

## Job Satisfaction and Turnover Intention Among Nurses and Midwives Working under DOH Deployment Program

Leah P. Brun-Salvatierra, M.D.

### Abstract

Maldistribution of health workforce in the country's health system threatened the quality of health care services and delivery. The deployment program of the DOH is key to address the issue. Studying work characteristics among nurses and midwives as the heart of health care system is essential. This study aimed to determine nurses and midwives job satisfaction, its predictors and relationship to turnover intention who were working in Samar, Philippines. Employing correlational survey design, thirty-seven nurses and ten midwives participated the study through purposive sampling. Chi-square test was used to determine relationship between variables. Cramer's V was applied to examine the strength of relationship. Findings revealed that majority of them were satisfied with their current work. Sex characteristic is a significant factor to job satisfaction. More than half claimed they have no intention to leave their work. Job satisfaction is inversely correlated to turnover intention. Nurses and midwives working in rural areas have high level of job satisfaction and low turnover intention. Job satisfaction plays an important role to turnover intention. This study has significant implications to the DOH and local government units in maintaining a high level of job satisfaction and low turnover intention.

**Keywords:** Nurse, midwife, job satisfaction, turnover intention, DOH deployment program academic performance

### Introduction

Maldistribution of health manpower remains a challenging issue within the realm of health care in the country for many years. The deployment program of the Department of Health (DOH) was formulated as one of the strategies to address this – providing health human resources (HRH) to unserved and underserved areas for a better health service delivery (Dayrit et al., 2018). Specific of this program to the midwives and nurses include the Rural Health Midwife Placement Program (RHMPP) and Nurse Deployment Project (NDP). These also give employment opportunities among unemployed midwives and nurses for a long time. However, there is a need to explore their work outcomes such as the relationship between level of job satisfaction and turnover intention in this

kind of work environment. Work outcomes reflect the kind of health workers' practice environment (Falguera et al., 2020). Although there are substantial evidence showing and explaining the relationship between job satisfaction and turnover intention among health workers abroad, few studies have been conducted in the locality. Moreover, most of the existing studies were conducted in the hospitals and health institutions. The deployment programs of the Department of Health seem to be a distinct avenue and context in describing the employment and work characteristics of nurses and midwives. Findings of this study may therefore be different from the existing literature. With the emerging threats in our healthcare system, results of this study could provide information about nurses and midwives' current job satisfaction and turnover intention.

\*Corresponding Author: Leah P. Brun-Salvatierra  
EVRMC, Tacloban City  
E-mail: leah\_brun@yahoo.com

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The government's lead agency – the Department of Health, local government units, policymakers, and professional organizations may be guided with the results of this study in formulating or modifying policies and guidelines in further improving Nurse Deployment Project (NDP) and Rural Health Midwife Practice Program (RHMPP) which will eventually help develop a more efficient and effective healthcare system in the country.

### Literature Review

It is essential, that while the government's deployment programs are implemented, work characteristics are being studied and evaluated. Job satisfaction is one of the work characteristics that has been an important focus of HRH research (Lu et al., 2012). This is because it has inclination to affect the behaviors and professional well-being among workers. Job satisfaction has been defined in the literature as the positive emotional orientation of the employee towards employment in the organization (Price, 2001). Work conditions, work environment, job stress, and role conflicts are some of the factors that may affect job satisfaction (Atefi et al., 2015; Lu et al., 2012). A plethora of foreign empirical evidence across health professions explained the influencing factor of job satisfaction to turnover intention. A clearer concept of various factors that support the health workers' commitment to their workplaces or their inclination to leave could provide information to the government and practice environment so that nursing or midwifery could attract dedicated and committed employees. In Senegal, midwives were inclined to look for other job if dissatisfied with job security and they are most likely to leave their work if found to have poor opportunities for continuing education (Rouleau et al., 2012). A study conducted among Iraqi doctors claimed that a low job satisfaction level was significantly associated with turnover intention (Jadoo et al., 2015). Another study involving nurses in the United States revealed a negative correlation between high level of job satisfaction and their intention to quit and turnover (Han et al., 2015; Poghosyan et al., 2017). A recent study in China showed that rural health workers with high job

satisfaction coupled with reward, organizational management, and occupation was equated to a decreased turnover intention (Liu et al., 2019). Literature has also defined intentions for turnover as the tendency of an employee to leave from their post in certain period (Labrague et al., 2018; Lu et al., 2017; Chao et al., 2015). However, it is essential to determine the difference between non-voluntary turnover (i.e. being fired) and voluntary (i.e. intentional leaving to look for other job) (WHO, 2006). Turnover may seem to be a normal part in work life, and could be advantageous in some situations, it becomes alarming when it occurs speedily and during cases of manpower shortages or maldistribution.

