category	Descriptive Interpretation
6	5.03 – 6.00	Very Often	Very High
5	4.37 – 5.02	Often	High
4	3.53 – 4.36	Sometimes	Moderate
3	2.69 – 3.52	Occasionally	Low
2	1.85 – 2.68	Seldom	Very Low
1	1.00 – 1.84	Never	Not at All
Attitude to Job			
Scale	Range Value	Response Category	Descriptive Interpretation
6	5.03 – 6.00	Strongly Agree	Very High
5	4.37 – 5.02	Agree	High
4	3.53 – 4.36	Slightly Agree	Moderate
3	2.69 – 3.52	Slightly Disagree	Low
2	1.85 – 2.68	Disagree	Very Low
1	1.00 – 1.84	Strongly Disagree	Not at All
Resilience			
Scale	Range Value	Response Category	Descriptive Interpretation
6	5.03 – 6.00	Very Accurate	Very High
5	4.37 – 5.02	Mostly Accurate	High
4	3.53 – 4.36	Slightly Accurate	Moderate
3	2.69 – 3.52	Slightly Inaccurate	Low
2	1.85 – 2.68	Mostly Inaccurate	Very Low
1	1.00 – 1.84	Very Inaccurate	Not at All
Performance			
Scale	Range Value	Response Category	Descriptive Interpretation
6	5.03 – 6.00	Excellent	Very High
5	4.37 – 5.02	Good	High
4	3.53 – 4.36	Satisfactory	Moderate
3	2.69 – 3.52	Fair	Low
2	1.85 – 2.68	Marginal	Very Low
1	1.00 – 1.84	Poor	Not at All

Questions to assess the level of job stress support six different components which were based on six subscales. Several parametric interpretations was utilized, for the area

of Perception of Your Job items 1.1 – 2.3 the following were used: a score of 1.00 – 1.84 was interpreted as not at all (a cause of stress), 1.85 – 2.68 was interpreted as very low, 2.69 – 3.52 was interpreted as low, 3.53 – 4.36 was interpreted as moderate, 4.37 – 5.02 was interpreted as high, and 5.03 – 6.00 was interpreted as very high.

For the area of Work Stress items 3.1 – 3.2 the following were used: a score of 1.00 – 1.84 was interpreted as not at all (a cause of stress), 1.85 – 2.68 was interpreted as very low, 2.69 – 3.52 was interpreted as low, 3.53 – 4.36 was interpreted as moderate, 4.37 – 5.02 was interpreted as high, and 5.03 – 6.00 was interpreted as very high.

For the area of Attitude to Job items 4.1 – 4.2 the following were used: a score of 1.00 – 1.84 was interpreted as not at all (a cause of stress), 1.85 – 2.68 was interpreted as very low, 2.69 – 3.52 was interpreted as low, 3.53 – 4.36 was interpreted as moderate, 4.37 – 5.02 was interpreted as high, and 5.03 – 6.00 was interpreted as very high.

For the area of Resilience items 5.1 – 5.2 the following were used: a score of 1.00 – 1.84 was interpreted as not at all (a cause of stress), 1.85 – 2.68 was interpreted as very low, 2.69 – 3.52 was interpreted as low, 3.53 – 4.36 was interpreted as moderate, 4.37 – 5.02 was interpreted as high, and 5.03 – 6.00 was interpreted as very high.

For the area of Performance items 6.1 – 6.5 the following were used: a score of 1.00 – 1.84 was interpreted as not at all (a cause of stress), 1.85 – 2.68 was interpreted as very low, 2.69 – 3.52 was interpreted as low, 3.53 – 4.36 was interpreted as moderate, 4.37 – 5.02 was interpreted as high, and 5.03 – 6.00 was interpreted as very high.

For the area of Personal Well-being items 7.1 – 7.6 the following were used: a score of 1.00 – 1.84 was interpreted as not at all (a cause of stress), 1.85 – 2.68 was interpreted as very low, 2.69 – 3.52 was interpreted as low, 3.53 – 4.36 was interpreted as

moderate, 4.37 – 5.02 was interpreted as high, and 5.03 – 6.00 was interpreted as very high.

The last part was the performance appraisal instrument of the organization that they are currently using in evaluating employees annually. The performance evaluation form was composed of three different main categories in which the hospital employees are rated. These include: skills and competencies (3 items), professionalism and attributes (3 items), and customer service (1 item). For skills and competencies, it was being rated as 3 for exceeded expectations, 2 for met expectations and 1 for did not meet expectations. For professionalism and attributes, it was being rated as 3 for exceeded expectations, 2 for met expectations and 1 for did not meet expectations. Lastly, for customer service, it was also being rated as 3 for exceeded expectations, 2 for met expectations and 1 for did not meet expectations.

Table 4

Performance among Hospital Employees' Rating Scale

Scale	Range Value	Response Category	Descriptive Interpretation
3	2.34 – 3.00	Exceeded Expectation	Exceeded Expectation
2	1.67 – 2.33	Met Expectation	Met Expectation
1	1.00 – 1.66	Dis Not Meet Expectations	Did Not Meet Expectations

Data Gathering Procedure

The researcher did undergo series of steps in the research process. The researcher asked permission from the Dean of the Graduate School of the College of Nursing of the University of the Visayas to conduct the study and the Chief of Hospital of the health care facility. Then a transmittal letter was sent to the Chief of Hospital of the said health care facility. A transmittal letter was also be given to the Human Resource Department in order for them to be notified about the conduction of the study and the distribution of the

questionnaires from them to avoid biases. When it was approved, the study was submitted for design hearing. The researcher was able to meet the chair or members of the Cluster Ethics Review Committee (CERC), Integrated Research Board (IRB), University of the Visayas, to discuss the purpose and implications of the study and to ask permission to conduct the study. After the permission was granted and once notice to proceed was issued then research obtained the respondents in the chosen locale. The researcher coordinated with the Human Resource Officer in conducting the study through distribution in every selected department. The questionnaires with the approved cover letter were distributed to every selected participant by the human resource officer who was selected through the criteria based on inclusions and exclusions. A face-to-face intercept was used until a sample size was achieved. Answering the survey questionnaire was consumed around 10-15 minutes. Apart from the distribution of questionnaires, the researcher was able to do data mining in collaboration with the Human Resource Department once questionnaires were being answered. Performance result from the year 2017- 2018 was extracted in order to determine the current performance of the research respondents. A copy of their current performance was kept as part of doing a summary of their latest performance.

After gathering all the questionnaires, the data was consolidated for statistical analysis and interpretation of data and came up with the output desired in this study. The raw data was analyzed by the statistician, for the necessary data analysis. Tables were presented to clarify the data through data analysis and interpretation, analysis and supporting literature and studies were provided.

Then, an oral hearing for the study was conducted with the results of the statistics when presented to the dissertation committee for the correction, comment, suggestions, and approval.

Lastly, a compilation was done of all corrected data and approved manuscript of the study for the final printing and hardbound to be submitted to the University as a reference for graduation.

Statistical Treatment of Data

The following statistical tools were utilized in the study:

Frequency count and the simple percentage were utilized for the characteristic profile of the participants.

Weighted Mean was used to determine the level of organizational commitment, and job stress of the participants.

Pearson r (correlational coefficient) was used to determine the relationship between the level of organizational commitment and job stress.

Linear Regression was used to determine the linear approach to modeling the relationship between the level of organizational commitment and job stress.

Ethical Considerations

It was necessary that within the conduct of this study, moral principles were discovered in compliance with the principles of protecting the rights of the analysis participants.

Protection of Human Rights. Three primary moral principles as cited in the Belmont Report were strictly discovered in my study namely: the principles of autonomy, beneficence, and justice.

Beneficence refers to the duty on the part of the investigator to maximize edges for the individual participant and/or society, whereas minimizing the risk of damage to the individual. Minimizing risks and increasing edges were mentioned within the succeeding paragraphs. No damage was introduced as no interventions or treatments were introduced. Respondents can solely be responding to a survey form concerning commonplace precautions.

Respect refers to an individual feels self-respect and self-worth. It was concerned with holistic integrity and empowerment. It was harmed by unfair treatment pertaining to personal traits or circumstances which do not relate to a person's needs, capabilities, or merits. It was enhanced by law which is sensitive to the needs, capabilities, and merits of different individuals, taking into account the context underlying their differences.

Justice demands an evenhanded choice of participants, i.e., avoiding participant populations which were below the belt coerced into collaborating, like vulnerable subjects. The principle of justice needs which those that undertake the burdens of analysis should be doubtless to profit from the analysis. Within the study, all respondents were going to be subjected to the identical procedure of responsive a form.

Content, Comprehension, and Documentation of Informed Consent

Participant Status. The respondents were created to know that everyone knowledge gathered is simply for instructional functions as a demand for the researcher's doctorate degree.

Study Goals. The main purpose of the study was to assess the correlation between organizational commitment, job stress and performance of hospital employees in a tertiary hospital in Cebu City for the year 2019.

Type of Data. The study was quantitative in nature. Data was gathered through a survey questionnaire.

Procedure. The study was done first by seeking permission from the respondents and asking their voluntary consent since this was a non-discriminative snowball effect. This was followed by an approval from the IRB. After which, data gathering was done by way of a survey questionnaire. This was followed by data analysis using both descriptive and inferential statistics. Data was presented in forms of the table with analysis and interpretations along with literature and studies as supported. A reference coming from the data gathering procedures was observed.

Nature of the Commitment. A substantial quantity of their time was needed from the respondents. They answered 10-15 minutes of their free time for the response of the survey form. The research worker can confirm that the respondents were comfy throughout the response of the form.

Sponsorship. The research worker was exclusively funding this analysis study as this was often in compliance with the necessities of the researcher's doctorate degree.

Participant's Selection. Within the choice of respondents, the inclusion and exclusion criteria were used.

Risks. To reduce risks, the subsequent were done:

Physical Harms. The respondents were not exposed to any physical damage considering that the study won't introduce any interventions or treatment. Data gathering by means that of a survey form, therefore, physical harms were avoided.

Psychological Harms. The way the queries were within the form don't cause psychological or emotional damage. Queries were restricted to the perceptions of their data and compliance on the quality precautions.

Social and Economic Harms. No sensitive data were gathered from the informants who caused embarrassment. No data concerning drug and alcohol use, mental state, sexual behavior, and extrajudicial activities were asked. The investigator can try to minimize economic prices to respondents by doing the information gathering within the place wherever the respondents are coverage to figure. The analysis won't involve further actual prices to informants and that they won't be subjected to any fees or prices once taking part in the study. Ought to respondents incur expenses, thanks to the study, they were reimbursed consequently.

Potential Risks. The respondents were solely exposed to stripped risk. This sort of risk was analogous to a risk that a normal person was exposed to in his ordinary daily routine. This was often more mentioned within the previous paragraph on Risk-Benefit magnitude relation Determination.

Benefits. This research was predominantly undertaken to benefit the following group of people. Hospital employees were able to have a commitment in their organization as to how they can balance related stress issues and job performance in their respective environment. In the end, this improved the organizational goals undertaken by the respective hospitals. Nursing personnel developed an organizational commitment in their workplace. The information developed in the study provided baseline data with respect to their organizational commitment and job stress. This allowed them to do introspection and engage in activities that lead to organizational commitment. Better

performance was shown in their organization and this was prevented the piracy and shifting of careers. They were able to revise and update their present and future plans to include development plans through their commitment and dedication at work. The management was able to drive information and create strategic plans and strategies in order to retain their personnel. Proper cascading of organizational goals, mission, and vision towards the personnel was well cascaded. Monitoring, directives and proper regulation and implementation of policy and protocols should also be geared towards the achievement of goals. The study served as a mean of gaining information about organizational commitment, job stress, and performance which enriched the knowledge of the researcher. This served as a mean of homing the researcher's skills. To the future researcher, the findings of the study served as a guide and good reference to provide additional information about the study. New or replication studies can be done to enhance the concept of evidence-based practice.

Potential Benefits. Potential benefits were mentioned within the Risk-Benefit Ratio Determination.

Alternatives. No alternatives were provided because the study was non-experimental which no interventions are introduced. The study can involve solely responsive to a survey form.

Incentives or Compensation. No payment or incentives in any kind were given to the respondents. This can be additionally exhausted order to form positive that the participation of the respondents was not influenced by the payment. For voluntarily giving their time within the study, words of appreciation and feeling can make amends for the respondents' participation to be in person communicated by the research worker

Confidentiality Pledge. Confidentiality was strictly determined within the conduct of the study. To do this, a separate discussion on privacy and confidentiality were on the market in the succeeding paragraphs.

Confidentiality. It was strictly ascertained. Throughout the consent method, respondents were enlightened of the precautions which were taken to safeguard the confidentiality of the info and learn of the parties who had access. This shall be strictly ascertained within the study as mentioned within the succeeding paragraphs furthermore.

Confidentiality Procedures. Protection and privacy were entirely seen in the lead of review. Measures or certification to ensure security and secrecy of the member data as demonstrated by information accumulation strategies including information insurance arrangements was executed. To guarantee privacy in the review the accompanying measures was managed: (a) recognizing data (example: name, address) from members might be acquired when basic; (b) allotting of ID number to every member and connecting the ID number was done as opposed to different identifiers to the real information; (c) keep up distinguishing data in a blotted record; (d) limiting access to recognizing data to just a couple people on a need-to-know premise; € entering no distinguishing data onto PC documents; (f) crushing distinguishing data as fast as common sense; (g) making research faculty sign privacy promises in the event that they have entry to information or recognizing data; and (h) announcing research data in the total; if data for an individual was accounted for, camouflage the individual's personality, for example, using an imaginary name.

Authorization to Access Private Information. There would be access to information coming from the Human Resource Department of the hospital.

This was done with a transmittal letter addressed to the HR head of their department to access such information.

Voluntary Consent. Informants was able to participate in the study, the giving of consent ought to be voluntary. So as to induce the voluntary consent of the respondents, no coercion or undue influence were exerted within the conduct of the study.

