

# Factors Affecting Nurses Shifting to Non-Clinical Roles: Basis for a Proposed Retention Program

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*Abstract- In today's healthcare environment, nurse's roles are expanding beyond traditional clinical settings. Nurses are the backbone of patient caring, the contributing factors of this problem were a lack of recognition at work at work and work itself. Hence, nurse's intention of transferring to a non-clinical role is a plan of the tendency to leave the current working institute to find an alternative job. The business process associate industry is one of the major sectors that employ nursing graduates of today and one of the main reasons why BPO companies hire nurses is to provide healthcare-related support to their clients. The study determined the factors affecting nurses shifting to non-clinical roles Specifically, answered the profile of the respondents in terms of age, sex, civil status, and length of practice as a clinical nurse, likewise it also determine the factors affecting nurses shifting to non-clinical roles, along work-life balance, salary and benefits, development opportunities, and, flexible working and autonomy. Furthermore, differences and relationship between the determining factors affecting nurses shifting to non-clinical role across their profile variables, and, based on findings a retention program was proposed . Moreover, a descriptive quantitative method was used with thirty five (35) referred and purposively selected nurses who shifted to non-Thus, it was concluded that nurse respondents are early adults, female, married, and have been enacted as clinical nurses for a long time. It is recognized that nurses who shifted to non-clinical roles are "Neutral" regarding work-life balance and development opportunities while "Agree" on salary and benefits and flexible working and autonomy; hence, they shifted to non-clinical roles for different reasons. Furthermore, the ANOVA and t-test results on significant differences in profile variables mostly show that there are no significant differences between the determining factors affecting nurses shifting to non-clinical roles across their profile variables, except for civil status linking to work-life*

*balance and length of stay as clinical role linking development and opportunities. Also, Pearson-r on Value revealed no significant relationship, and profile variables dominantly revealed no significance, except for sex, which significantly affected development opportunities. For the most part, the Null hypothesis was accepted. As such, the following are recommendations; most respondents possess family responsibilities, a more comprehensive nurse retention plan such as flexible working schedules, competitive salary and benefits, coaching and mentoring, a better career, education, and academic planning and consultation, good recruitment policies, a nurse wellness program offering competitive salaries and benefits, professional development opportunities, flexible working schemes, and autonomy, such as ensuring nurses' authority for clinical decision-making in direct care delivery, must be enforced cautiously. Concerned nurse organizations must campaign for private and government institutions to implement and monitor salary grade standardization, upgrade nurses' working conditions, and ensure that nurse professionals can maintain a decent standard of living. Hence, the proposed retention program for nurses may be endorsed for review for improvement and implementation. Lastly, future researchers should conduct studies with a broader perspective to improve morale, increase nurses' motivation, foster loyalty and allegiance, and instigate retention rates.*

*Indexed Terms- Nurses, Shifting, Non-Clinical Roles, Retention Program*

## I. INTRODUCTION

The nurse intends to transfer to a non-clinical role by leaving the current working institute to find an alternative job. Despite nurses being known for their courageousness in patient care, the contributing factors of this problem were a need for recognition at work at work and work itself. Chang (2015) said that

professional commitment is a harmony between an individual's beliefs and professional objectives, leading to greater harmony and personal effort. The professional effort is a composition of faith in the values of the chosen profession, effort to understand these values, and determination to maintain membership in the profession. Likewise, working conditions, work-family conflict, and socio-demographic characteristics such as age, gender, marital status, and organizational obstruction are numerous factors affecting professional commitment.