### Conceptual Framework

The present study aims to investigate the relations between personal or demographic characteristics, job satisfaction and turnover intention among midwives and nurses working in the Nurse Deployment Project (NDP) and Rural Health Midwife Placement Program (RHMPP). The demographic characteristics involved in this study include sex, age, marital status, profession, post graduate study, work experience, number of workplaces, monthly salary, and place of origin. The dimensions of job satisfaction include work, pay, promotion, supervision, and colleagues. Job satisfaction is negatively correlated to turnover intention. The schematic model of this study is shown in Figure 1 below.

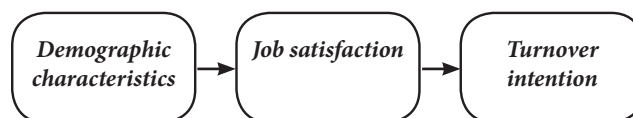


Figure 1. Hypothetical model of the research

### Research Questions

This study aimed to determine job satisfaction and its relationship to turnover intention among NDP and RHMPP health workers in the municipalities of Paranas, Hinabangan, Motiong and San Jose de Buan, Western Samar. Specifically, the study was undertaken to answer

the following research questions:

1. What are the demographic characteristics of the respondents according to:
  - 1.1 Sex;
  - 1.2 Age;
  - 1.3 Marital status;
  - 1.4 Profession;
  - 1.5 Post graduate studies;
  - 1.6 Length of work experience;
  - 1.7 Number of workplaces work;
  - 1.8 Monthly Salary; and
  - 1.9 Place of Origin?
2. What are the nurses and midwives' level of job satisfaction based on the following dimensions: work, pay, promotion, supervision, and colleagues?
3. What is the degree of leaving from work of the respondents?
4. What are their reasons of plan to stay or not to stay with current job?
5. Is there a significant relationship between the demographic characteristics of the respondents and their level of job satisfaction?
6. Is there a significant relationship between respondent's level of job satisfaction and turnover intention?

According to the above-mentioned information, the following research hypotheses were formulated:

1. There is no significant relationship between demographic characteristics and level of job satisfaction among NDP and RHMPP employees.
2. There is no significant relationship between level of job satisfaction and turnover intention.

## Methodology

This section presents the research design used, the sampling techniques employed to select the respondents, the instruments formulated to gather the needed data, various statistical tools to analyze the data, and the ethical considerations that guided the researcher throughout the study.

## Research Design

This study employed descriptive correlational survey design. Paler-Calmorin & Calmorin-Piedad (2008), explained that determining the relationship between the two variables will be obtained through descriptive correlational. In this study, the level of job satisfaction among nurses and midwives working through the deployment programs was examined to correlated with their turnover intentions.

## Sampling

Purposive sampling method was utilized because sampling for proportionality is not the main concern of the researcher. Also, the respondents have one or more shared characteristics. One of which is that they are assigned in the municipalities with geographically isolated and disadvantaged barangays. The study was conducted in Samar Island. This island occupies the northernmost section of Eastern Visayas or Region VIII. The San Juanico Bridge connects Samar to the province of Leyte on the southeast across the San Juanico Strait. The province of Western Samar is divided into six (6) Inter-local Health Zones. The PaHiMosan Inter-local Health Zone (ILHZ) is comprised of the municipalities of Paranas, Hinabangan, Motiong and San Jose de Buan. This is where the study was conducted.

The respondents were 37 nurses and 10 midwives employed under NDP and RHMPP program of the DOH who are assigned in the Rural Health Unit in the municipalities of Paranas, Hinabangan, Motiong and San Jose de Buan, Western Samar.

## Data Collection and Instruments

The questionnaire included three parts. The first part described the characteristics of the respondents according to age, sex, marital status, profession, postgraduate study, work experience, number of workplaces, monthly salary, and place of origin.