Right to Withdraw and Withhold Information. The research worker can confirm that respondents were abreast of which the research worker can respect their right to say no to require half in analysis and to withdraw from the scientific research at any time. With associate degree assurance, that this cannot adversely have an effect on their relationship with management. Once respondents withdraw from the study they were not be punished or censured.

Contact Information. Ought to there be questions on the study, they could contact the University of the Visayas – Institutional Review Board (IRB) through (032) 416-8607 or email at uvirb2015@gmail.com. 5th Floor, New Administration Building, Colon Street, Cebu City.

Debriefing, Communications, and Referrals. The researcher was thoughtful and well-mannered, the researcher was able to express inquiries carefully. A questioning was directed after information gathering was finished to allow members to make inquiries or air grumblings. Further, after the review, the reviewer spoke with the respondents to tell them that they're highly appreciated through email or personally. In conclusion, referrals were done only if it was required and necessary.

Conflict of Interest. The research worker declared no conflict of interest as he's not in any approach connected with any of the respondents and also the research worker

isn't utilized within the hospital wherever the study was conducted. This was in collaboration with the Human Resource Officer who helped in the distribution of the questionnaires to all the hospital employees who gave their consent to participating in the research.

Treatment of Vulnerability Groups

Vulnerability Assessment. Vulnerable subjects like youngsters, prisoners, mentally disabled persons, and economically or educationally underprivileged persons were excluded from the study. The subsequent concerns were strictly determined despite the exclusion of vulnerable subjects within the study, to wit: (a) provision of the inclusion and exclusion criteria within the choice and achievement of informants; (b) consent and voluntarism; (c) absence of coercion and undue influence; (d) confidentiality of data; (e) cluster characteristics like economic, social, physical, and environmental conditions, so the analysis incorporates extra safeguards and (f) not over-selecting or excluding bound teams supported perceived limitations or complexities related to, or the straightforward availableness of, those team.

Chapter IV

PRESENTATION, INTERPRETATION, AND ANALYSIS OF DATA

This chapter presented the data collected in tabular forms. With the tables were the corresponding interpretation and analysis. Findings were further supported by relevant kinds of literature and studies.

Tables five (5) to eight (8), presented the level of organizational commitment among hospital employees in terms of affective, continuance, and normative commitment.

Level of Organizational Commitment among Hospital Employees

Table 5

Level of Organizational Commitment among Hospital Employees in Terms of Affective Commitment

Items	Mean score	Interpretation
Affective Commitment		
1. I would be very happy to spend the rest of my career with this organization.	3.03	High
2. I enjoy discussing about my organization with people outside.	2.90	High
3. I really feel as if this organization's problems are my own.	2.73	High
4. I think that I could easily become as attached to another organization as I' am to this one.	2.64	High
5. I feel like part of the family at my organization.	3.31	High
6. I do not feel emotionally attached to this organization. *	2.39	High
7. This organization has a great deal of personal meaning for me.	3.14	High
8. I fell a strong sense of belonging to my organization.	3.20	High
Factor Mean	2.82	High

Note: N = 100
Legend: 3.26 – 4.00 is very high; 2.51 – 3.25 is high; 1.76 – 2.50 is low; and 1.00 – 1.75 is very low.
Note: Notation of * is reversely interpreted. Legend: 3.26 – 4.00 is very low; 2.51 – 3.25 is low; 1.76 – 2.50 is high; and 1.00 – 1.75 is very high.

As gleaned in the table, the entire indicator of the affective commitment was perceived as a high level of commitment, as their corresponding weighted mean were as

follows: I feel like part of the family at my organization is 3.31 which respondents believe that they feel like part of the family at the organization. In the hospital where most of the healthcare practitioners are working twelve, sixteen, twenty-four or thirty-two hours in their shift, most of them are seeing each other on a regular basis where they build support, camaraderie, and family that they can consider in the organization. The people that they are working and the different personality that they are dealing with gave sense to their belongingness in the organization. Studies show that feeling a sense of belonging in the workplace leads to more than just good vibes and friendships. Belonging is what allows employees to feel like they can be their authentic selves without fear of different treatment or punishment, and it has a major impact on performance and retention. As with the notation of an asterisk (*), the average mean is 2.39 which is interpreted as high in which, respondents do not feel emotionally attached to this organization since most of the respondents are nurses and resident doctors and statistically shows that nurses and doctors just try to get a certificate of experience from the hospital they work in and after they find a greener pasture. Hospital employees who don't feel emotionally attached to and identify with their work don't have better psychological well-being which came from the report of a study in Journal Occupational and Environment Medicine. Efforts to increase emotional attachment may lead to a happier, healthier workforce and contributes to reducing employee turnover.

The factor mean of 2.88 implied that the level of organizational commitment of the employees in terms of affective commitment is high. This means also that employees have a high affective commitment to the organization.

The mean of 2.39 is interpreted as high in which respondents do not feel emotionally attached to the organization, which contradicts to the theory of Allen and Meyer (1991) where in nurses with strong affective commitment feel emotionally attached to the hospital. More than half of the respondents are healthcare provider and majority of them are just here for training and experiential purposes, once they are done with their trainings especially for health allied professionals obtained their certificate, they can find a green pasture using their experiences and trainings.

Affective commitment is an emotional attachment to the organization and a belief in its values (Robbins, 2014). Higher levels of affective organizational commitment have been shown to reduce voluntary turnover in the nursing workforce. Employees with strong affective commitment work harder and perform better than those with weak affective commitment (Shalon, 2017).

Table 6

Level of Organizational Commitment among Hospital Employees in Terms of Continuance Commitment

Items	Mean score	Interpretation
Continuance Commitment		
1. I' am afraid of what might happen if I quit my job without having another lined up.	2.76	High
2. It would be very hard for me to leave my organization right now, even if I wanted to.	2.72	High
3. Too much in my life would be disrupted if I decided to leave my organization now.	2.65	High
4. It would be too costly for me to leave my organization right now.	2.75	High
5. Right now, staying with my organization is a matter of necessity as much as desire.	2.74	High
6. I feel that I have very few options to consider leaving this organization.	2.59	High
7. One of the few serious consequences if leaving this organization would be the scarcity of available alternatives.	2.74	High
8. One of the major reasons I continue to work for this	2.76	High

organization is that leaving would require considerable personal sacrifice-another organization may not match the overall benefits I have here.		
Factor Mean	2.72	High

Note: N = 100
Legend: 3.26 – 4.00 is very high; 2.51 – 3.25 is high; 1.76 – 2.50 is low; and 1.00 – 1.75 is very low.

As unveiled in the table, the entire indicators as for the continuance commitment of the hospital employees in an organization were perceived as a high level of commitment. The corresponding weighted mean of each indicator were as follows: I' am afraid of what might happen if I quit my job without having another lined up is 2.76 which is the highest mean in which respondents have a high response to afraid of what might happen if they quit their job without having another lined up. That just implies that quitting job is always scary thing for them. But it can be downright terrifying when you do not have another one lined up. Factors such as toxic environment, having enough savings, can't search for another current job, high occupational stress, no support system from the management and needing more time for self-reflection are some of the factors that they might consider, knowing that these can serve as a good motivation for them to quit their job. While it is true, that perceived by the respondents with the lowest mean of 2.59 that they have very few options to consider leaving the organization, few in a sense that medical expertise is specialized and not generic, that is why when they leave in the organization, they will go to other hospitals or go abroad. Mostly of the respondents are resident doctors and nurses. They know how to value their jobs since they already found their comfort zone in the organization. Regular employees already know where their direction is, and it is very important for them to stabilize themselves in where they belong. Mostly of the healthcare professionals aim to work in one organization and obtain a certificate to work abroad and finish their training.

The factor mean of 2.72 expressed that the employees in this particular organization were a high level of continuance commitment.

This was evidently done in the study of Patrick Simon Soria, RN of organizational commitment as a Driver of Change in selected Hospitals in Davao City found out that staff nurses have high continuous commitment and normative commitment. In addition, employment status is not correlated to organizational commitment. The study also proved that organizational commitment is a driver of change (Soria, 2017).

This is ascertained by Robbins, continuance commitment is the perceived economic value of remaining with an organization compared to leaving it. It describes an individuals' need to stay with the organization based on the perceived costs of their investment, and the costs of discontinuing membership with the organization. Although the basis of continuance commitment is generally on economic reasoning, continuance commitment may contain an assessment of both tangible and intangible benefits. Costs can be losing good pay, developed networks or contacts, image, need to reallocate, and job search costs. Personal investments may also include some special talents that are unique to a particular organization, well-established working relationship with co-workers, and other benefits that make it too costly for an individual to leave an organization and search for employment elsewhere (Robbins, 2009).

Table 7

Level of Organizational Commitment among Hospital Employees in Terms of Normative Commitment

Items	Mean score	Interpretation
Normative Commitment		
1. I think that people these days move from company to company too often.	3.19	High
2. I do believe that a person must always be loyal to his or her organization.	3.25	High
3. Jumping from organization to organization does seem at all unethical to me. *	2.50	Low
4. One of the major reasons I continue to work in this organization is that I believe loyalty is important and therefore feel a sense of moral obligation to remain.	3.15	High
5. If I got another offer for a better job elsewhere, I would feel it was right to leave my organization.	2.96	High
6. I was taught to believe in the value of remaining loyal to one organization.	3.09	High
7. Things were better in the days when people stayed in one organization for most of their careers.	3.01	High
8. I think that being a "company man or woman" is sensible.	3.11	High
Factor Mean	3.02	High

Note: N = 100

Legend: 3.26 – 4.00 is very high; 2.51 – 3.25 is high; 1.76 – 2.50 is low; and 1.00 – 1.75 is very low.

Note: Notation of * is reversely interpreted. Legend: 3.26 – 4.00 is very low; 2.51 – 3.25 is low; 1.76 – 2.50 is high; and 1.00 – 1.75 is very high.

The table showed that employees perceived that there was a high level of normative commitment except for one item to the organization as shown in their corresponding weighted. Mean such as I think that people these days move from company to company too often is 3.19 which respondent think that people these days move from company to company too often. Most respondents are nurses and resident doctors. It is completely obvious in their organization that these healthcare practitioners are looking great and better opportunities abroad or whichever they could benefit with a high pay and good experience. Another item which I think that being a "company man or woman" is sensible is 3.11. It shows that respondents believed that jumping from organization to organization seem unethical at all, this holds true since the nature of human is to find his comfort zone and where he feels that he/she is fulfilled.

In the notation of inversely interpreted with asterisk (*), the lowest mean is 2.50 interpreted as low in which respondents think that jumping from organization to organization does not seem at all unethical to them because the respondents' desire of expedited growth within an organization and willingness to switch job to accelerate the process is a cause of great concern to them. Job-hopping is considered because employees were open to new job opportunities. Right now, job-hopping is on the rise because of the good economy and millennials who've grown up suspecting that there is no such thing as loyalty from employer anymore. Many hospital employees who job-hop are trying to get out of negative situation, to "escape the pain". But they are not stepping back asking career questions by themselves such as, "What do I care about?" or "What problems do I want to solve?". Whenever they consider a new position, they have to think about their marketability down the line.

The results support the study of Robbins in which a normative commitment is an obligation to remain with the organization for moral or ethical reasons. It reflects individuals' feelings of obligations to stay with the organization because of loyalty and or allegiance. Individuals feel that they ought to remain with an organization because they feel it is morally right to continue to participate in an organization. It has also been considered as a significant construct in collectivist cultures, where group expectations and social performances are relatively more important issues than attitudes and attachments (Robbins, 2009).

Table 8

Total Interpretation of Level of Organizational Commitment among Hospital Employees

Items	Mean score	Interpretation
Affective Commitment	2.82	High
Continuance Commitment	2.72	High
Normative Commitment	3.02	High
Grand Mean	2.88	High

Note: N = 100
Legend: 3.25 – 4.00 is very high; 2.51 – 3.25 is high; 1.76 – 2.50 is low; and 1.00 – 1.75 is very low

The overall average mean is 2.88 implies that the level of organizational commitment of the hospital employees in the organization is high. As the affective commitment has 2.82 which is interpreted as high it's because of greater motivation is contributing meaningfully to the organization and to our patient welfare. Continuance commitment of 2.72 which is also interpreted as high on the other hand Meyer and Allen maintain that employees who are into organization based on continuance commitment stayed not because of emotional attachment but because of the realization the cause associated with leaving was high. This is because doctors have difficulty of transferring to other hospitals for training. Mostly of the training hospitals does not accept lateral entry. Moreover, to the nurses wherein certificate of employment should be continuous.

And normative commitment of 3.02 weighted mean is interpreted as high because of their strong normative commitment are connected to the organization of feeling of obligations and duties towards client. This just means that employees in this tertiary level hospital are well committed and they are showing the best that they can to provide a quality service.

According to Herrera et al, 2009 states that no organization in today's competitive world can perform at peak levels unless each employees is committed to the organization's objectives and works as an effective team member. The Philippine health system is a system in transition. The mission of the Philippine health sector is to create a sustainable, high quality, and cost-efficient system that can be accessed by all Filipinos. To achieve this, there are numerous health sector and hospital reform programs that have been implemented (Herrera et al, 2009).

Job Stress among Hospital Employees

Tables nine (9) to fourteen (14), presented the contributor to job stress among hospital employees in terms of perception of job, work stress, attitude to job, resilience job performance, and personal well-being.