In today's healthcare environment, nurse's roles are expanding beyond traditional clinical settings. Non-clinical nursing is a job in which a nurse's primary responsibilities do not involve observing and treating patients. Non-clinical nurses perform as health coaches, they provide education and mentoring to people seeking to improve their overall wellness; care planners as they help patients with chronic illnesses or disabilities plan for their long-term medical care; patient advocates just when they help patient and their families navigate the complex healthcare landscape, provides guidance for health, insurance, and financial; insurance case manager work with doctors and clinical nurses to help ensure that patients are receiving necessary medical care as efficiently as possible; health writers use clinical knowledge obtained in their clinical nursing job to write textbook chapters, news articles, patient education materials, etc; legal nurse consultant serve as medical experts for legal teams, assisting legal professionals on cases where medical knowledge; public health policy professionals craft health initiatives and set health guidelines for school districts, cities, countries, states, and the federal government (Walden University, 2023).

The business process associate industry is one of the major sectors that employ nursing graduates of today. There are several reasons why nurses transfer to Business Process Outsourcing companies to get good benefits such as health insurance, scholarships, family data, and high remuneration. Nurses responsibilities include answering medical questions, providing medication information, and advising clients on healthcare-related issues (Blog, 2023).

Nurses represent the largest profession in healthcare. However, the Philippines is facing an imminent crisis. Earlier this year, it was estimated that the Philippines had a shortage of more than 120,000, and the government official said that this number is nearer to 350,000. Devereux (2023) of Manila Times dropped some of the lines of Lorenzo, a retired nursing professor at the University of the Philippines, who said that though the Philippines is the top producer of nurses in the world, it is now experiencing shortages of nurses, causing some hospital at risk of closure.

The Philippines remains one of the top countries from which the United Kingdom (UK) recruits, with more than 5,000 nurses joining the UK register last year. However, during the coronavirus pandemic, nurses' resources were stretched beyond their limits, and the government tried to limit international migration by controlling the number of nurses who could leave the country to work abroad.

Even though the Philippines is the largest supplier of nurses to other countries, a few reasons why Filipino nurses work in different countries and transfer to non-clinical roles are the high nurse-to-patient ratio and low wages. Alibudbud (2022) states that low wages remained among the commonly cited reasons for nurses' resignations. Nurses' salaries depend on the position or grade. Nurses working in a government hospital earned more than private nurses, who earned less. Nevertheless, both got low pay and minimal benefits compared to other countries.

Nurse emigration and transferring to non-clinical jobs have recently become more common. The main reason is to obtain further advanced nursing and then return to the country to improve the safety and quality of Filipino healthcare. Receiving a higher income from working abroad has become one of the most motivating factors for nursing emigration in the Philippines. The massive emigration of skilled nurses has affected the quality and safety of the healthcare in the country (Samuelsson & Qlindamaria, 2018)

As such, nurses' understaffing, low wages, unsafe working conditions, and deployment bans are some causes of their exhaustion and dismay. Sentiment not only by nurses but also other health care workers,

leading to their resignations, leaving their profession, and transferring to a non-clinical role.

Furthermore, the high turnover and shortage of nurses affect the effectiveness and efficiency of healthcare services. The nursing workforce is an indispensable part of healthcare; however, the nursing profession continues to face global and local shortages because of several factors, including high turnover. An estimated millions of nurses are worldwide, and the most affected are the low and lower-middle or developing countries (World Health Organization, 2020). Nurse turnover is critical because it leads to poor patient care and higher errors, morbidity, and mortality rates. However, even the world's suppliers of nurses, like the Philippines, are also struggling with the nurse shortage. A study has shown that nurses' reports of low nurse and large patient ratios resulting in longer working hours suggest the existence of a nursing shortage in the country (Legaspi, 2019). Staffing and resource adequacy were also reported as the lowest aspect of the practice environment of Filipino nurses in another study conducted in Zamboanga, Philippines (Barandino & Soriano, 2019). Unless more significant investment is made to retain nurses in the Philippines.

## II. METHODOLOGY

### • Research Design and Strategy

The researcher used a descriptive quantitative method of research. Descriptive study is valuable in providing facts on which scientific judgments may be based. It involves collecting data concerning the problems of the subject of the study. Further, it also emphasizes what exists, such as current conditions, practices, situations, or phenomena (Polit & Beck, 2004). This is the most appropriate in this study because it presents the determining factors affecting nurses shifting to non-clinical roles in terms of work-life balance, salary and benefits, development opportunities, and flexible work and autonomy.