The second part was a modified validated

questionnaire that measures the perceived level of job satisfaction of the respondents, the Job Satisfaction Scale by Warr, Cook, and Wall (1979). The scale focused on 16 items representing various dimensions of satisfaction such as work condition, pay, promotion, supervision, and colleagues, with each item rated on a three-point Likert scale (1=dissatisfied to 3=satisfied). A higher overall mean score indicates higher job satisfaction. The internal consistency reliability of the scale has been demonstrated by various studies conducted in Asian countries with a Cronbach alpha ranging from 0.88 to 0.902 (Samarasooriya et al., 2019; Maharani et al., 2019).

The third part of the questionnaire examined nurses and midwives perceived turnover intention using a pretested self-structured tool. This is composed of four questions which assessed nurses and midwives plan of staying or leaving current work, reason of staying or leaving the work, and preference of workplace.

Administrative letter was secured through the Provincial Health Officer of the Province of Samar and the respective mayors of the municipalities. Potential respondents were selected by the researcher and trained research assistant and informed consent was made for every respondent. Distribution of questionnaires which were sealed in envelopes was made through personal meetings with the respondents in their respective workplaces at the RHUs by the researcher and/or research assistant. They were instructed to read each statement and indicate their response by putting on tick mark ( $\checkmark$ ) on the appropriate space. Accomplishing the instrument took about ten minutes to accomplish. After the questionnaire was answered by the respondent, it was collected and checked for consistency and completeness. The data collection period was from July to August 2017.

### Data Analysis

The study employed both descriptive and inferential statistics to address the specific questions and hypotheses. Descriptive statistics are useful for describing the basic features of data. Descriptive statistics included frequency,

percentage and median. Frequency and percentage were used to summarize the demographic profile of the respondents. Median was used in the job satisfaction level to indicate the most values in a distribution fall. Chi – square test was used to examine relationship between dimension of job satisfaction to the turnover intention of the health worker respondents and to determine the strength of relationship, Cramer’s V was applied. Significance level is set at  $<0.05$ .

### Ethical Considerations

Voluntary participation was emphasized to the respondents based on the informed consent signed by them before answering the questionnaire. Enough information was given about the study including the purposes, possible benefits, risks, and harm as well as the implications in participating the study. They were ensured that confidentiality, privacy, and anonymity were observed throughout the study. They were not paid for participation. The researcher had no authority over the respondents, hence, there is no conflict of interest involved.

### Results and Discussion

This section presents the answers to the specific research questions. The tables show the demographic profiles of the respondents, level of job satisfaction, turnover intentions, the relationship of their demographic profile to their level of job satisfaction, and the relationship between their level of job satisfaction to turnover intentions.



Table 1. Demographic Profile of the Respondents (N=47)

Variable	Frequency	%
<b>Age</b>		
21 – 25 years old	25	53.2
26 – 30 years old	14	29.8
31 – 35 years old	8	17
<b>Total</b>	<b>47</b>	<b>100.0</b>
<b>Sex</b>		
Male	11	23.4
Female	36	76.6
<b>Total</b>	<b>47</b>	<b>100.0</b>
<b>Marital Status</b>		
Single	34	72.3
Married	13	27.7
<b>Total</b>	<b>47</b>	<b>100.0</b>
<b>Profession</b>		
Midwife	10	21.3
Nurse	37	78.7
<b>Total</b>	<b>47</b>	<b>100.0</b>
<b>Work Experience</b>		
Less than 1 year	4	8.5
1 - 3 years	18	38.3
4 years or more	25	53.2
<b>Total</b>	<b>47</b>	<b>100.0</b>
<b>Monthly Salary</b>		
Less than 10,000	1	2.1
10,000 - 20,000	15	31.9
more than 20,000	31	66
<b>Total</b>	<b>47</b>	<b>100.0</b>
<b>Place of Origin</b>		
City	12	25.5
Barangay	14	29.8
Municipality	21	44.7
<b>Total</b>	<b>47</b>	<b>100.0</b>

A total of 47 respondents participated in the study. The majority were female (76.6%), aged 21-25 years (53.2%), single (72.3%), and nurses (78.7%). Most had work experience of 4 years or more (53.2%), with monthly salary of more than P20,000.00 (66%), and were living in municipality (44.7%). Table 1 summarizes the descriptive statistics of the health worker characteristics.