Table 9

Contributor to Job Stress among Hospital Employees in Terms of Perception of Job

Perception of job	Mean score	Interpretation
1.1 How often do you feel that:		
1.1.1 The thought of getting fired really scares you	3.92	Moderate
1.1.2 You are worried about the possibility of being fired?	3.67	Moderate
1.1.3 Your job is not permanent?	3.80	Moderate
1.2 How often:		
1.2.1 Do you get into arguments with others at work?	2.42	Very Low
1.2.2 Are people rude to you at work?	2.20	Very Low

1.2.3 Do you encounter inter-personal conflicts at work?	2.22	Very Low
1.2.4 Does your job require you to do work very fast?	3.66	Moderate
1.2.5 Do you have to work overtime?	3.91	Moderate
1.2.6 Is there a great deal to be done?	4.08	Moderate
1.3 how often do you find it difficult or impossible to do your job because of:		
1.3.1 Lack of necessary information about what to do or how to do it?	3.11	Low
1.3.2 Inadequate help from others	3.31	Low
1.3.3 Lack of equipment or supplies?	3.51	Low
2.1 I decide on my own how to go about doing the work.	4.12	Moderate
2.2 The job gives me a chance to use my personal initiative or judgement in carrying out the work.	4.73	High
2.3 The job gives me considerable opportunity for independence and freedom in how I do the work.	4.64	High
Factor mean	3.59	Moderate

Note: N = 100

Legend: A score of 1.00 – 1.84 is interpreted as not at all (a cause of stress), 1.85 – 2.68 is interpreted as very low, 2.69 – 3.52 is interpreted as low, 3.53 – 4.36 is interpreted as moderate, 4.37 – 5.02 is interpreted as high, and 5.03 – 6.00 is interpreted as very high.

Table shows on how often they feel on the following indicators and their mean: The thought of getting fired really scares you is 3.92; you are worried about the possibility of being fired is 3.67, and your job is not permanent is 3.80. The respondent does not worried about being fired since most of the respondents were nurses and medical practitioners and what they want is the certificate from the organization of experience to be used for their greener pastures.

Moreover, perception of the respondents of the following indicators with their weighted average mean was: Do you get into arguments with others at work is 2.42; Are people rude to you at work is 2.20; Do you encounter inter-personal conflicts at work is 2.22; Does your job require you to do work very fast 3.66; Do you have to work overtime is 3.91; and Is there a great deal to be done is 4.08. There is a probability of the stress level of the overall indicators mentioned. It shows that respondents were not a trouble

maker and seldom to encounter arguments with another co-worker, this implies the harmonious relationship within the organization.

Furthermore, for job stress on how often they find difficult or impossible to do their job on the following indicators with their weighted mean: Lack of necessary information about what to do or how to do it is 3.11; inadequate help from others is 3.31; Lack of equipment or supplies is 3.51. Since the organization is in the medical field of expertise respondents were not having difficulty to do their job because they already know what to do and procedures were readily available.

On the personal initiative, the following indicators with their weighted mean: I decide on my own how to go about doing the work is 4.12 interpreted as moderate. These employees are trained accordingly every time they have their first and second week of employment. It is very important that they could work by themselves or alone after a month of training and series of didactics since most of the time, the man power in every department is very important and every single employee is important in the position that they are partaking. The job gives me a chance to use my personal initiative or judgment in carrying out the work is 4.73 which is interpreted as high. This means that hospital employees are able to perform on their own with less supervision in their job responsibilities. It is important that these employees could stand on their own and initiate all the skills that they have acquired. In one month span, these employees can do their own responsibilities and follow work process flow as evidence by their performance evaluation and feedbacks coming from their respective heads. Correspondingly, the highest mean in the table was 4.73 in which respondents thought the job gives them a chance to use my personal initiative or judgement in carrying out the work. Employees

who do the things the way they have always been done will in the best case get the same results all over again. It is not a secret that even thereby, for standing out an employee need to be creative. They should constantly search for new solutions and more effective approaches. Ideas are the most expensive matters nowadays and so far, the best contribution they can offer to the organization.

The last item in the employee's initiative is the job that gives them considerable opportunity for independence and freedom in how they do the work is 4.64 which is interpreted as high. This just means to say that hospital employees could work on their own. They are open in collaborative working and communication with each other in a way that they can be productive by all means. Every time they execute their work, it runs smoothly and less incidents of negligence and backlogs since they have independence and are well-equipped. The overall factor mean of 3.59 implies that there is a probability of job stress on the perception of the respondents on their job, employees have individual perception in their job and they are having the accountability of their doings. In items 2.1, 2.2 and 2.3, it was implicated in the interpretation that this was in reverse. This has a positive item in which it was stated that according to the respondent's result most of the respondents have high initiative in terms of executing their individual job in the hospital.

The lowest mean is 2.20 and interpreted as very low in which respondents don't think other people are rude to them at work. Working in a healthcare service team work is fostered and each idea are respected and accepted. Each has an individual obligation to clients.

Perception of the job these days is characterized by fast and continuous changes. There's additional pressure for innovation and decentralization that needs organizations to

adapt their ways and processes. Thus, organizations must depend on staff who will proactively contribute to structure effectiveness. That is, employees must exhibit proactive work behavior that is characterized by active, self-starting, and future-oriented actions that aim to alter and improve the things rather than reacting passively to them (Parker et al., 2010). Such proactive behavior has been shown to steer to each positive individual and structure outcome, like individual innovation, sales performance, small-firm innovation, overall performance, and structure success (Belschak et al., 2010). Job Stress among Hospital Employees in Terms of Perception of Job has a factor mean of moderate which is 3.59 due to a high accountability demands in the healthcare profession including pressure associated with managed care to clients. The employees are also dealing with life towards their clients.

Table 10

Contributor to Job Stress among Hospital Employees in Terms of Work Stress

Work Stress		Mean score	Interpretation
3.1 I Usually feel that I' am under a lot of pressure.		3.89	Moderate
3.2 The level of pressure at work is very high.		3.71	Moderate
	Factor mean	3.80	Moderate

Note: N = 100
Legend: A score of 1.00 – 1.84 is interpreted as not at all (a cause of stress), 1.85 – 2.68 is interpreted as very low, 2.69 – 3.52 is interpreted as low, 3.53 – 4.36 is interpreted as moderate, 4.37 – 5.02 is interpreted as high, and 5.03 – 6.00 is interpreted as very high.

The work stress shown in the table that there is a probability of job stress of 3.80 means which agrees by the two indicators with their weighted mean: I Usually feel that I' am under a lot of pressure 3.89: and the probability of the level of pressure at work is 3.71. The highest one is 3.89 in which the respondents feel they are working under pressure. They often use stress and pressure interchangeably. "Working in a stressful job"

or "feeling under pressure" are related but are not the same. Pressure is a situation that can have significant and negative results if you don't perform well hence, performing under pressure.

According to the study Mohammad, the major sources of stress for hospital employees are inadequate pay, inequality, too much work, staff shortage, lack of recognition, and time pressure (Mohammad, 2013).

Table 11

Contributor to Job Stress among Hospital Employees in Terms of Attitude to Job

Attitude to job		Mean score	Interpretation
4.1 In general, I like working here.		5.13	Very High
4.2 All in all, I' am satisfied with my job.		5.16	Very High
	Factor mean	5.15	Very High

Note: N = 100
Legend: A score of 1.00 – 1.84 is interpreted as not at all (a cause of stress), 1.85 – 2.68 is interpreted as very low, 2.69 – 3.52 is interpreted as low, 3.53 – 4.36 is interpreted as moderate, 4.37 – 5.02 is interpreted as high, and 5.03 – 6.00 is interpreted as very high.

The respondents as shown in the table imply that they have high regards with their job as they have 5.15 mean of responses which have definite job stress. That means to say that these hospital employees love working in their organization. They are satisfied with their job as shown in their weighted mean of 5.13 and 5.16, respectively. In general respondents like working in the organization since they want to feel like they are having an impact on the company, which means they need to see the results of their work. Employees have good relationship with their co-workers and likely to be happy on the job. They consider it as a place where they can improve their skills, contribute to a

greater good, and collaborate with other co-workers. Lastly, they are proud with their organization and they are more likely to be happy at work.

As a result, this positive state can lead staff to exhibit proactive behavior, together with increased cooperation, inventive downside finding, psychological feature flexibility, and persistence. it's additionally argued that committed staff tend to interact in encouraging varieties of discretionary behavior, as a result of their fascinated by the success and survival of their organization. The analysis found that structure commitment is powerfully associated with organization member proactivity, and proactive service performance (Rank et al., 2007).

Table 12

Contributor to Job Stress among Hospital Employees in Terms of Resilience

Resilience	Mean score	Interpretation
5.1 I feel capable of overcoming my present of any future difficulties and problems I might face such as resolving dilemmas or making difficult decisions.	4.58	High
5.2 I have a high capacity for facing adversity.	4.51	High
Factor mean	4.55	High

Note: N = 100
Legend: A score of 1.00 – 1.84 is interpreted as not at all (a cause of stress), 1.85 – 2.68 is interpreted as very low, 2.69 – 3.52 is interpreted as low, 3.53 – 4.36 is interpreted as moderate, 4.37 – 5.02 is interpreted as high, and 5.03 – 6.00 is interpreted as very high.

The perception of the respondents on the resilience is interpreted as very probably which mean that they have high level of capable of overcoming present or any future difficulties and problems they might face such as resolving dilemmas or making difficult decisions; they have a high capacity for facing adversity as shown in their average weighted mean of 4.58 and 4.51 respectively. Both mean score show almost the same interpretation of high. Employees recognize resilience at work as a defining characteristic of employees who deal well with the stresses and strains of the modern workplace. They

are better able to deal with demands placed on them, especially where those demands might require them to be dealing with constantly changing priorities and heavy workload. So what they do, they are more of the things that help maintain that responsiveness, and it is relatively easy for those of them who are feeling less resilient to develop habits that will increase their ability to perform under pressure, and perhaps more importantly, to live better despite circumstances that try us to the limit.

However, according to Rossi, elevated levels of stress typically can't be modified, and, if demands weren't placed on workers, worker learning, structure innovation, and social group economic process would be hindered. Consequently, it's very important that activity health practitioners, employees, employers, and researchers try to have higher perceive and manage work stress; such worker health and well-being are often improved. Beliefs and expectations of stress and its results, whether or not useful or hurtful, will have a profound influence on our stress experiences. Also, the method that we tend to approach our work (e.g., job crafting) or the treatment we tend to receive from others (e.g., with dignity) will either mitigate or exacerbate any harmful or helpful effects of stress. Moreover, we tend to assess the psychological (e.g., burnout and well-being) or physiological (e.g., cortisol) outcomes of stress are significant, and therefore the correct designation of stress (e.g., stress surveys) underlies our understanding (Rossi et al., 2017).

Table 13

Contributor to Job Stress among Hospital Employees in Terms of Job Performance

Job Performance	Mean score	Interpretation
6.0 I evaluate my job performance in terms of:		
6.1 Quantity of work	4.78	High
6.2 Quality of work	4.78	High
6.3 Attendance	5.10	Very High

6.4 Professional Knowledge		4.84	High
6.5 Getting along well with others		4.89	High
	Factor mean	4.88	High

Note: N = 100

Legend: A score of 1.00 – 1.84 is interpreted as not at all (a cause of stress), 1.85 – 2.68 is interpreted as very low, 2.69 – 3.52 is interpreted as low, 3.53 – 4.36 is interpreted as moderate, 4.37 – 5.02 is interpreted as high, and 5.03 – 6.00 is interpreted as very high.

The respondents evaluate themselves and find that they have very probably the interpretation of their job performance in terms of their weighted average mean which as follows: Quantity of work is 4.78; Quality of work is 4.78; Attendance is 5.10; Professional Knowledge is 4.84, and Getting along well with others is 4.89. A total of 4.88 averages mean which implies that they have perceived themselves as a high level of performance. It turned out the highest mean was the attendance which has a mean of 5.10. Employees believe that since attendance is part of the evaluation, their good attendance and punctuality may give them a ladder to a better position. Poor attendance puts pressure on co-workers and heads in every department when they must take on other responsibilities in addition to their own. When they show up for work on time every day with a happy, positive attitude, they help raise morale and increase productivity.

This has shown in the study that personnel ability has been extensively self-addressed within the literature in terms of safety and quality of medical care. In fact, skilled ability in nurses is outlined as a mixture of skills, knowledge, attitudes, values, and talents that originate effective or high performance in activity and skilled positions (Heydari, 2016). What is more, a skilled ability is taken into account as correct judgment and habits in terms of the employment of information, technical skills, clinical reasoning, communication, feelings, values and rethinking daily activities aimed toward providing several works.

Table 14

Contributor to Job Stress among Hospital Employees in Terms of Personal Well-being

Personal well-being	Mean score	Interpretation
7. Over the last one month, have you experienced any of the following symptoms, changes in behavior or emotion?		
7.1 Insomnia – difficulty in getting sleep	3.23	Low
7.2 Headaches	2.85	Low
7.3 Muscular tension, aches and pains	3.19	Low
7.4 Mood swings	2.32	Very Low
7.5 Feeling nauseous or being sick	2.43	Very Low
7.6 Feeling depressed	1.94	Very Low
Factor mean	2.66	Very Low

Note: N = 100

Legend: A score of 1.00 – 1.84 is interpreted as not at all (a cause of stress), 1.85 – 2.68 is interpreted as very low, 2.69 – 3.52 is interpreted as low, 3.53 – 4.36 is interpreted as moderate, 4.37 – 5.02 is interpreted as high, and 5.03 – 6.00 is interpreted as very high.

As shown in the table that over the last one month, have they experienced any of the following symptoms, changes in behavior or emotion with an average weighted mean of 2.66 which is interpreted as probably not. The changes in behavior or emotion with their weighted mean are the following: Insomnia – the difficulty of getting sleep is 3.23; Headaches is 2.85; Muscular tension, aches, and pains are 3.19; Mood swings is 2.32; Feeling nauseous or being sick is 2.43 and Feeling depressed is 1.94. This implies that respondents have no probability of job stress related to illnesses like mood swings, nausea or being sick and feeling depressed. This only means that they can handle stress.