### • Population and Locale of the Study

The researcher employed referral and purposive sampling for the number of respondents involved; hence, nurse respondents who met the criteria and were cooperative were asked to refer and recruit additional respondents. There were 35 nurse

respondents from different places in Pangasinan and Tarlac City. Likewise, data was gathered during the second semester of the school year 2023.

### • Data Gathering Tools

The researcher prepared and formulated the survey questionnaire based on her literature and previous studies' readings and understanding; this was also used as the primary tool to elicit information. The instrument consisted of two parts.

Part one entailed a profile of the respondent's demographics, including age, sex, monthly family income, and length of stay as a clinical nurse.

Part two dealt with the factors affecting nurses' shifting to non-clinical roles, including work-life balance, salary and benefits, development opportunities, and flexible working and autonomy.

The Institute of Graduate and Advance Studies Dean and the Professors handling the Research subjects validated the questionnaire. Their suggestions and recommendations were incorporated to improve the questionnaire further.

### • Data Gathering Procedure

After formulating the questionnaire, a letter was sent to the Dean of Graduate and Advance Studies asking permission to conduct the study. As soon as permission was granted, the researchers wrote to the respondents and started disseminating questionnaires.

The researcher assured the confidentiality of the survey sheet since the respondents' identities were not necessary. The researcher also understood that respondents' consciousness may affect their honesty and effectiveness in answering the survey, so she gave nurse respondents the option of being anonymous. Respondents were given time to respond, and the researcher controlled the access by monitoring the link and transmitting the data right after they finished. The data was collected, tabulated, and analyzed upon retrieval of the research instrument.

### • Treatment of Data

The data collected were tabulated into a contingency

table and treated with proper statistical measures.

For problem number 1, frequency and percentage were used to determine the profile of nurses who shifted to non-clinical roles along with age, sex, monthly family income, and length of stay as clinical nurse. The formula is as

:

$$P(\%) = \frac{F}{N} \times 100$$

Where; P= percentage equivalent each bracket  
 f= number of respondents in each bracket  
 n= total number of respondents

For problem number 2, the weighted mean was used to determine the factors affecting nurses shifting to non-clinical roles, work-life balance, salary and benefits, development opportunities, and flexible working and autonomy. The formula is as follows:

$$WM = \frac{\sum fX}{N}$$

Where; WM= average of each category  
 f= number of respondents in each bracket

X= point value classification  
 n= total number of respondents

A five point Likert Scale was used in the analysis.

Point Classification	Value Range	Mean	Descriptive Equivalent
5	4.50-5.00		Strongly Agree
4	3.50-4.49		Agree
3	2.50-3.49		Neutral
2	1.50-2.49		Disagree
1	1.00-1.49		Strongly Disagree

For problem number 3, on the significant difference between the determining factors affecting nurses shifting to non-clinical roles across profile variables, t-test and One-Way ANOVA will be used. The formula for computing the t-test and ANOVA were as follows:

$$T = \frac{d\sqrt{n}}{S_d}, df = n-1$$

Where; d= mean of the differences  
 n= number of sample  
 S<sub>d</sub>= standard deviation of the differences

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For One-way Analysis of Variance (ANOVA):

Source of Variations	SS	Df	MS	F <sub>c</sub>
Between Columns	$SS_b = \frac{\sum T_i^2}{n} - \frac{SS_{..}}{n}$	$df_b = k - 1$	$MSS_b = \frac{SS_b}{df_b}$	$F_c = \frac{MSS_b}{MSS_w}$
Within Columns	$SS_w = SS_{..} - SS_b$	$df_w = df - df_b$	$MSS_w = \frac{SS_w}{df_w}$	
Total	$SS_t = \sum \sum x_{ij}^2 - \frac{(\sum x_{ij})^2}{n}$	$df_t = n - 1$		