Table 2. Relationship Between Demographic Factors and Job Satisfaction of the Health

Workers of PaHiMoSan ILHZ, 2<sup>nd</sup> District of Samar, October 2016

Demographic Factor by Job Satisfaction (Percent Satisfied)	Correlation		Significance p-value
	Measure	Interpretation	
Age	21 – 25 years old: 17/25 or 68% 26 years and above: 15/22 or 68.2%	Phi = .002 Negligible	.989
Sex	Male: 4/11 or 36.4% Female: 28/36 or 77.8%	Phi = .38 Weak	.001*
Marital Status	Single: 23/34 or 67.6% Married: 9/13 or 69.2%	Phi = .02 Negligible	.917
Profession	Nurse: 24/37 or 64.9% Midwife: 8/10 or 80.0%	Phi = .13 Negligible	.362
Post Graduate Study	Doctoral: 1/1 or 100% Master's: 5/10 or 50%	(Fisher Exact Test)	.545
Work Experience	3 years & Below: 15/22 or 68.2% 4 years & Above: 17/25 or 68.0%	Phi = .002 Negligible	.989
Number of Workplaces	1 – 2: 17/28 or 60.7% 3 or more: 15/19 or 78.9%	Phi = .19 Negligible	.188
Monthly Salary	20,000 or less: 12/16 or 75.0% More than 20,000: 20/31 or 64.5%	Phi = .11 Negligible	.465
Place of Origin	City/Municipality: 25/33 or 75.8% Barangay: 7/14 or 50%	Phi = .25 Weak	.083

\* Significant

\*Corresponding Author: Leah P. Brun-Salvatierra  
 EVRMC, Tacloban City  
 E-mail: leah\_brun@yahoo.com

The results on job satisfaction was recoded into “satisfied” (S) and “not satisfied” (NS). All factors were likewise recoded to include only two categories because of violations of assumptions on the use of Chi-square test. (data that are higher in form – at least interval – were categorized resulting in data which are all categorical; e.g.: age, number of years of work experience; number of work places; and monthly income.)

From the socio-demographic factors, the researchers found out that only sex is significantly associated to job satisfaction wherein significantly more female than male respondents are satisfied with their jobs ( $\chi^2 = 6.65$ ;  $p < 0.05$ ) and the strength of correlation is weak (Phi = 0.38). The rest of the demographic factors (age, sex, marital status, profession, post graduate study, years of work experience, number of workplaces, monthly salary and place of origin) are not significantly correlated with job satisfaction.

Table 3. Job Satisfaction of Health Worker Respondents in terms of Work

Work	Dissatisfied		Not Sure		Satisfied		Modal Response
	f	%	f	%	f	%	
Work Condition	1	2.1	7	14.9	39	83.0	Satisfied
Responsibility	1	2.1	6	12.8	40	85.1	Satisfied
Work Management	3	6.4	6	12.8	38	80.9	Satisfied
Opportunities	1	2.1	6	12.8	40	85.1	Satisfied
Work Hours	2	4.3	6	12.8	39	83.0	Satisfied
Job Variety	3	6.4	9	19.1	35	74.5	Satisfied
Distance	10	21.3	5	10.6	32	68.1	Satisfied

\*f – Frequency, % - Percentage

The most satisfying aspect in work subscale of the respondents are on the amount of responsibility they are given and the opportunities to use their capabilities with 40 or 85.1%, followed by their work condition and work hours with 39 or 83%. In contrast, the most dissatisfying aspect is in the distance of workplace from home wherein 10 or 21.3% of the respondents are dissatisfied. These findings reflect that sense of involvement in the health program, patient care and authority given to the health worker enhances their satisfaction. Furthermore, based on the result of median, all work subscale obtained 3 which is equivalent to scale of satisfied. It means that even though there are some health worker respondents are not sure and dissatisfied in terms of work, still majority of them are satisfied in work condition,

responsibility, work management, opportunities, work hours, job variety, and distance.