In summary, the overall job stress is interpreted as probably, with the average weighted mean of 4.12. This is supported by its indicators with their factor mean of the following: perception of the job is 3.59; work stress is 3.80; attitude to the job is 5.15; resilience is 4.55; job performance is 4.88 and personal well-being if 2.66. Personal well-being is the lowest factor mean which only implies that personnel has a low level of

stress since personal well-being talks about the personal sickness of the illnesses caused by stress.

It was. Found out that feeling depressed was the lowest mean of 1.94 and interpreted as very low. This is true to all employees that only a few part of the total population were able to experience depression. They might experience it but they have recovered from it. They know how to take good care of themselves and develop coping mechanism which helps them throughout the workday. They have short breaks during workdays and importantly they are not isolating at work since they are dealing with live clients, patients and their co-workers are there to support them.

This has been presented during the conference of the Academy of Activity Health Scientific Discipline in Rome in 2010, Cary Cooper argued that: "We have enough scientific knowledge on what causes folks to fall sick within the geographical point ... we all know the issues, what we'd like to try now could seek out solutions" (Cooper & Nielsen et al., 2010). This alone ought to encourage additional employers to develop approaches to boost the quality of life, stop stress and improve well-being at work (Cooper & Dewe, 2008; Sainsbury Centre for Psychological State, 2007). Whereas we tend to acknowledge that the issues related to stress at work are pricey, interventions to forestall them are still rare and largely centered on the results of stress (e.g. coaching on stress, time or conflict management) instead of elimination of risk factors at the supply (Giga et al. 2003).

Performance among Hospital Employees

Table fifteen (15), presented the performance among hospital employees in terms of skills and competencies, professionalism/personal attributes, and customer service.

Table 15

Performance among Hospital Employees

Items	Mean	f	%
Skills and Competencies			
Meet expectations	2.19	42	42.00
Exceeded expectations	2.62	58	58.00
Overall mean score	2.43	2.57	Exceed expectations
Professionalism/Personal attributes			
Did not meet expectations	1.30	1	1.00
Meet expectations	2.06	86	86.00
Exceeded Expectations	2.68	13	13.00
Overall mean score	2.13	2.30	Meets expectations
Customer service			
Meet expectations	2.06	37	37.00
Exceeded expectations	3.00	63	63.00
Overall mean score	2.63	2.41	Exceed expectations
Overall Performance			
Meet expectations	2.24	39	39.00
Exceeded expectations	2.53	61	61.00
Overall mean score	2.41	2.42	Exceed expectations

Note: N = 100.
Legend: 2.34 – 3.00 is exceeded expectation; 1.67 – 2.33 is meets expectations; and 1.00 – 1.66 did not meet expectation.

The table reveals the summary for the past year rating of 2018. As shown in the table that the job performance of the hospital employees for the past year of 2018 shows that they got a rating of exceeded expectation in all divisions with their corresponding mean ratings such as skills and competencies is 2.57 which interpreted as exceeds expectations this implies hospital employees are skilled in job-specific in terms of knowledge and skills which are appropriate quantity and quality of work in a timely and efficient manner. Professionalism/personal attributes are 2.30 which is interpreted as meets expectations. This implies hospital employees demonstrate responsibilities in terms of personal and professional conduct which contribute to the overall goals and objectives in the organization. The employees personal and professional conduct has a positive impact in the overall behaviors of others in their respective department. Lastly, customer service is 2.41 which is interpreted as exceeded in expectations. Hospital employees work effectively with internal and external constituents, especially with clients to satisfy service expectation. If requested, hospital employees provide a legitimate rationale for information provided. The employees responds clearly and efficiently to customer requests. The employees identifies additional methods as well to improve customer service. As a whole rating of the hospital employees with the four divisions composition had a total overall mean of 2.42 which exceeded the expectation for the year 2018. Mostly likely, these employees want to do well in their job. It shows a clear understanding of what is expected from them. Through support, exposure and training they were able to exceed expectations. The support of their heads and departmental leaders helped them receive timely and regular feedback about their performance. The

collaboration, communication and action planning geared them to be consistent in their excellent performance evaluations.

This has shown in the study of Redmond, 2013. One way to elicit organizational commitment in employees is to develop empowerment and empowered employees. Empowerment means giving employees the authority, skills, and self-control to perform their tasks. Empowerment has been associated with increased motivation, satisfaction, organizational commitment, and, ultimately, job performance. According to Park and Rainey "Empowered employees should have higher levels of motivation, commitment, and other positive jobs attitudes" (Redmond, 2013).

Relationship between Organizational Commitment and Job Stress among Hospital Employees

Table sixteen (16) presents whether there is a relationship between organizational commitment and job stress in terms of affective, continuance and normative commitment.

Table 16

Relationship between Organizational Commitment and Job Stress among Hospital Employees

Organizational commitment (dependent)	r value	p value	Decision	Interpretation
Affective				
Perception of Job	-.007	.942	Failed to reject Ho	Not significant
Work Stress	-.044	.665	Failed to reject Ho	Not significant
Attitude to Job	.126	.213	Failed to reject Ho	Not significant
Resilience	.103	.309	Failed to reject Ho	Not significant
Performance	-.124	.221	Failed to reject Ho	Not significant
Personal well-being	-.224	.025	Reject Ho	Significant
Continuance				
Perception of Job	.146	.147	Failed to reject Ho	Not significant
Work Stress	-.239	.017	Reject Ho	Significant
Attitude to Job	.195	.051	Failed to reject Ho	Not significant
Resilience	-.021	.834	Failed to reject Ho	Not significant
Performance	.074	.464	Failed to reject Ho	Not significant
Personal well-being	-.346	.020	Reject Ho	Significant
Normative				
Perception of Job	.017	.863	Failed to reject Ho	Not significant
Work Stress	-.267	.007	Reject Ho	Significant
Attitude to Job	.189	.060	Failed to reject Ho	Not significant
Resilience	.211	.035	Reject Ho	Significant
Performance	.034	.738	Failed to reject Ho	Not significant
Personal well-being	-.226	.024	Reject Ho	Significant
Overall Organizational Commitment				
Perception of Job	.075	.456	Failed to reject Ho	Not significant
Work Stress	-.235	.018	Reject Ho	Significant
Attitude to Job	.218	.029	Reject Ho	Significant
Resilience	.110	.274	Failed to reject Ho	Not significant
Performance	.000	.998	Failed to reject Ho	Not significant
Personal well-being	-.347	.000	Reject Ho	Significant

Job stress (independent variable)
Significant if p value is < .05

Affective. Based on the presented table 4, it shows that personal well-being is the only component of affective commitment that shows the relationship between organizational commitment and job stress. A p-value of .025 is significant and thus would bring about a decision of rejecting the null hypothesis. This means that personal well-being influence organizational commitment among employees in a tertiary hospital. This implies that for hospital employees' willingness to commit to an organization there

has to be personal well-being in which someone should be physically, mentally and emotionally fit. Further, to achieve affective commitment in the organization, hospital employees should be encouraged to set themselves in holistically fit and able to do their roles and responsibilities. Based on the findings if personal well-being is observed among hospital employees this will have a positive effect on organizational commitment. Hospital employees believe that affective commitment enables better organizational commitment in the organization. It allows them to have a commitment to whatever they do at work.

Organizational commitment is dependent on the employee's competence and internal motivation. This has been highlighted on the achievement of goals in which it has a significant correlation with organizational success. Committed employees always want their employees to be on top. Organizational commitment is the notion which attracted the various practitioners of human resource management because it influences the organizational and employee's performance. Organizational commitment is an essential behavior for assessing the intention of the employee to leave and employee contribution to the organization. Thus, performance is the result of the actions of employees who used his or her skills in situations. Employee performance is mutual perception, ability, and effort for tasks. Organizational objectives can be achieved due to good performance. Although more efforts are required for enhancement or organizational performance, Organizational commitment improves the organizational competitiveness and employee's performance (Mathur and Vadera, 2003).

Continuance. Based on the items for continuance commitment, it turned out that work stress and personal well-being both have the p-value of 0.17 and 0.20. Both have

the decision of rejecting the null hypothesis and the decisions are significant. This means that work stress and personal well-being influence organizational commitment among employees in a tertiary hospital. This implies that for hospital employees' willingness to commit in their job/work. Their dedication and reason to stay at work are being influenced by work stress and personal well-being this is because of the pressure that they feel and encounter and the different illness that they might get while they are at work.

It was stated in the study of Lumeley, 2006 that continuance commitment ensures that employees retain their organizational membership; however, those who are normally committed usually feel that is an obligation in their part to stay in the organization. The concept of organizational commitment has attracted considerable interest in an attempt to understand and clarify the intensity and stability of an employee's dedication to the organization (Lumley, 2016).

Normative. Based on the items for normative commitment, it turned out that work stress, resilience, and personal well-being all have the p-value of .007, .035 and 0.24. All have the decisions of rejecting the null hypothesis and the interpretation for each is significant. This means that work stress, resilience, and personal well-being influences organizational commitment among employees in a tertiary hospital. This implies that hospital employees' organizational commitment in terms of loyalty to the organization, feeling of belongingness and value to the organization is being influenced by the following factors of work stress, resilience, and personal well-being.

This could be attested with the Job Demand Management Model is geared toward reconciliation necessities and autonomy; the choice latitude somebody has. Parliamentarian Karasek posits that staff, who have demanding jobs, expertise lots of

stress if they cannot decide once they do the work. As presently the element of management becomes less or is barely gift in any respect, the work can feel higher, resulting in stress. Conversely, it's conjointly true that despite the high demands of the task, the private management is really a pleasant addition that results in staff feeling way less stressed. In jobs wherever management is given to time and deadlines, staff expertise lots additional stress than once they will decide and use their own time schedule. This type of autonomy is so rather more vital in stress development than the complexness and high demands of the tasks (Schulz-Hardt et al., 2010).

Overall Organizational Commitment. Based on the items for overall organizational commitment, it turned out that work stress, attitude to the job and personal well-being all have the p-value of .018, .029 and .000. All have the decisions of rejecting the null hypothesis and the interpretation for each is significant. This means that these factors/items influence well with the overall commitment in the organization. If the hospital employee is stressed thus this affects his commitment at work. Attitude towards his or her job if neglected could affect the organizational commitment and if not health his or her commitment in the organization is also affected.

This could be attested with Mulder's stand in the Job Demand Management Model which focuses on the balance between the needs of staff and their autonomy. It indicates that those that have a high degree of labor pressures and experience of management have associate accumulated risk of stress. The jobs stress model is characterized by its simplicity and might be wont to establish and analyze psychological fatigue or work-related stress in staff. It conjointly offers beginning points for interventions. If the associate worker finds his work to be high thanks to the big variety

of tasks he must complete, the manager would be known to raise him regarding the degree of management latitude (Mulder, 2017).

This has been correct of Cohen and Golan's study in the aggregate, organizational commitment can "increase performance, reduce absenteeism, and reduce turnover", thus providing positive outcomes for both the individual and the organization (Cohen and Golan, 2013). Organizational commitment is important in the eyes of a company. It is important for organization to keep talented individuals who are engaged in their jobs and are productive workers. Organizational commitment involves the loyalty that a worker feels towards the company he works for. Organizational commitment involves more than just company loyalty. It entails employee's intrinsically wanting to defend against criticism both internal and external (Business Daily Review, 2010).

The study determines the job demand of the hospital employees in a tertiary hospital in terms of perception of job, work stress, attitude to job, resilience, performance and personal well-being utilizing the concept of the Job Demand Control Theory where it helps us understand job stress. It also helps us consider how they may encounter different problems at different stages of their development. The study also determines the organizational commitment in terms of coordination, knowledge; reliability, timeless and effectiveness by utilizing the Job Demand Control Theory, persons-in-organization such as the respondents in the study construct their own social realities. Further it determines the performance and relationship of the hospital employees. Furthermore, it will assess whether the facets of job stress are having impact of performance and organizational commitment as well as whether the facets of organizational commitment are giving

impact of performance and relationship which is a premised on the assumption of the Job Demand Control Theory.

This have been shown that affective, continuance and normative commitment in terms of relationship with personal well-being have over-all significant to reject the hypothesis. This is because of the implication of having sickness at work would really compromise your organization commitment at work since you cannot have the focus of your daily task and thus resulting to ineffective and inefficient delivery of work to clients and patients. There should be balance between work and personal well-being since it is important that being healthy at work would result to good evaluation and reflection of their performance.

Relationship between Organizational Commitment and Performance among Hospital Employees

Table seventeen (17) presents whether there is a relationship between organizational commitment and performance in terms of skills and competencies, professionalism, and customer service.

Table 17

Relationship between Organizational Commitment and Performance among Hospital Employees

Performance (dependent)	r value	p value	Decision	Interpretation
Skills and competencies				
Affective	-.032	.748	Failed to reject Ho	Not significant
Continuance	-.010	.918	Failed to reject Ho	Not significant
Normative	-.027	.787	Failed to reject Ho	Not significant
Overall organizational commitment	-.031	.759	Failed to reject Ho	Not significant
Professionalism				
Affective	-.060	.555	Failed to reject Ho	Not significant
Continuance	-.002	.985	Failed to reject Ho	Not significant
Normative	-.212	.034	Reject Ho	Significant
Overall organizational commitment	-.105	.297	Failed to reject Ho	Not significant
Customer Service				
Affective	.122	.225	Failed to reject Ho	Not significant
Continuance	-.068	.449	Failed to reject Ho	Not significant
Normative	.196	.051	Failed to reject Ho	Not significant
Overall organizational commitment	.091	.366	Failed to reject Ho	Not significant
Overall Performance				
Affective	.016	.873	Failed to reject Ho	Not significant
Continuance	-.048	.636	Failed to reject Ho	Not significant
Normative	.008	.939	Failed to reject Ho	Not significant
Overall organizational commitment	-.016	.878	Failed to reject Ho	Not significant

Organizational commitment (independent variable)
Significant if p value is < .05

Table 17 presents the relationship between organizational commitment and performance among hospital employees. The table shows that performance among hospital employees does not influence overall commitment in the organization. Except for normative commitment in professionalism which has a p-value of 0.34 with a rejected decision and considered as significant being interpreted. The rest have no p-value below 0.05, thus, the null hypothesis is accepted. The significant value influenced the normative commitment as part of commitment to the organization which does not have to do with professionalism but a factor that may affect the performance.