Where; F<sub>C</sub>= computed significance value  
 MSS<sub>b</sub>= mean square between columns  
 MSS<sub>w</sub> = mean square within columns  
 SS<sub>b</sub>= sum of squares between columns  
 SS<sub>w</sub>= sum of squares within columns  
 SS<sub>t</sub>= total sum of squares  
 df<sub>b</sub>= degrees of freedom between columns  
 df<sub>w</sub>= degrees of freedom within columns  
 df<sub>t</sub>= total degrees of freedom  
 k= number of columns  
 n= sample population

For problem number 4, the Pearson-r formula was used on the significant relationship between the determining factors affecting nurses shifting to non-clinical roles across their profile variables. The formula is as follows:

$$r = \frac{n\sum XY - \sum X \sum Y}{\sqrt{[n\sum X^2 - (\sum X)^2][n\sum Y^2 - (\sum Y)^2]}}$$

Where;  $\sum XY$  = sum of the products of X and Y  
 $\sum X^2$  = sum of the squared values of X  
 $\sum Y^2$  = sum of the squared values of Y  
 $\sum X$  = sum of the values of X  
 $\sum Y$  = sum of the values of Y

Lastly, problem five was answered with a proposed retention program for nurses.

### III. RESULTS AND DISCUSSION

#### Part I. Respondents' Profile

Table 1 shows the respondents' age, sex, civil status, and length of practice as clinical instructors, including the corresponding number of respondents (f) and percentage equivalent (%) of each profile bracket.

Table 1  
Profile of the Respondents  
n = 35

Profile	F	Percentage
<b>Age</b>		
23 -28 years old	8	22.9
29 -33 years old	12	34.3
34- 40 years old	7	20.0
41- 45 years old	2	5.7
46 -59 years old	6	17.1
<b>Sex</b>		
Male	5	14.3
Female	30	85.7
<b>Civil Status</b>		
Single	11	31.4
Married	24	68.6
<b>Length of practice as clinical nurse</b>		
0-11 months	13	37.1
2-23 months	6	17.1
more than 48 months	16	45.7

Age. As observed in the table, the respondents were conquered by 34.3% 29-33 years old. This was followed by 8 or 22.9% 23-33 years old, and only 5.7% 41-59 years old. This finding shows that most respondent nurses are in their early adulthood. This indicates that they are only beginning to prepare themselves to become more mature and practical. According to Erikson, cited by Arnett (2006), it is the age of identity exploration in which people explore their career choices and ideas about intimate

relationships, setting the foundation for adulthood. Furthermore, it is the period of age instability wherein emerging adults change jobs, relationships, and residence more frequently than other age groups.

Sex. It can be seen in the table that the majority, 30 (85.7%) are females. This implies that most are female.

Civil Status. The table also shows that the respondents were dominated by 24, or 68.6%, who were married, and the minorities were 11, or 31.4%, who were single. Hence, most are wedded.

Length of practice as a clinical nurse. Also, it can be gleaned from Table 1 that respondents practiced as a clinical nurse for more than 48 months (3 years) with 16 or 45.7%, followed by nurses who stayed for 0-11 months with 13% or 37.1 people and only 6 or 17.1% stayed for 2-23 months. Thus, nurse respondents acted as clinical nurses for an extended period.

#### Part II. Determining factors affecting nurses shifting to non-clinical role

The determining factors affecting nurses' shifting to non-clinical role careers were discussed in tables 2 to 5, measuring work-life balance, salary and benefits, development opportunities, and flexible working and autonomy.