**Table 4. Job Satisfaction of Health Worker Respondents in terms of Pay**

Pay	Dissatisfied		Not Sure		Satisfied		Modal Response
	f	%	f	%	f	%	
Rate of Pay	5	10.6	5	10.6	37	78.7	Satisfied
LGU stipend	16	34.0	8	17.0	23	48.9	Satisfied
Benefits	32	68.1	12	25.5	3	6.4	Dissatisfied

*\*(f - Frequency, % - Percentage)*

On this subscale, the aspect on rate of pay is the most satisfying wherein majority of the respondents were satisfied with 37 or 78.7% because based on their response on the monthly salary, 66% of them have monthly salary of more than 20,000, followed by LGU stipend received with 23 or 48.9%. On the contrary, the most dissatisfying aspect of pay is on employees' benefits received wherein majority of them were dissatisfied with 32 or 68.1%.

**Table 5. Job Satisfaction of Health Worker Respondents in terms of Promotion**

Promotion	Dissatisfied		Not Sure		Satisfied		Modal Response
	f	%	f	%	f	%	
Security	30	63.8	11	23.4	6	12.8	Dissatisfied
Promotion	25	53.2	20	42.6	2	4.3	Dissatisfied
Professional Growth	19	40.4	13	27.7	15	31.9	Dissatisfied
Recognition	6	12.8	22	46.8	19	40.4	Not Sure

*\*(f - Frequency, % - Percentage)*

Based on the result, most of the respondents are not sure if they are satisfied of the recognition, they get for good work with 22 or 46.8%. While the most dissatisfying aspect is noted in job security wherein 63.8% (30) are dissatisfied. While in the employee's promotion they are dissatisfied as well with 25 or 53.2% and in their professional growth they are not sure if they are satisfied with 27.7%. This finding indicates that uncertainty of tenure on the job creates worries and promotes dissatisfaction of the health workers.

**Table 6. Job Satisfaction of Health Worker Respondents in terms of Supervision**

Supervision	Dissatisfied		Not Sure		Satisfied		Modal Response
	f	%	f	%	f	%	
Freedom	2	4.3	15	31.9	30	63.8	Satisfied
Job performance	3	6.4	13	27.7	31	66.0	Satisfied
Suggestions	6	12.8	15	31.9	26	55.3	Satisfied

*\*(f - Frequency, % - Percentage)*

With the supervision subscale, the job performance evaluations done by supervisor earns the highest respondents' satisfaction of 31 or 66%, followed by freedom to do the work with 30 or 63.8%. On the other hand, the attention paid to suggestions made earns the highest dissatisfaction of 6 or 12.8%. This finding depicts that the fair and rational evaluation done by supervisors is a key factor in health worker satisfactions. Based on the result of median, all supervisor subscale obtained 3 which is equivalent to scale of satisfied. It means that even though there are some health worker respondents are not sure and dissatisfied in terms of supervision, still majority of them are satisfied in employee's freedom, job performance, and suggestions.

**Table 7. Job Satisfaction of Health Worker Respondents in terms of Colleagues**

Colleagues	Dissatisfied		Not Sure		Satisfied		Modal Response
	f	%	f	%	f	%	
Fellow worker Relationship	0	0.0	2	4.3	45	95.7	Satisfied
Boss Relationship	2	4.3	3	6.4	42	89.4	Satisfied
Management and Workers relations	3	6.4	7	14.9	37	78.7	Satisfied

*\*(f - Frequency, % - Percentage)*

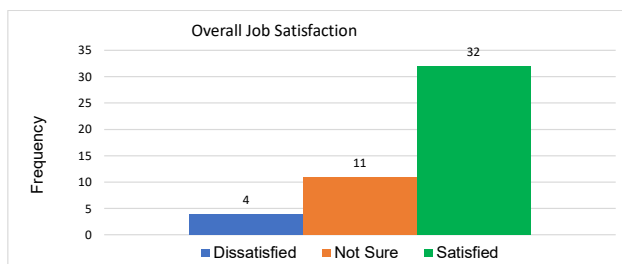
On the colleague subscale of job satisfaction, the most satisfying aspect is on working relationship with fellow workers comprising of 95.7%, followed by building a great working relationship with your boss with 42 or 89.4%. While most of dissatisfaction is noted on working relations between management and workers in their health center with only 3 or 6.4% of the respondents. This finding indicates that respect and giving importance with colleagues enhance satisfaction. Based on the result of median, all colleagues subscale obtained 3 which is equivalent to scale of satisfied. It means that even though there are some health worker respondents who are not sure and dissatisfied in terms of colleagues, still majority of them are satisfied in fellow worker relationship, boss relationship, and management and workers relations.