This has been in contrast with the study of Redmond that one way to elicit organizational commitment in employees is to develop empowerment and empowered employees. Empowerment means giving employees the authority, skills, and self-control to perform their tasks. Empowerment has been associated with increased motivation, satisfaction, organizational commitment, and, ultimately, job performance. According to Park and Rainey "Empowered employees should have higher levels of motivation, commitment, and other positive jobs attitudes" (Redmond, 2013).

Same as how it was aligned with the study of Soria in which organizational commitment is a "Driver of Change" in selected Hospitals in Davao City found out that staff nurses have high continuous commitment and normative commitment. In addition, employment status is not correlated to organizational commitment. The study also proved that organizational commitment is a driver of change (Soria, 2017).

This could be attested with Maurer and Lippstreu on individual commitment to organizations that provide employee development opportunities, the complexities of commitment are brought to light. In this study, one's orientation to learning was found to be a significant moderator to commitment. If an individual maintains a low learning orientation, the organization who attempts to foster learning/development activities may negatively associate commitment to the individual (Maurer and Lippstreu, 2010).

It shows that normative commitment rejects the null hypothesis thus it has significance in their relationship. That certainly implies that normative commitment plays an important role in professionalism since most of the time, if the feeling of being forced to continue his or her job in the organization it would result to being non-effective at work thus would result to compromising professionalism.

Relationship between Performance and Job Stress among Hospital Employees

Table eighteen (18) presents whether there is a relationship between performance and job stress in terms of skills and competencies, professionalism, and customer service.

Table 18

Relationship between Performance and Job Stress among Hospital Employees

Performance (dependent)	r value	p value	Decision	Interpretation
Skills and competencies				
Perception of Job	.070	.492	Failed to reject Ho	Not significant
Work Stress	-.038	.708	Failed to reject Ho	Not significant
Attitude to Job	.086	.397	Failed to reject Ho	Not significant
Resilience	.163	.105	Failed to reject Ho	Not significant
Performance	.046	.650	Failed to reject Ho	Not significant
Personal well-being	.036	.726	Failed to reject Ho	Not significant
Professionalism				
Perception of Job	.001	.995	Failed to reject Ho	Not significant
Work Stress	-.142	.159	Failed to reject Ho	Not significant
Attitude to Job	.006	.955	Failed to reject Ho	Not significant
Resilience	-.193	.055	Failed to reject Ho	Not significant
Performance	-.079	.434	Failed to reject Ho	Not significant
Personal well-being	-.015	.881	Failed to reject Ho	Not significant
Customer Service				
Perception of Job	-.220	.027	Reject Ho	Significant
Work Stress	.012	.903	Failed to reject Ho	Not significant
Attitude to Job	-.020	.842	Failed to reject Ho	Not significant
Resilience	-.025	.805	Failed to reject Ho	Not significant
Performance	-.291	.003	Reject Ho	Significant
Personal well-being	-.219	.029	Reject Ho	Significant
Overall Performance				
Perception of Job	-.060	.551	Failed to reject Ho	Not significant
Work Stress	-.079	.437	Failed to reject Ho	Not significant
Attitude to Job	.065	.524	Failed to reject Ho	Not significant
Resilience	.059	.557	Failed to reject Ho	Not significant
Performance	-.149	.139	Failed to reject Ho	Not significant
Personal well-being	-.097	.339	Failed to reject Ho	Not significant

Job stress (independent variable)
Significant if p value is < .05

Table 6 presents the relationship between performance and job stress among hospital employees. The table shows that job stress among hospital employees do not

==influence the overall performance of the organization==. Except for perception of the job, performance and personal well-being in the category of customer service which has the following p values of .027, .003 and .029 with all rejected decisions and considered as significant as being interpreted for every item. The rest have no p-value below 0.05, thus, the null hypothesis is accepted. The significant value influence customer service as part of job performance does not have to do with perception of job, performance and personal well-being but a factor that may affect the performance.

Studies have indicated that conscientiousness is that the most relevant temperament traits that influence job performance each in western context and in the Asian context (Smithikrai, 2007). Recent empirical evidence additionally indicate links between conscientiousness and a number of other work behaviors and outcomes, like retention, attending at work, structure citizenship behaviour, proactive work behavior, external career success and activity standing (Wu & Li, 2016).

This has been true to the studies of Bouckenooghe, 2012 that Individuals experience of expertise is a modification in several ways. For some, modification brings joy or advantages, whereas for others it should be a supply of suffering.

The proactivity to work behavior is similar to that of the study according to Parker and Strauss, 2010. Work environments these days are characterized by fast and continuous changes. There's additional pressure for innovation and decentralization that needs organizations to adapt their ways and processes. Thus, organizations must depend on staff who will proactively contribute to structure effectiveness. That is, employees must exhibit proactive work behavior that is characterized by active, self-starting, and future-oriented actions that aim to alter and improve the things rather than reacting

passively to them. Such proactive behavior has been shown to steer to each positive individual and structure outcome, like individual innovation, sales performance, small-firm innovation, overall performance, and structure success (Belschak et al., 2010)

In addition, trendy views on the principles of expertise emphasize that quality improvement within the health care system is that the moral and skilled responsibility of all the medical professions. Therefore, they must entail a commitment to knowledgeable ability, honesty with patients and therefore the improvement of the care quality (Lombarts, 2014).

Performance, personal well-being and perception of job has an impact to customer service since hypothesis is being rejected and has significance in terms of relationship to performance. This implies that is an employee shows a good performance hitting competencies, showing knowledge and skills, and being professional that could result to a good service provided to the patients thus customer service is achieved. If an employee is healthy and was able to maintain a good personal well-being, this could provide a good implication to customer service thus patients and clients will be satisfied on what is service is being delivered to them efficiently. Lastly, having a better perception to job, attaining goals and catching up demands could somehow help an employee build a strong feeling gearing towards customer service.

PIZARRA'S QUALITY SERVICE OUTCOME IN HEALTHCARE FRAMEWORK

By: Adriel Arman V. Pizarra

Generalizations

Job stress as a facet of working relationship on professionalism and customer service, on the quality of service in terms of organizational commitment and performance.

Concept

Job Stress. Refers to how stress is being managed in terms of work being under pressured or experiencing high pressure in their job.

Attitude to job. Pertains to how stress is being managed of the employees in terms of satisfaction towards their job.

Personal well-being. It refers to how stress is being managed in terms of behavior felt towards their work and symptoms of feeling stress.

Work stress. A stress related to one's job. It often stems from unexpected responsibilities and pressures that do not align with a person's knowledge, skills, or expectations, inhibiting one's ability to cope

Organizational Commitment. This refers to the personnel's commitment in terms of: affective commitment, continuance commitment and normative commitment.

Normative Commitment. This refers to organizational commitment of the personnel in terms of their loyalty to the organization and their feeling of belongingness and value to the organization.

Performance. The job related activities expected of a worker and how well those activities were executed.

Professionalism. It pertains to the conduct, aims, or qualities that characterize or mark a profession or a professional person.

Customer Service. This would means in making each and every aspect of the customer's experience an absolutely positive one

Assumptions

1. A very good practice of personal well-being results to the quality of organizational commitment, job performance, and work stress.

2. A good performance, organizational commitment and job stress gives a factor in the quality of personal well-being.

3. Personal well-being contributes to performance, job stress and organizational commitment.

4. Performance, organizational commitment and job stress contributes to the personal well-being of an employee

Figure 2: The correlation between job stress as a facet of working relationship on personal well-being on organizational commitment and performance by Pizarra (2019).

Based on the figure, in the hospital setting the inclusion of employees who have different background, with different performance, and commitment are significant components in job stress. Meaning when a hospital employee is being hired coming from different backgrounds, this is one key ingredient in providing a good customer service and showing professionalism to our patients.

In the conducted study, it is ascertained that job performance and normative commitment are positively correlated with each other. As noted during the previous discussions, it was found out that the relationship between commitment and employee job performance and was concluded that career commitment is positively related to

employee's job performance. In addition, employee commitment and its three portions [present two negatives (work stress and personal well-being) and as well as show one positive relationship which is the attitude to the job. Thus, organizational commitment has a significant relationship with positive behaviors. The figure also showed an inverse relationship between stresses, whereas a positive relationship existed between commitment with organization and attitude to the job. In conclusion, there is a negative relationship between job stress and organizational commitment.

We consider job performance as one of the most vital tools in the field of psychology because of its role in understanding how employees are productive and efficient in their job. They see job performance as the behavior or actions that are relevant to organizational effectiveness and goals. In a healthcare context, the problem of increasing productivity and making the work environment more pleasant has been approached through the creation of conducive working environment. Employee performance is a process for establishing a shared workforce understanding about what is to be achieved at the organizational level. Employee performance is all about aligning the organizational objectives with the employees' agreed measures, skills, competency requirements, development plans and the delivery of results.

Job stress levels are critical in the job performance levels of any employee. It is an important component in assessing organizational effectiveness (doing the right thing) and organizational efficiency (doing the right thing well) of employees. Therefore, the performance capacity and productivity of any organization are determined by the psychological constructs of the employees. Within this framework, the concepts that are applied to a commitment to an organization are the work ethics of individual and the

intensity of participation by said individual. These concepts can determine the level of commitment to an organization. However, the application of these concepts can be directed by several variables such as emotions, personality traits, desires, and individual differences among other factors and can be present to a certain degree in many situations.

A very good practice of controlled job stress results to satisfaction on the quality of service in terms of staff competency. Achieving a high-quality relationships among physician and hospital staff is an essential component of improving a quality health care delivery. Organizations employing a performing and committed workforce can supply a greater variety of solutions to problems in service, sourcing, and allocation of resources. Employees from with different experiences bring individual talents and experiences in suggesting ideas that are flexible in adapting to fluctuating demands in health care. Moreover, a collection of skills and experiences (e.g. cultural understanding) of health workers allows an opportunity to provide service to clients on a global basis.

Productive employees are the lifeblood of every recruiting organization, but how do you assess their performance levels? Do they understand your goals and expectations? Are they meeting their personal objectives? Every company and organization should continually monitor and evaluate their employees; some of the ways in which an organization can be summarized as follows: attendance adherence, review of personal presentation/professionalism, following standard operating procedures, customer service and quality of work life.

An employee who is managing his stress level at work aims to be committed in his/her job thus it will produce a good reflection in his/her job performance. It is very important that factors may influence job performance and organizational commitment

attainment. This could be managed through an organizational change in terms of activities and self-management. If these components could be achieved, customer service and professionalism will be attained. The goal is to be recognized for his/her effort upon obtaining the ladder of the performance framework.

A very good practice of stress level reduction in the workplace results to satisfaction on the quality of service in terms of acceptability. Good performance and commitment to the organization are key factors for an institution to improve healthcare delivery. A stress-free environment, competent hospital employees, occupational commitment and good personal well-being can provide benefits and visibility to the overall outcome of patient treatment. To achieve better on the hospital quality of service there must be a knowledgeable leaders who can successfully empower, direct and manage diverse employees towards achieving the organization objectives. Hence, formal leaders training and education are required to manage such diversity.

Moreover, an institution that encourage job stress level reduction in the workplace inspire all of their employees to perform to their highest ability. Hospital-wide strategies can then be executed; resulting in higher productivity, profit, and return on investment.

Chapter V

SUMMARY OF FINDINGS, CONCLUSION AND RECOMMENDATIONS

This chapter presents a summary of the findings of the study as well as the conclusion and recommendations based on the findings.

Summary of Findings

This study made use of the descriptive correlational design in assessing the relationship between organizational commitment, job stress, and performance among hospital employees. The study was conducted in Cebu City in a tertiary private hospital where based on the inclusion and exclusion criteria. One hundred respondents including the medical, nursing, finance and administration employees in the hospital answered the questionnaires. The study went through the process of technical and ethical review by the IRB and simple percentage, mean and linear regressions were used to treat the data statistically. The following are the findings of the study:

1.   Overall organizational commitment is high where affective commitment, continuance commitment, and normative commitment were rated as high.

2.   Overall job stress overall is very probably. Perception of the job, work stress was rated as probably. Attitude to a job as definitely; Resilience and job performance as very probably; and Lastly, personal well-being as probably not.

3.   On the other hand, job performance was able to exceed expectations together with skills competencies, professionalism/personal attributes and customer service.

4.   Overall, organizational commitment, turned out that work stress, attitude to the job and personal well-being are the different factors which co-relates to it. All

have the decisions of rejecting the null hypothesis and the interpretation for each is significant. This means that these factors/items influence well with the overall commitment in the organization.

5.   Performance among hospital employees does not influence overall commitment in the organization. Except for normative commitment in professionalism with a rejected decision and considered as significant being interpreted.

6.   Job stress among hospital employees do not influence the overall performance of the organization. Except for perception of the job, performance and personal well-being in the category of customer service with all rejected decisions and considered as significant as being interpreted. The significant value influence customer service as part of job performance does not have to do with perception of job, performance and personal well-being but factor that may affect the performance.

Conclusion

In conclusion, organizational commitment and job stress do not influence performance and relationship. Performance and organizational commitment relationship among healthcare workers are unaffected by job stress among hospital employees which would result in quality and productivity for the organization. The study is somehow unable to disprove the claim of Allen and Meyer's Organizational Commitment theory where according to the theory as a described attitudinal commitment as the process in which employees consider their relationship with the organization in terms of whether their own values and goals are congruent with those of the organization. Behavioral

commitment, on the other hand, was described as the process by which individual employees engaged in a particular organization. They also suggested that the psychological attachment that employees often have to an organization is not limited to values and goals but also reflects a desire, a need and/or an obligation to maintain membership of the organization.