As such, Table 2 shows the factors affecting nurses' shift to non-clinical careers and work-life balance. It is observed that respondents provide an overall rating of 3.29 or neutral, which means they are fair-minded. However, the indicator "wanting to be with loved ones during significant life event" rated highest with a marking of 4.23, backed with "excessive stress caused by long work hours both signify "Agree," which means that nurses respondents agreed that work-life balance influence why they shift to the non-clinical role. Khan Rony et al. (2023) confirmed in their study that work-life balance critically improves healthcare organizations' productivity and delivery of quality patient care, ensures positive clinical outcomes, and indicates an equilibrium between professional and personal commitments to improve overall satisfaction and fulfillment in life. Hence, work-life imbalance occurs when an individual

perceives work demands as interfering with the time and energy available for maintaining personal or family life.

**Table 2**  
Determining Factors Affecting Nurses Shifting to Non-Clinical Role Along Work-Life Balance  
n = 35

Indicators	Weighted Mean	Descriptive Equivalent
I shifted to non-clinical role because of...		
1. rigid work schedule which causes of having insufficient break time	3.17	N
2. feeling of disconnection to the place of work	2.66	N
3. wanting to be with loved ones during significant life events	4.23	N
4. poor relationship between employees and manager	2.51	N
5. unrealistic workload and capacity	3.40	N
6. lack of flexible working arrangement	3.43	N
7. wanting to find a job that allows use of skills and knowledge in a different way	3.34	N
8. better work-life balance where I can fully dedicate myself to my professional responsibilities	3.51	A
9. realization that the culture and values of my previous organization is no longer aligned with my own	2.94	N
10. excessive stress cause by long work hours	3.66	A
<b>Average Weighted Mean</b>	<b>3.29</b>	<b>N</b>

  

Point Value	Weighted Mean	Descriptive Equivalent
5	4.50-5.00	Strongly Agree (SA)
4	3.50-4.49	Agree (A)
3	2.50-3.49	Neutral (N)
2	1.50-2.49	Disagree (DA)
1	1.00-1.49	Strongly Disagree (SD)

Continually concerning salary and benefits in Table 3, nurses recognized that salary and benefits are the reason for their transfer to non-clinical roles with an average weighted mean of 3.29 or "Agree"; all indicators are intensely described as "Agree." As such, a "well-secured future for myself and my family provided the highest weighted mean of 4.29 with the lowest rating of 3.66, "underfunded and lacking the necessary equipment and supplies to provide adequate care to patients." Shortage of equipment, unavailability of supplies, low quality, and poor maintenance negatively impacted nursing care, the nursing profession, and hospitals. Moreover, the mentioned factors include the complaints of nurses received through staff meetings, reports, and exit interviews (Moyimane et al., 2017).

**Table 3**  
Determining Factors Affecting Nurses Shifting to Non-Clinical Role Along Salary and Benefits  
n = 35

Indicators	Weighted Mean	Descriptive Equivalent
I shifted to non-clinical role because of...		
1. personal or family obligations that required my immediate attention and care.	3.71	A
2. higher compensation and benefits	4.17	A
3. better financial goals	4.26	A
4. well secured future for myself and my family	4.29	A
5. offered improved compensation and benefits	4.14	A
6. unjust compensation given a crucial role	3.74	A
7. underfunded and lack of necessary equipment and supplies to provide adequate care to patients	3.66	A
8. wanting recognition and appreciation of efforts and achievement	3.74	A
9. lacking health insurances to protect me and my family from unexpected high medical cost	3.97	A
10. salaries are a lot more than what I earn with my previous work	3.94	A
<b>Average Weighted Mean</b>	<b>3.96</b>	<b>A</b>

  

Point Value	Weighted Mean	Descriptive Equivalent
5	4.50-5.00	Strongly Agree (SA)
4	3.50-4.49	Agree (A)
3	2.50-3.49	Neutral (N)
2	1.50-2.49	Disagree (DA)
1	1.00-1.49	Strongly Disagree (SD)

Correspondingly, Table 4 displayed the determining factors affecting nurses' shifting to non-clinical development opportunities. Observed respondents were neutral or lacked self-confidence that transferring to non-clinical roles bound them for better development opportunities, as they offered an average weighted mean of 3.40.