**Table 8: Overall Job Satisfaction of Health Worker Respondents**

Overall Job Satisfaction	Dissatisfied		Not Sure		Satisfied		Modal Response
	f	%	f	%	f	%	
Job as a whole	4	8.5	11	23.4	32	68.1	Satisfied

It shows that overall, the health workers are satisfied in their job in terms of the different dimension of job satisfaction. The findings on job satisfaction is positive. The percentage of respondents who were overall satisfied with their job is 68.1%. Several noteworthy points emerged from the results. A person cannot be relatively satisfied in all aspect of his or her job. Some of its aspect fail to fulfil his or her needs and values or because they do not meet his or her expectations.

**Figure 2. Overall Job Satisfaction of Health Workers of NDPs and RHMPPS**



**Turnover Intention of Ndps and Rhmpps**

**Table 9. Frequency and Percentage Distribution of the Respondents in terms of Plan of Staying in Current Work**

Plan of Staying in Current Work	Frequency	Percentage (%)
Yes	27	57.0
No	20	43.0
<b>Total</b>	<b>47</b>	<b>100.0</b>

In terms of plan of staying in current work, majority of the health workers responded yes with 27 or 57%, while 20 health workers responded no with 43%. This percentage indicate that the frequencies of those health workers who plan to stay and those do not plan to stay do not have much difference but there are more health workers who plan to stay in their current work.

**Reasons of Staying or not Staying with Current Job**

**Table 10. Frequency and Percentage Distribution of the Respondent in terms of Reason to Stay**

Reason to Stay	Frequency	Percentage (%)
I can apply my professional skills	11	40.7
I like public health work	16	59.3
<b>Total</b>	<b>27</b>	<b>100.0</b>

In terms of reason to stay of the 27 respondents, over half of health worker respondents indicates that their reason is they can apply their professional skills, while 11 responded that their reason is that they like public health work with 40.7%. This result indicates that the priority of the health workers is to apply their professional skills in their job than to just like the public health work.

**Table 11. Frequency and Percentage Distribution of the Respondents in terms of Reason of not Staying**

Reason of Not Staying	Frequency	Percentage (%)
Lack of Professional Growth	7	35.0
No Job Security	12	60.1
No response	1	5.0
<b>Total</b>	<b>20</b>	<b>100.0</b>

Among the 20 respondents who did not stay in their respective work, majority responded that it is because of absence of job security with 12 or 60% while 7 responded that it is because of lack of professional growth with 35%. Only 1 or 5% of health worker did not specify their reason of not staying. The result indicates the respondents' reason of not staying is primarily because of absence of job security.

**Table 12. Frequency and Percentage Distribution of the Respondents in terms of Place to Work**

Place to Work	Frequency	Percentage (%)
Urban	11	55.0
Rural	1	5.0
Overseas	8	40.0
<b>Total</b>	<b>20</b>	<b>100.0</b>

In terms of place to work, majority of the respondents prefer working in the urban places

\*Corresponding Author: Leah P. Brun-Salvatierra  
 EVRMC, Tacloban City  
 E-mail: leah\_brun@yahoo.com

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with 11 or 55% while 8 respondents prefer working overseas with 40% and only 1 respondent prefer working in rural places with 5%. This indicates that more health workers do not prefer going overseas but prefer to work in urbanized places.

**Table 13. Frequency and Percentage Distribution of the Respondents in terms of Job Intention**

Job Intention	Frequency	Percentage (%)
Yes	13	65.0
No	7	35.0
<b>Total</b>	<b>20</b>	<b>100.0</b>

If the respondents are actively looking for job in other institution, majority responded yes with 13 or 65% while 7 responded no with 35%. This result indicates that those who does not plan to stay in their current work are actively looking for opportunities in other institutions.