Further, the study was able to prove the Goal Attainment theory by Imogene King. According to the theory it is consisting of three main systems, namely, personal, social, and social systems. Within the personal system, King considers all and sundry as a novel being and a full that is usually in interaction with the atmosphere. Thus, all and sundry ought to be thought of as a private system which has the scale of perception, self, growth and development, body image, personal house, learning, and coping. Perception considerably contributes to the healthcare personnel-patient relationship as a result of the perception of self to others and even the perception of body image, time, place, and way of life events, and helps the person establish higher interaction with the encircling atmosphere.

Lastly, the study further proved that the Job Control Demand theory by Robert Karasek is true. According to the theory, it focuses on the balance between the needs of staff and their autonomy. It indicates that those that have a high degree of labor pressures and experience of management have associate accumulated risk of stress. The jobs stress model is characterized by its simplicity and might be wont to establish and analyze psychological fatigue or work-related stress in staff. It conjointly offers beginning points for interventions. If the associate worker finds his work to be high thanks to the big

variety of tasks he must complete, the manager would be known to raise him regarding the degree of management latitude.

Recommendations

Based on the findings of the study the following are recommended:

1.   The findings of the study will be communicated to the Administration for proper action. A special meeting shall be called to discuss the findings on the:

1.1 Regular monitoring of hospital employee's performance appraisal

1.2 Careful evaluation of the level of stress and stress management among hospital employees

1.3 Allocate enough manpower in every respective department to avoid any increased level of stress or burnout to the hospital employees.

1.4 Promote one-on-one coaching and feed backing to every hospital employee coming from their respective heads in every department:

➢ Make clear company direction.

➢ Provide open, honest and constructive feedback to the employee on their performance.

➢ Use a variety of methods and tools when monitoring and giving feedback about employee's performance.

➢ Assist the employee throughout the appraisal period in improving aspects of performance identified as needing improvement.

2.   Develop a systematic and comprehensive approach to preventing job stress in the organization.

2.1 Organizational strategies

> **Stress reduction**

- Reduce the number of stressors to which employees are exposed

    Example: Training programs for job-related activities or

    time management.

> **Stress resilience**

- Improve employees' stamina against unavoidable stressors

- Example: On-site exercise centers; stress-resilient diets in the

    company cafeteria.

> **Stress recuperation**

- Help employees rejuvenate after a stressful work day

    Example: Relaxation training, and Employee counseling

    programs.

2.2 Individual stress management strategies

> **Stress reduction**

- Decrease the amount of stress a person experience

- Example: long breaks

> **Stress resilience**

- Develop physical and psychological stamina against potentially

    harmful stressors

    Example: physical exercise, diet, and weight control

> **Stress recuperation**

- Rejuvenate physically and psychologically, especially after severe

    distress

Example: vigorous walking for 30 minutes after a presentation

2.3 Healthy Workplace

3. Conduct a clinical assessment on the competencies of the nurses and a needs assessment to determine which areas need to be addressed and this will serve as a basis for the staff development plan for training and the likes.

➢ Conduct a Learning Development Needs Analysis (LDNA)

4. Manpower assessment by the administration and human resource department to make sure that patient ratio as mandated by law and regulations are properly met.

➢ Lobby the finding on adequate staffing – EO 039.

5. Review of the strategic plan and operational plan to include suggested activities addressing the specific concerns based on the findings of the study.

6. A seminar-training for all hospital employees on:

a. **Patient Experience: Improving Efficiency and Safety**. During this seminar, the participants will learn: (a) how a great patient experience can impact quality, safety, staff engagement, and financial results; (b) how to integrate current practices and new concepts to positively change the patient experience; (c) ways to make sense of and improve your HCAHPS and other patient-driven metrics; (d) how to raise awareness of the patient experience and spread culture change through all levels of your organization; (e) where one can better engage physicians, providers, patients, and families to provide safer and more effective care; (f) evidence-based tools and skills that can be easily taught to others in your

organization that will improve the patient experience at various points of care; and (g) how to make sense of impending reforms that will affect reimbursement

b.   **Best Practices in Patient-Centered Care**. This one-day seminar is intended to identify concrete innovations and promising practices of hospitals that are top performers in the delivery of patient-centered care, or who have made remarkable strides in this area. A speaker is invited to deliver best practices in their respective hospitals.

c.   **Customer Service Excellence: How to Win and Keep Customers.** Providing customer service excellence is what will keep your customers coming back. This will also address the slow service provided by the staff to the clientele.

d.   **Raising the Bar on Equality and Fair Treatment on Patients**. This seminar will help eliminate the complaints on being treated unfairly on the grounds that some patients were treated better because they know somebody from the hospital.

7. The Pizarra's Job Stress as a Facet of Working Relationship on Personal Well-Being on Organizational Commitment and Performance Framework is Recommended.

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APPENDICES

APPENDIX A
TRANSMITTAL LETTER TO THE DEAN COLLEGE OF NURSING – GRADUATE STUDIES

February 9, 2019

MS. YVONNE SEVILLA, MAN, RM, RN
Dean
Health Allied Sciences-Graduate School
Banilad, Mandaue City
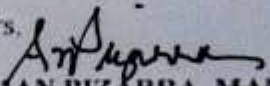
Dear Ms. Sevilla:

Warmest Greetings!

I am a doctorand of the University of the Visayas Health Allied Sciences Graduate School. At present, I am currently completing a dissertation entitled *"ORGANIZATIONAL COMMITMENT, JOB STRESS, AND PERFORMANCE OF HOSPITAL EMPLOYEES IN A TERTIARY HOSPITAL"*. With this regard, may I be permitted to conduct my study in four selected health care facilities in Cebu City.

I am sure that one way or another, this study would benefit the hospital and administration. Rest assured that all information that will be obtained will be kept with outmost confidentiality.

I shall appreciate your kind attention and favorable action very much to this respect.
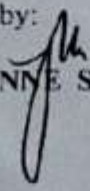
Very truly yours,

ADRIEL ARMAN PIZARRA, MAN, RN
Doctorand

Noted by:

DR. MICHELLE B. YU, MAN, RN
Adviser

Approved by:

MS. YVONNE SEVILLA, MAN, RM, RN
Dean

APPENDIX B

TRANSMITTAL LETTER TO THE VICE PRESIDENT OF OPERATIONS

TRANSMITTAL LETTER TO THE VICE PRESIDENT OF OPERATIONS

March 14, 2019

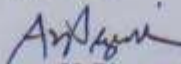**Mr. Raymond Priagula**
Vice President – Hospital Operations
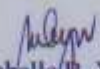
Dear Mr. Priagula,

Greetings!

I' am a researcher of the University of the Visayas Health Allied Sciences Graduate School. At present, I' am preparing for my proposal for my thesis entitled **"ORGANIZATIONAL COMMITMENT, JOB STRESS, AND PERFORMANCE OF HOSPITAL EMPLOYEES IN A TERTIARY HOSPITAL"**. In this regard, may I be permitted to conduct my study in your health care facilities in Cebu City.

I' am sure that one way or another, this study will benefit the hospital, administrators, patients, hospital employees and future researchers. Rest assured that all information that will be obtained will be kept with outmost confidentiality. I shall appreciate your kind consideration and favorable action very much to this respect.

Respectfully yours,

Adriel Arman V. Pizarra, MAN, RN
Researcher

Noted by:

Dr. Michelle B. Yu, MAN, RN
Adviser

pls be aware of patient data privacy

ok

APPENDIX C
TRANSMITTAL LETTER TO THE HUMAN RESOURCE DEPARTMENT

TRANSMITTAL LETTER TO THE HUMAN RESOURCE DEPARTMENT

March 14, 2019

Mrs. Delmar Jenn Amora
Human Resource - Supervisor

Dear Ma'am,

Greetings!
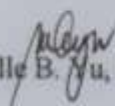
I' am a researcher of the University of the Visayas Health Allied Sciences Graduate School. At present, I' am preparing for my proposal for my thesis entitled **"ORGANIZATIONAL COMMITMENT, JOB STRESS, AND PERFORMANCE OF HOSPITAL EMPLOYEES IN A TERTIARY HOSPITAL".*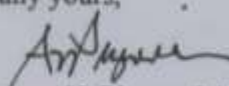* In this regard, may I be permitted to access the data of the hospital employees who will participate in the said study which is the result of their present performance evaluation report for the year 2017-2018.

Rest assured that all information that will be obtained will be kept with outmost confidentiality. I shall appreciate your kind consideration and favorable action very much to this respect.

Respectfully yours,

Adriel Arman V. Pizarra, MAN, RN
Researcher

Noted by:

Dr. Michelle B. Yu, MAN, RN
Adviser

RECEIVED BY:

DELMAR JENN T. AMORA

APPENDIX D
CONFIDENTIALITY AGREEMENT AND CONTRACT

Researcher: Adriel Arman V. Pizarra, MAN, RN

Title: Organizational Commitment, Job Stress and Performance of Employees in a Tertiary Hospital.

I, the undersigned, acknowledge, understand and agree to adhere to the following conditions of access.

- I will maintain the privacy and confidentiality of all accessible project data and understand that unauthorized disclosure of personal/confidential data is an invasion of privacy and may result in disciplinary, civil, and/or criminal actions against me.

- I will not disclose data or information to anyone other than those to whom I' am authorized to do so. This shall only be part of the requirement for the doctorate program (Doctor of health Care Management) that I enrolled to at the University of the Visayas.

- I will access data only for the purposes for which I am authorized explicitly. On no occasion will I use project data, including personal or confidential information, for my personal interest or advantage, or for any other business purposes.

- I will comply at all times with the practice's data security policies and confidentiality code of conduct.

- I am informed that the references to personal, confidential and sensitive information in these documents are for my information, and are not intended to replace my obligations under the Data Privacy Act (DPA) or R.A.10173

- I understand that where I have been given access to confidential information I am under a duty of confidence and would be liable under common law for any inappropriate breach of confidence in terms of disclosure to third parties and also for invasion of privacy if I were to access more information than that for which I have been given approval or for which consent is in place.

- Should my employment be terminated or my work in relation to the project discontinues for any reason, I understand that I will continue to be bound by this signed Confidentiality Agreement.

Researcher's Signature: Adriel Arman V. Pizarra, MAN, RN

Date: March 14, 2019

APPENDIX E
CONSENT TO PARTICIPATE IN RESEARCH

TITLE: ORGANIZATIONAL COMMITMENT, JOB STRESS, AND PERFORMANCE
OF EMPLOYEES IN A TERTIARY HOSPITAL

Dear participant:

Greetings!

I' am Adriel Arman Pizarra, an employee of Southwestern University Medical Center. Attached is a survey questionnaire designed to look into the organizational commitments, job stress, and performance of nursing personnel in your hospital. May, I therefore ask your cooperation by simply filling up this set of questionnaires which will provide answers to the problems raised in the study. Just kindly fill up questions asked. I' am inviting you to participate in this survey.

Informed Consent

Form: We need your written and duly signed informed consent in order for you to participate in this study.

Signatory: Only you can be allowed to sign the consent in order to signify your participation.

Witness/Proxy consent: No witness will be required in order for the consent to be blinding. No proxy consent will be allowed. Process, questions and concerns: You will be requested to read this informed consent. If you have any questions and concerns, please feel free to ask me. My contact details are written below.

*Adriel Arman Pizarra : Globe Number 0915-840-1007

Risks, Benefits, Remuneration and Reimbursements

There are no known risks in participating in the study. There are no direct benefits, either, other than your contribution to knowledge about our hospital's human resources and operations. I will not be giving you any remuneration or reimbursement for your participation in this study.

Voluntariness and Alternative Options

Your participation in this study will be entirely voluntary. When you have decided to participate but later wish to withdraw participation, you are also free to do so. You do not have to participate in the study. If you decide not to participate or to withdraw from the research, I will respect your decision. Your decision not to participate or to withdraw participation will not affect any personal reasons. If any injuries sustained, your

participation will not be automatically compensated by the hospital. If you need to, you can contact UV-IRB office at 416-8607 or 0943-533049 or email at uvirb2015@gmail.com, anytime during the study.

Confidentiality and Privacy Consent

I understand that all the data will be kept confidential. However, this information may not be used in publication or presentations.

I have read and understood the information part of this form. I hereby consent to participate in the study.

- ☐ I agree to participate in the survey
- ☐ I agree that Mr. Pizarra will refer at my resilience

Signature or Participant: _____ Date: _____

APPENDIX F
SURVEY QUESTIONNAIRE

Please place a check mark on the box corresponding to your answer.

Part I. Demographic Profile

1. Division: _____ Administration _____ Finance
_____ Medical _____ Nursing

Part II. This part of questionnaire relates to the participant's organizational commitment. For each of the following items, please rate yourself by using the following scale:

SCALE: 4 – *Strongly Agree*; 3 – *Agree*; 2 – *Disagree*; 1 – *Strongly Disagree*

ITEMS	4	3	2	1
AFFECTIVE COMMITMENT				
1. I would be very happy to spend the rest of my career with this organization.				
2. I enjoy discussing about my organization with people outside.				
3. I really feel as if this organization's problems are my own.				
4. I think that I could easily become as attached to another organization as I' am to this one.				
5. I feel like part of the family at my organization.				
6. I do not feel emotionally attached to this organization.				
7. This organization has a great deal of personal meaning for me.				
8. I fell a strong sense of belonging to my organization.				
CONTINUANCE COMMITMENT				
1. I' am afraid of what might happen if I quit my job without having another lined up.				
2. It would be very hard for me to leave my organization right now, even if I wanted to.				
3. Too much in my life would be disrupted if I decided to leave my organization now.				
4. It would be too costly for me to leave my organization right now.				
5. Right now, staying with my organization is a matter of necessity as much as desire.				
6. I feel that I have very few options to consider leaving this organization.				
7. One of the few serious consequences if leaving this organization would be the scarcity of available alternatives.				
8. One of the major reasons I continue to work for this organization is that leaving would require considerable personal sacrifice-another organization may not match the overall benefits I have here.				
NORMATIVE COMMITMENT				
1. I think that people these days move from company to company too often.				