**Table 4**  
Determining Factors Affecting Nurses Shifting to Non-Clinical Role Along Development Opportunities  
n = 35

Indicators	Weighted Mean	Descriptive Equivalent
I shifted to non-clinical role because of...		
1. reached a point where there were limited opportunities for career advancement	3.20	N
2. pursue further development to broaden my skill	3.23	N
3. seek new challenges and responsibilities	3.74	A
4. take on more significant responsibilities that contributes to the success of the organization	3.23	N
5. appealing opportunity as it aligned perfectly with my career goals	3.49	N
6. desire to continually challenge and push myself beyond my comfort zone	3.26	N
7. reached a point where I felt I had mastered the challenges presented to me	3.43	N
8. challenging role that would enable me to leverage my skills and experience in new and exciting ways	3.34	N
9. want to work on projects that require innovative thinking and strategic problem-solving	3.43	N
10. realized that I had a deep curiosity and interest in exploring opportunities in a different industry or sector	3.63	A
<b>Average Weighted Mean</b>	<b>3.40</b>	<b>N</b>

  

Point Value	Weighted Mean	Descriptive Equivalent
5	4.50-5.00	Strongly Agree (SA)
4	3.50-4.49	Agree (A)
3	2.50-3.49	Neutral (N)
2	1.50-2.49	Disagree (DA)
1	1.00-1.49	Strongly Disagree (SD)

Significantly, "seek new challenges and responsibilities" scored highest with 3.74; seconded by "realized that I had a deep curiosity and interest in exploring opportunities in a different industry or

sector” scored 3.63 equally described as “Agree”. They acknowledge transferring to a non-clinical role provides them new challenges, and responsibilities and explore opportunities in a different industry. Performing the same duties and tasks can become routine for some nurses; reason why some nurses explore new challenges at work to move a higher positions including an increase in wages (Monteiro, 2023).

Furthermore, nurse respondents agreed that flexible working and autonomy are other factors affecting their shift to non-clinical roles, which signifies that they have the same opinion, indicating an average weighted mean of 3.56.

**Table 5**  
**Determining Factors Affecting Nurses Shifting to Non-Clinical Role Along Flexible Working and Autonomy**  
n = 35

Indicators	Weighted Mean	Transmuted Equivalent
I shifted to non-clinical role because of...		
1. believe that my transferable skills, combined with a fresh perspective and adaptability	3.69	A
2. had a strong interest in exploring new career paths or industries	3.74	A
3. enjoyed working independently and taking ownership of my projects	3.74	A
4. search of more opportunities to unleash my creativity and driven innovation	3.51	A
5. decided to seek new opportunities within larger or more established company	3.34	N
6. realized that my job did not fully align with my core values and desire to make a meaningful impact	3.54	A
7. wanting something of my own, take risks and build something from the ground	3.40	A
8. acquired valuable insights and experiences that I believe will be an asset in my new role	3.51	A
9. believe that joining other or larger company will give me exposure to diverse projects and mentorship opportunities	3.51	A
10. am eager to contribute my skills and expertise and learned from other professionals	3.54	A
<b>Average Weighted Mean</b>	<b>3.56</b>	<b>A</b>

  

Point Value	Weighted Mean	Descriptive Equivalent
5	4.50-5.00	Strongly Agree (SA)
4	3.50-4.49	Agree (A)
3	2.50-3.49	Neutral (N)
2	1.50-2.49	Disagree (DA)
1	1.00-1.49	Strongly Disagree (SD)

Nevertheless, almost all indicators are marked with a descriptive equivalent of "Agree"; however, statements "had a strong interest in exploring new career path or industries" and, "enjoyed working independently and taking ownership of my projects" equally rated with 3.74. At the same time, the lowest "decided to seek new opportunities within larger or more established company" with 3.34 or "Neutral." According to Marteiro (2023), shifting into a new nursing role increases leadership or administrative

duties, which leads to increased job satisfaction for nurses.