### Relationship of job satisfaction and Turnover Intention of Health Worker Respondents

**Table 14. Relationship of Job Satisfaction and Turnover Intention in terms of Work**

Work	Correlation		p-value	Decision
	Cramer's V	Strength		
Physical work conditions	0.31	Moderate	0.108	Retain Ho
The amount of responsibility you are given	0.26	Moderate	0.213	Retain Ho
The way your work place is managed	0.14	Moderate	0.630	Retain Ho
<b>Opportunities to use your capabilities</b>	<b>0.49</b>	<b>Strong</b>	<b>0.004**</b>	<b>Reject Ho</b>
Your hours of work	0.26	Moderate	0.212	Retain Ho
<b>The amount of variety in your job</b>	<b>0.41</b>	<b>Strong</b>	<b>0.019*</b>	<b>Reject Ho</b>
Distance of work place from home	0.29	Moderate	0.137	Retain Ho

\*Significant; \*\*Highly Significant

Table 14 presents the correlation between job satisfaction and turnover intention in terms of work among NDP and RHMPP health workers. Results show that there is a strong and significant correlation between job satisfaction and “opportunities to use capabilities” (Cramer’s V = .49; p < .01) as well as job satisfaction and “the amount of variety in the job” (Cramer’s V = .41; p < .05). Meanwhile, the physical work condition, the amount of responsibility given, the way the work place is managed, the hours of work, and the distance of work place from home were found to have moderate correlation with the turnover intentions of health workers but are found to be not statistically significant at 5% level. Hence the null hypothesis is rejected on two counts of the

eight dimensions of turnover intention in terms of work. Providing skill variety in job helps sustain job satisfaction. Based on the findings there is a strong implication that the workers are satisfied with their jobs if there is an amount of variety in the job.

**Table 15. Relationship of Job Satisfaction and Turnover Intention in terms of Pay**

Pay	Correlation		p value	Decision
	Cramer's V	Strength		
Your rate of pay	0.12	Moderate	0.706	Retain Ho
<b>Monthly stipend from LGU</b>	<b>0.39</b>	<b>Strong</b>	<b>0.028*</b>	<b>Reject Ho</b>
Employees' benefits received	0.33	Moderate	0.074	Retain Ho

\*Significant

The dimension “monthly stipend from LGU” of turnover intention in terms of pay had a strong and significant correlation with job satisfaction (Cramer’s V = .39; p < .05). However, the dimensions “rate of pay” and “benefits received” were found not significantly correlated with job satisfaction at the 0.05 level of significance.

**Table 16. Relationship of Job Satisfaction and Turnover Intention in terms of Promotion**

Promotion	Correlation		p value	Decision
	Cramer's V	Strength		
Job security	0.30	Moderate	0.116	Retain Ho
Your chance of promotion	0.31	Moderate	0.099	Retain Ho
<b>Opportunity for professional growth</b>	<b>0.43</b>	<b>Strong</b>	<b>0.012*</b>	<b>Reject Ho</b>
<b>Recognition you get for good work</b>	<b>0.36</b>	<b>Strong</b>	<b>0.045*</b>	<b>Reject Ho</b>

\*Significant

Two dimensions of turnover intention in terms of promotion among the NDP and RHMPP health workers were found to be significantly correlated with job satisfaction, namely, “opportunity for professional growth” (Cramer’s V = .43; p < .05) and “recognition you get for good work” (Cramer’s V = .36; p < .05). Hence, the corresponding null hypothesis are both rejected. The other dimensions “job security” and “chances of promotion” were found not significantly correlated with job satisfaction at 0.05 level of significance. Weng and McElroy in 2012 stated in their research that employees who report more career growth opportunities are more committed to their jobs and are most unlikely to leave and search for other work.

\*Corresponding Author: Leah P. Brun-Salvatierra  
 EVRMC, Tacloban City  
 E-mail: leah\_brun@yahoo.com

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**Table 17. Relationship of Job Satisfaction and Turnover Intention in terms of Supervision**

Promotion	Correlation		p value	Decision
	Cramer's V	Strength		
Freedom to choose your own method of working	0.25	Moderate	0.228	Retain Ho
<b>Job performance evaluations done by supervisor</b>	<b>0.40</b>	<b>Strong</b>	<b>0.048*</b>	<b>Reject Ho</b>
Attention paid to suggestions you make	0.18	Moderate	0.468	Retain Ho

\*Significant

As borne out in Table 17, the turnover intentions in terms of supervision yielded a strong and significant correlation between the dimension "job performance evaluations done by supervisor" and job satisfaction (Cramer's V = .40;  $p < .05$ ). Gaining skills to supervise effectively benefits not just the supervisor but the employee as well. The other dimensions of turnover intentions in terms of supervision bears no relationship with job satisfaction at the 0.05 level of significance.