2. I do believe that a person must always be loyal to his or her organization.			
3. Jumping from organization to organization does seem at all unethical to me.			
4. One of the major reasons I continue to work in this organization is that I believe loyalty is important and therefore feel a sense of moral obligation to remain.			
5. If I got another offer for a better job elsewhere, I would feel it was right to leave my organization.			
6. I was taught to believe in the value of remaining loyal to one organization.			
7. Things were better in the days when people stayed in one organization for most of their careers.			
8. I think that being a ''company man or woman'' is sensible.			

JOB STRESS

Perceptions of Your Job

1.1 How often do you feel that:	Very Often	Often	Some-times	Occasio-nally	Seldom	Never
1.1.1 The thought of getting fired really scares you						
1.1.2 You are worried about the possibility of being fired?						
1.1.3 Your job is not permanent?						
1.2 How often:	Very Often	Often	Some-times	Occasio-nally	Seldom	Never
1.2.1 Do you get into arguments with others at work?						
1.2.2 Are people rude to you at work?						
1.2.3 Do you encounter inter-personal conflicts at work?						
1.2.4 Does your job require you to do work very fast?						
1.2.5 Do you have to work overtime?						
1.2.6 Is there a great deal to be done?						
1.3 how often do you find it difficult or impossible to do your job because of:	Very Often	Often	Some-times	Occasio-nally	Seldom	Never
1.3.1 Lack of necessary information about what to do or how to do it?						

1.3.2 Inadequate help from others						
1.3.3 Lack of equipment or supplies?						
2.1 I decide on my own how to go about doing the work.						
2.2 The job gives me a chance to use my personal initiative or judgment in carrying out the work.						
2.3 The job gives me considerable opportunity for independence and freedom in how I do the work.						

Work Stress

	Strongly Agree	Agree	Slightly Agree	Slightly Disagree	Disagree	Strongly Disagree
3.1 I Usually feel that I' am under a lot of pressure.						
3.2 the level of pressure at work is very high.						

Attitude to job

	Strongly Agree	Agree	Slightly Agree	Slightly Disagree	Disagree	Strongly Disagree
4.1 In general, I like working here.						
4.2 All in all, I' am satisfied with my job.						

Resilience

	Very In-Accurate	Mostly Accurate	Slightly Accurate	Slightly Inaccurate	Mostly Inaccurate	Very Inaccurate
5.1 I feel capable of overcoming my present of any future difficulties and problems I might face such as resolving						

dilemmas or making difficult decisions.						
5.2 I have a high capacity for facing adversity.						

Job Performance

6. I evaluate my job performance in terms of:	Excellent	Good	Satisfac-tory	Fair	Marginal	Poor
6.1 Quantity of Work						
6.2 Quality of work						
6.3 Attendance						
6.4 Professional Knowledge						
6.5 Getting along well with others						

Personal Well-being

7. Over the last one month, have you experienced any of the following symptoms, changes in behavior or emotion?	Very Often	Often	Some-times	Occasio-nally	Seldom	Never
7.1 Insomnia – difficulty in getting sleep						
7.2 Headaches						
7.3 Muscular tension, aches and pains						
7.4 Mood swings						
7.5 Feeling nauseous or being sick						
7.6 Feeling depressed						

APPENDIX G
NOTICE TO PROCEED AND AGREEMENT

IRB
JUSTICE · RESPECT
HUMAN SUBJECT DIVISION 2015
BENEFICENCE

UVIRB FORM 4.1: NTP Agreement
Rev.01.09.11.2017

Notice to Proceed and Agreement

IRB NTP Code: NP2019DHM-140

This certifies that the proposed research paper titled **"ORGANIZATIONAL COMMITMENT, JOB STRESS AND PERFORMANCE OF EMPLOYEES IN A TERTIARY HOSPITAL"** with Ref. Number: 2019-104 , prepared by **PIZARRA, ADRIEL ARMAN V.**, has satisfactorily complied with the following requisites,

CONSENT (check all that applies)

- ☒ Informed Consent – form
- ☐ Informed Consent – oral script/online/unsigned
- ☐ Process Consent – form
- ☐ Process Consent – oral script/online/unsigned
- ☐ Assent (participants under 18) – form
- ☐ Assent – oral script/online/unsigned

- ☐ Parental Permission – form
- ☐ Parental Permission – oral script/online/unsigned
- ☐ Translated Consent/Assent – form(s), script(s), etc.
- ☐ Debriefing script
- ☐ Other – please explain: IMPLIED CONSENT

IRB REVIEW PROCESS ⦿ Exemption Review   ◯ Expedited Review   ◯ Full Board Review

as required by the University of the Visayas- Institutional Review Board Office, recognized guidelines by all accredited research authorities. In view of this, the researcher(s) s is/are compelled to promptly inform any further changes done during the proceedings. Failure to compel is subject to the termination of the study. Hence, it resolves that the said proposal is:

Technical Soundness
◯ Approved ⦿ Exempted from Review ◯ Minor Modification Complied ◯ Major Modification Complied ⦿ No Modification Required

Ethical Consideration
◯ Approved ⦿ Exempted from Review ◯ Minor Modification Complied ◯ Major Modification Complied ⦿ No Modification Required

Consent
◯ Approved ⦿ Exempted from Review ◯ Minor Modification Complied ◯ Major Modification Complied ⦿ No Modification Required

Proceed to the next phase of the study, under conditions provided for by the Office.

Study Protocol History

Concept Paper/Title Defense	7 Oct 2018	Proposal Hearing Date:	23 Feb 2019
IRB Initial Submission:	16 Mar 2019	Release of Initial Assessment:	20 Mar 2019
Date of Payment:	23 Mar 2019	Release of 1st Review:	23 Mar 2019
Resubmission Date: 2nd review		Release Date: 2nd review	
3rd review		3rd review	
4th review		4th review	
5th review		5th review	
Submission of NTP Requirements:	23 Mar 2019	NTP Issuance:	23 Mar 2019

Validity Period: 23 Mar 2019 to 23 Mar 2020

Note: For Qualitative Studies in the Social Sciences, Data Gathering and Analysis shall be conducted at least six months except for Ethnography which shall be conducted at least for a year. Data Gathering and Analysis for Mini-Ethnographic studies can be conducted in no less than six months. For Qualitative Studies in Humanities, Data Gathering and Analysis may be conducted in less than six months if no human participants are enrolled in the study. Counting of the Date shall commence the day after the Notice to Proceed is issued.

This study will be reviewed every year. No changes to the study can be implemented however, before an amendment is submitted to the IRB and the PI receives written approval from the IRB office.

MA.CARMILA INOCANDO RAMA, RN, MAN
UV-IRB MANAGER

Corner Colon & Jakosalem Streets, Cebu City 6000, Philippines

Telephone: +63 (32) 416 8607; Email: uvirb2017@gmail.com

APPENDIX H
PLAGIARISM CERTIFICATE

IJSER

APPENDIX I
GRAMMARIAN CERTIFICATE

IJSER

CURRICULUM VITAE

CURRICULUM VITAE

PERSONAL DATA

Name: Adriel Arman Varquez Pizarra

Address: Tisa II, Cebu City, Phils., 6000

Birthdate: April 12, 1988

Birthplace: Cebu City

Status: Single

Sex: Male

Religion: Roman Catholic

Citizen: Filipino

Mother's Name: Rebecca Alcantara Varquez

Father's Name: Armando Aljecera Pizarra

EDUCATIONAL BACKGROUND

Doctorate Level:

University of the Visayas, Colon St., Cebu City, Philippines

- ➢ Degree Holder: Doctor of Health Care Management
- ➢ Dissertation: Organizational Commitment, Job Stress, and Performance Among Hospital Employees in a Tertiary Hospital

Post Graduate Level:

Southwestern University PHINMA, Urgello Street, Cebu City, Philippines ll March 2017

- ➢ Degree Holder: Master of Arts in Nursing Major in Nursing Service Administration (NSA)
- ➢ Thesis: Work Performance and Level of Attitude of Staff Nurses in a Tertiary Training Level Hospital

College Level:

University of San Carlos, Talamban, Cebu City, Philippines ll March 2009

- ➢ Bachelor of Science in Nursing (BSN)
- ➢ Final Grade: 1.64 (Consistent Dean's Lister)
- ➢ Graduated with Latin Honors: Cum Laude

Secondary Level:

University of San Carlos – North Campus, Gen. Max., Cebu City, Philippines ll 2005

Primary Level:

University of San Carlos – South Campus, P.del Rosario Ext., Cebu City, Philippines ll 2001

EDUCATIONAL ACHIEVEMENTS

- ➢ Chosen as one of the student nurses in our batch to be endorsed into internship program after thorough selection process.
- ➢ Successfully completed training in team building, effective decision making and time management.
- ➢ Successfully attended seminars during our Nursing Management and Leadership Course for school year 2008-2009.
- ➢ Nominated with Clinical Excellence in Community Health Nursing on the 5th day of April 2009.
- ➢ Nominated for Clinical Excellence in Hospital Nursing on the 5th day of April 2009.
- ➢ Having completed the prescribed Course of Instruction for the Related Learning Experience, a component of the Bachelor of Science in Nursing Program with an Outstanding Performance in Community Health Nursing on the 5th day of April 2009.
- ➢ Consistent Dean's Lister SY: 2005-2009
- ➢ Graduated with honors: Cum Laude
- ➢ Successful Passer of the November 2009 Nursing Licensure Exam.

KEY COMPETENCIES

- ➢ Patient and Relative Education
- ➢ Patient Support/Advocate
- ➢ Case Organization
- ➢ Patient Evaluation
- ➢ Quality and Permanence of Care
- ➢ Simple to Complex Medication Administration
- ➢ Expertise in nurse training
- ➢ Excellent in staff management
- ➢ Always on time and never late with a proven record of attendance and punctuality.

> ➤ Having lots of initiative and able to work autonomously without constant supervision.
> ➤ Comprehensive knowledge of Microsoft Office and other software used in hospitals.
> ➤ Always having an innovative and energetic manner along with a cheerful disposition.

ORGANIZATION, PROFESSIONAL REGISTRATION AND MEMBERSHIP

> ➤ Philippines Nurses Association (PNA)
>   March 2009 – Present
> ➤ Association of Nursing Service Administration of the Philippines (ANSAP)
>   November 2017 - Present
> ➤ Operating Room Nurses Association of the Philippines (ORNAP)   June 2017 – Present
> ➤ University of San Carlos Alumni Foundation, Inc.
>   March 2009 – Present
> ➤ Southwestern University PHINMA Alumni Foundation, Inc.
>   March 2017 – Present
> ➤ Southwestern University Medical Center Brand Ambassador
>   October 5, 2017 – Present
> ➤ Southwestern University PHINMA Mentor – Alumni Mentoring Program (College of Nursing)
> November 2017 – Present

WORKING EXPERIENCE

I have been working for 9 years.

NURSE TRAINING OFFICER

Duration:	March 2017- PRESENT
Company:	Southwestern University Medical Center
Company Industry:	HealthCare / Medical
Location	Urgello St. Cebu City
Department:	Nursing Service

Duties, Functions and Responsibilities

> ➤ Select and evaluate qualified applicants for training under the department program and in keeping with the educational and training capacity of Southwestern University Medical Center.
> ➤ Ensure the provision of a sufficient didactic instruction in both basic and clinical disciplines under the department.

- ➢ Develop and implement strategies for maximum clinical utilization of available patient resources towards the goal of the best possible educational experience for the residents and in keeping with the highest possible standards of patient care.
- ➢ Assists in supervising and monitoring of all clerks and Interns (PGIs) to ensure the enhancement of their clinical skills and competencies.
- ➢ Operate a workable system of periodic evaluations for residents, interns and clerk's progress, including formal examinations and other valid criteria in accordance with the Residency Training Program of the department.
- ➢ The training officer and the department chair will meet regularly to assure quality and appropriateness not only on the training program but also of patient care provided by the department.
- ➢ Maintain and encourage the capability to conduct and support research within the department and supervise the resident's participation in these activities.
- ➢ Strengthen the referral system between departments to enhance referral skills and attitude between colleagues.
- ➢ To maintain the status of Southwestern University Medical Center as a teaching institution producing high quality graduates.

CLINICAL NURSE PRECEPTOR

Duration:	June 2016- PRESENT
Company:	Southwestern University PHINMA
Company Industry:	Education
Location	Urgello St. Cebu City
Department:	College of Nursing

Duties and Responsibilities:

- ➢ Provide instruction on clinical skills.
- ➢ Facilitate student practice of student skills.
- ➢ Report skills/ competency assessment results to the medical programs coordinator following excepted guidelines.
- ➢ Provide feedback on course or program development
- ➢ Built instructor to student and student to student relationship
- ➢ Identify at risk students; provide them with extra support, instruction, and attention.

STAFF NURSE

Duration:	May 2013- February 2017
Company:	Southwestern University Medical Center

Company Industry:	HealthCare / Medical
Location	Urgello St. Cebu City
Department:	Emergency Room

Duties and Responsibilities:

- ➢ Coordinate admissions.
- ➢ Enhance critical thinking skills by caring for patients with complex and interrelated diagnoses.
- ➢ Applies analytical skills in assessing conditions and implementing appropriate interventions.
- ➢ Monitor acute conditions, developed patient care plans, including assessments, evaluations, and nursing diagnoses.
- ➢ Educate patients on health care needs, medications, conditions, options etc.
- ➢ Maintains clinical nursing skills through consistent placement of intravenous lines, catheters, and dressings.
- ➢ Emphasize team work within nursing staff by assisting coworkers in need and delegating tasks appropriately.
- ➢ Collaborate daily with physicians and healthcare team to achieve optimum patient care.
- ➢ Provide preparations and assistance to physician with diagnostic procedures.
- ➢ Reports to the nurse supervisor, incidents of accidents, complaints or defects in drugs, supplies or equipment.
- ➢ Check, witness and administer controlled as well as scheduled drugs to a wide variety of patients.
- ➢ Generate supportive patient and family communication techniques.
- ➢ Serve as a role model in creating warm environment for families, staff, physicians, patients, and visitor.
- ➢ Perform EKG using a 12 Lead EKG machine.
- ➢ Operate machines and equipment used in the Emergency Room such as, cardiac monitor, defibrillator, AED, syringe pump and infusion pump.
- ➢ Follow safety, infection control, and confidentiality protocols.