**Table 18. Relationship of Job Satisfaction and Turnover Intention in terms of Colleagues**

Promotion	Correlation		p value	Decision
	Cramer's V	Strength		
Working relationship with fellow workers	0.18	Moderate	0.214	Retain Ho
Working relationship with your immediate boss	0.13	Moderate	0.659	Retain Ho
Working relations between management and workers in your health center	0.19	Moderate	0.436	Retain Ho

\*Significant

Table 18 shows that no dimension of turnover intention in terms of colleague among NDP and RHMPP health workers was shown to be significantly correlated with job satisfaction since all p-values were greater than  $\alpha = 0.05$ . This result is not consistent with the report of Kebriaei. et al (2009) that good relations among colleagues and having the support of superiors and subordinates generally create a feeling of satisfaction among workers.

The combined set of indicators for turnover intention among NDP and RHMPP health workers, on the whole, bears no significant correlation with job satisfaction (Cramer's V = .34;  $p > .05$ ).

This study shown some significant relationship between health worker's demographic characteristics and level of job satisfaction, as well as the relationship between job satisfaction and

turnover intention. Thus, overall, the hypotheses of this study were partially confirmed. Specifically, the first hypothesis that considered demographic characteristics as the variable with influence on job satisfaction was partially confirmed with sex as the significant factor. This finding is consistent also with previous studies (Malliarou et al., 2010; Asegid et al., 2014).

The second hypothesis, regarding the relationship between job satisfaction and turnover intention was also partially confirmed. Although our setting is in the community, the result is nonetheless in congruent with many studies (Rouleau et al., 2012; Jadoo et al., 2015; Labrague et al., 2018; Lu et al., 2017). Health workers tend to leave their team when they experience high level of stress and were not satisfied. Factors such as poor working conditions, low opportunity for professional growth, dissatisfied with remuneration, lack of recognition from managers, and were not given autonomy to execute their skills at various tasks may predict job dissatisfaction. To deal this, managers need to recognize these factors and determine specific strategies to reverse the intention (Jaboo et al., 2015). An increasing rate of turnover intention has a possibility of shortage of health workers in the coming years especially when the tend to leave the country (Labrague et al., 2020).

## Conclusion

Nurses and midwives working in rural settings under NDP and RHMPP programs are generally satisfied with their work. This study is the first attempt to determine job satisfaction and its predictive factors (demographic characteristics) as well as its relationship to turnover intention among midwives and nurses in a deployment program of the Department of Health. As a contributory evidence to existing literature, it can be inferred that Filipino nurses and midwives working in rural settings were associated with personal characteristic, job satisfaction and turnover intention.

Job satisfaction plays a mediating role to turnover intention. An increasing turnover intention is a contributory factor of gradual loss

of skilled workforce in the Philippine healthcare especially if there is an unrelenting migration of nurses and midwives abroad for “greener pasteur”. This poses a challenge of the Department of Health and the local government units of various municipalities as their employers on identifying how to maintain an acceptable level of job satisfaction of the committed nursing and midwifery workforce, thus preventing turnover and its significant consequence in the delivery of health care and services in the rural areas, and for nurses and midwives to design a more positive practice environment. The employers and policy-makers should consider revisiting and reviewing relevant and existing policies and procedures related to work, pay, promotion, supervision, and colleague relations to establish a work environment where job satisfaction is maximized. Personal and professional development must be considered as a strategy of boosting morale and motivating health workers.

Moreover, this study recognizes some limitations which could be overcome with further research. Primarily, the sample size and voluntary participation among nurses and midwives do not provide us information to determine how the findings can be generalized. This study could be replicated by expanding the sample size at a national level. Second, this study generated the data through a survey which are self-reported. The findings may cover the actual work outcomes and predictors of job satisfaction and turnover intention. Third, the researcher employed a correlational design that inhibited discerning the causal relationships between variables. Nonetheless, the findings from this study added significant implications to the relevant government units and agencies as this is one of the preliminary studies examining the job characteristics among nurses and midwives in our country working under a special deployment program.

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