REGISTERED NURSE TRAINEE

Duration:	May 2012 – April 2013
Company:	Southwestern University Medical Center
Company Industry:	HealthCare / Medical
Location	Urgello St. Cebu City
Department:	ICCU, Medical-Surgical Ward, Private Room, Pediatric Ward, Emergency Room

Duties and Responsibilities:

- ➢ Delivered safe, direct care to an assigned group of patients, under the supervision of a charge nurse and nurse supervisor.
- ➢ Worked within Hospitals, Nursing division and departmental policies.
- ➢ Used nursing processes to work in collaboration with the healthcare team, implementing and documenting individualized nursing plans of care incorporating age specific considerations, including discharge planning and patient/family teaching.
- ➢ Administered medication, including IV medication, via the Seven Rights.
- ➢ Documented and communicated clinical findings in a form of collaboration with senior nurse, head nurse and physicians.
- ➢ Assisted with special tests and procedures, ensuring proper consent has been obtained.
- ➢ Maintained a safe, comfortable, and therapeutic environment for patients and families in accordance with hospitals standards.
- ➢ Assisted to maintain, support, and implement department and Hospitals mission and goals.
- ➢ Enhanced professional growth and development through participation in educational programs, reading current literature, attending in-services and meetings.

TEAM LEADER

Duration: February 2010 – January 2012

Company: Teleperformance

Company Industry: Business Process Outsourcing (BPO)

Location   Urgello St. Cebu City

Department: Expedia - Travel

Duties and Responsibilities:

- ➢ Performed statistical analysis for each individual agent providing coaching to insure adherence to statement of work.
- ➢ Responsible for Annual Employee Reviews and Evaluations for Call Center Reps.
- ➢ Monitored all system output to ensure the integrity and quality of each report.
- ➢ Monitored calls and provided feedback during coaching sessions.
- ➢ Implemented effective customer service strategies.
- ➢ Ensured customer satisfaction by monitoring staff to ensure compliance with company policies and procedures.

- ➢ Member of the interview team and responsible for the selection and training of new-hires.
- ➢ Analyzed statistical call center metrics and reports, identified areas to improve, implemented measures that improved service levels and achieved team objectives.

SALES EXECUTIVE

Duration:	December 2009 – February 2010
Company:	Teleperformance
Company Industry:	Business Process Outsourcing (BPO)
Location	Urgello St. Cebu City
Department:	Expedia - Travel

Duties and Responsibilities:

- ➢ Determined requirements by working with customers.
- ➢ Answered inquiries by clarifying desired information; researching, locating, and providing information.
- ➢ Sold additional services by recognizing opportunities to up-sell accounts; explaining new features.
- ➢ Kept equipment operational by following established procedures; reporting malfunctions.
- ➢ Maintained call center database by entering information.

TRAININGS (ATTENDED / PARTICIPATED)

DATE	VENUE	TRAININGS
2017		
November 13, 2017	Southwestern University PHINMA, Conference Room	Participant of the 1-Day Training in Intravenous Therapy for Trainers and Preceptors Accredited by ANSAP as an I.V. Update
November 11, 12 & 13, 2017	Southwestern University PHINMA, Conference Room	Participant of the 3-Day Basic Intravenous Therapy Training
May 25 and 26, 2017	Southwestern University	Certified Basic Life Support/Advanced Cardiac Life Support Instructor as successfully completed

	Medical Center, Cebu City, Philippines	the American Safety and Health Institute Instructor Development Course (IDC)
September 2016 – Present	Southwestern University Medical Center, Cebu City, Philippines	Appointed by the Nursing Service Department of Southwestern University Medical Center in conducting monthly lectures on code red management situations, simultaneous mock codes and potential disaster scenarios. (Team Leader of the Code Red Management and Emergency Department's Disaster Management)
2016		
November 5, 6 and 7, 2016	Southwestern University Medical Center, Urgello St., Cebu City, Phils.	Participant of Advanced Cardiac Life Support in accordance to the American Heart Association's CPR ECC/ILCOR latest guidelines.
November 5, 6 and 7, 2016	Southwestern University Medical Center, Urgello St., Cebu City, Phils.	Participant of Basic Life Support; Adult CPR/AED; Child CPR/AED and Infant CPR Training in accordance to the American Heart Association's CPR ECC/ILCOR latest guidelines.
2015		
July 17 to July 18, 2015	Southwestern University PHINMA, Cebu City, Philippines	Completed the cognitive and skill evaluation of Basic Life Support and Advance Cardiac Life Support Course by Philippine Heart Association together with Philippines College of Cardiology and National Expanded Council on Cardiopulmonary Resuscitation.
March 25 to March 27, 2015	Mactan Argao Hall, Summit Circle Fuente Osmeña, Cebu City, Philippines	13th Chemotherapy and Biotherapy Provider Training Course
2012		
September 23, 2012	Center for Professional Enhancement, Cebu City, Philippines	Basic Skills Development in Phlebotomy

September 16, 2012	Center for Professional Enhancement ll Cebu City, Philippines	Basic Cardiac Rhythm and Introduction to Advance Cardiac Life Support
September 15, 2012	Center for Professional Enhancement, Cebu City, Philippines	Cardiopulmonary Resuscitation Pro for the Professional Rescuer accredited by American Safety and Health Institute (Basic Life Support)
August 3, August 4, and August 5, 2012	Southwestern University Medical Center, Cebu City, Philippines	I.V Training Program in Accordance with the Standards of Association of Nursing Service Administration of the Philippines

SEMINARS (ATTENDED / PARTICIPATED)

DATE	VENUE	SEMINAR/WORKSHOP/CONGRESS
2018		
September 28, 2018	Southwestern University Medical Center, Cebu City, Philippines	Coordinator, resource speaker and workshop facilitator of the 4-hour course on "CHARGE NURSING SEMINAR WORKSHOP"
September 3, 2018	Southwestern University PHINMA College of Nursing Conference Room, Cebu City	Participant of the workshop entitled: Pulmonary Tuberculosis Updates (Philippine Setting) and Quality Life Seminar
August 31, 2018	Mandarin Plaza Hotel, Cebu City, Philippines	Participant of the workshop entitled: Stabilization and Transitional Care of the Newly Born and Early Developmental Care of the High-Risk Newborn in the Neonatal Intensive Care Unit Setting
August 24, 2018	Cebu Grand Convention Center, Archbishop Reyes Avenue, Cebu City, Philippines	Participant of the 2nd Department of Health Region 7's Research Congress with the theme: "DOH it Right: Observing Data Privacy in Data Sharing and Health Research."
July 27, 2018	Cebu Grand	Delegate of the Philippine Nurses

	Convention Center, Archbishop Reyes Avenue, Cebu City, Philippines	Association (PNA) 82nd Founding Anniversary, Annual Regional Convention and General Assembly.
July 12, 2018	Southwestern University Medical Center, Cebu City	Participant of the Code Blue Management seminar with the theme: "Code Blue: Every Minute is Important"
June 30 – July 1, 2018	Fiesta Pavillion, Manila Hotel, Manila, Philippines	Delegate of the Operating Room Nurses Association of the Philippines, Inc. (ORNAP) 44th Annual Convention and Scientific Meeting with the theme: "Embracing Diversity: Breaking Barriers Through Holistic Perioperative Nursing Care"
April 7, 2018	All Son's Inn, Cebu City	Participant of the Seminar Entitled: "Disaster Management Among Health Care Professionals"
April 7, 2018	University of Visayas – Main Campus, Cebu City	Participant of the Seminar Entitled: "Disaster Preparedness"
2017		
November 29, 2017	Grand Convention Center, Archbishop Reyes Avenue, Cebu City, Philippines	Delegate of the Association of Nursing Service Administration of the Philippines (ANSAP) Cebu Chapter 30th Regional Convention with the Theme: "Nursing Leadership of the 21st Century: Power of the Past, Force of the Present, and Shape of the Future.
November 25, 2017	Tandang Sora Hall, Cebu Normal University, Cebu City, Philippines	Participant of the Seminar-Workshop entitled: "Nursing Leadership and Management: Enhancing Staff Performance, Promoting Excellence in Service."
November 5, 2017	Bai Hotel, Ouano Avenue, Mandaue City, Cebu	Delegate of the 30th Annual Regional Convention and Scientific Meeting of the Operating Room Nurses Association of the Philippines, (ORNAP) Cebu Chapter with the theme: "360° Safety in Perioperative Nursing Practice"

October 14, 2017	Tandang Sora Hall, Cebu Normal University, Cebu City, Philippines	Participant on the seminar and workshop entitled: "Nursing Research: The Innovative Strategy"
August 31, 2017	VIP Room of the Aznar Coliseum, Urgello, Cebu City	Participant of the "Fire and Other Disaster Preparedness Seminar" conducted by the Cebu City Fire Department.
August 2, 2017	Fiest Pavilion, Manila Hotel, Manila, Philippines	Delegate of the 5th Breastfeeding Congress with the theme: "Gatas ni Inay: Arugang Walang Kapantay" (Mother's Breast Milk: Care Beyond Compare).
July 13 – 14, 2017	Southwestern University PHINMA Nursing Case Presentation	Participant of Basic Research Ethics and good clinical practice training-workshop.
July 28, 2017	Grand Convention Center, Cebu City, Philippines	Participant of the 81st Founding Anniversary of PNA Cebu Chapter, General Assembly and Annual Regional Convention with the Theme: "Nurses at the Forefront Transforming Healthcare for the Filipinos and the World".
July 1 and 2, 2017	Marriott Hotel, Newport, Pasay City, Philippines	Delegate of the 43rd Annual Convention and Scientific Meeting with the Theme: 360 degrees Safety in Perioperative Nursing Practice
June 28, 2017	Narra Conference Room, DOH Region 7, Cebu City, Philippines	Participant of the Thrombolysis Workshop Conducted by the Stroke Society of the Philippines.
June 23, 2017	Bayfront Hotel, Cebu City, Philippines	Participant of Safety in the Healthcare Setting. In focus: The Hazards of Powder
April 24, 2017	IDS Medical Systems Philippines Education Center, Manila, Philippines, Inc.	Participant of the Keys to Successful Ventilation: Minute Ventilation to Mean Airway Pressures (by Barbara McLean)
April 24, 2017	IDS Medical	Participant of The Basic of

	Systems Philippines Education Center, Manila, Philippines, Inc.	Hemodynamics Seminar (by Barbara McLean)
2016		
August 22, 2016	Bayfront Hotel, Cebu City, Philippines	Participant of the 29th Regional Annual Convention of the Association of Nursing Service Administration of the Philippines, Inc.
September 21, 2016	Southwestern University Medical Center, Cebu City, Philippines	Participant of the seminar entitled "Pulmonary Tuberculosis and Updates".
August 15, 2016	Southwestern University Medical Center, Cebu City, Philippines	Participant of the seminar entitled "Patient's Safety Seminar and Workshop".
August 9, 2016	Southwestern University Medical Center, Cebu City, Philippines	Participant of the seminar entitled "Medico-Legal Issues".
July 14, 2016	Southwestern University Medical Center, Cebu City, Philippines	Participant of the seminar entitled "Culture Diversity: Global Representative of Filipino Nurses".
March 1, 2016	Southwestern University Medical Center, Cebu City, Philippines	Participant of the medical mission entitled "No Scalpel Vasectomy International Inc."

TRAININGS AND SEMINARS (AS RESOURCE SPEAKER)

DATE	VENUE	TRAININGS / SEMINARS
2018		
April 5, 2018	Southwestern University Medical Center, Cebu City	Key Note Speaker of Hospital Customer Service Training with the theme: "The power of Customer Service: Getting Results with Positive Actions."
March 14, 2018	Southwestern University Medical Center, Cebu City	Key Note Speaker of 6-hour course of Basic Intravenous Training with the theme: "Safeguarding Patients through Standardize Intravenous Therapy."

2017		
November 23, 2017	Southwestern University Medical Center, Cebu City	Key Note Speaker of Lactation Management Training
August 11, 2017	Southwestern University Medical Center Conference Room, Cebu City, Philippines	Resource Speaker of In-house Neonatal Resuscitation Program
September 19, 2017	Pharmacy Lobby, Southwestern University Medical Center, Cebu City	Coordinator and resource speaker of the 4-hour course on "CHARGE NURSING SEMINAR WORKSHOP"
2015		
November 16 – November 18, 2015	Southwestern University Medical Center, Cebu City, Philippines	Certified Lecturer of Lactation Management and Enhancement Training

COMMUNITY EXTENSION AND OUTREACH PROGRAM

DATE	VENUE	COMMUNITY EXTENSION AND OUTREACH PROGRAM
2018		
February 25, 2018	Badian, Cebu, Philippines	Team Leader of the Nursing Department During the Community Extension Program tagged as *"Halad sa Katawhan, Sa Badian, Cebu 2018"* in cooperation with Badian local Government Unit, Southwestern University PHINMA, SWU Alumni Foundation – Local Chapter and the Provincial Health Office - Cebu
January 12, 2018	Car-Car, Cebu, Philippines	Team Leader of the Nursing Department during the US Bisaya Medical Association Medical Mission 2018 in cooperation with Southwestern University PHINMA, SWU Alumni Foundation – Local Chapter