Part III. ANOVA showing the Result of Significant difference between the determining factors affecting nurses shifting to non-clinical roles across their profile variables

Table 6-9 presents the ANOVA results on the significant differences between the Tables 6-9 present the ANOVA results on the significant differences between the determining factors affecting nurses' shifting to non-clinical roles across their profile variables demographic: age, sex, civil status, and length of practice as clinical nurses.

Table 6 on the next page showed no significant values for the determining factors affecting nurses' shifting to non-clinical roles, with an overall significant value of .816; work-life balance .062; salary and benefits .899; development opportunities .917; and flexible working and autonomy .926 across profile age. This implies that age does not imply nurses' shifting to non-clinical roles. Hence, as a rule, the Null hypothesis was accepted

Contrary to the study of Salazar et al. (2023), the age of young nurses predicts burnout syndrome during the care of patients with COVID-19, showing that younger nurses (20-30 years) are more susceptible to burnout. Therefore, counseling and mentoring as a plan of action must be encouraged to ensure better working conditions.

**Table 6**  
**ANOVA Results Showing the Differences in the Determining Factors Affecting Nurses Shifting to Non-clinical Role Across Age**

Profile Variables	Sum of Squares	Df	Mean Squares	F	Sig	
Work-Life Balance	Between Groups	6.375	4	1.594	2.523	.062
	Within Groups	18.948	30	.632		
Salary and Benefits	Between Groups	.751	4	.188	.263	.899
	Within Groups	21.410	30	.714		
Development Opportunities	Between Groups	.837	4	.209	.234	.917
	Within Groups	26.813	30	.894		
Flexible Working and Autonomy	Between Groups	.609	4	.152	.219	.926
	Within Groups	20.872	30	.696		
Overall	Between Groups	.828	4	.207	.387	.816
	Within Groups	16.030	30	.534		

Table 7 showed no significant values on the factors affecting work-life balance .226; salary and benefits .361; development opportunities .750; and flexible working and autonomy .859 with an overall of .927. This implies that age does not imply that nurses shift to non-clinical roles; as such, the research hypothesis was rejected.

Contrary to Gafner (2023), a study found that succeeding nurses are less satisfied with their careers compared to older nurses, and stress is to blame. This connotation was supported by Salazar et al. (2023); 88% of the nurses had moderate burnout, affecting more males aged 20 and 30 years.

**Table 7**  
T-test Results Showing the Differences in the Determining Factors Affecting Nurses Shifting to Non-clinical Role Across Sex

Profile Variables	F	T	Df	Sig	
Work-Life Balance	Equal variances assumed	1.278	1.772	33	.266
	Equal variances not assumed		2.560	8.476	
Salary and Benefits	Equal variances assumed	.856	.886	33	.361
	Equal variances not assumed		1.048	6.333	
Development Opportunities	Equal variances assumed	.103	2.279	33	.750
	Equal variances not assumed		2.391	5.635	
Flexible Working and Autonomy	Equal variances assumed	.032	1.971	33	.859
	Equal variances not assumed		2.179	5.907	
Overall	Equal variances assumed	.009	2.101	33	.927
	Equal variances not assumed		2.189	5.602	

Continually, Table 8 revealed that civil status has no significance, with the nurses shifting to the non-clinical role, with an overall rating of .253. This observation was reinforced by most of the variables except for work-life balance, which had a .012 significance level.

**Table 8**  
T-test Results Showing the Differences in the Determining Factors Affecting Nurses Shifting to Non-clinical Role Across Civil Status

Profile Variables	F	T	Df	Sig	
Work-Life Balance	Equal variances assumed	7.083	.024	33	.012*
	Equal variances not assumed		.032	32.462	
Salary and Benefits	Equal variances assumed	2.416	1.042	33	.130
	Equal variances not assumed		1.171	26.159	
Development Opportunities	Equal variances assumed	3.060	.734	33	.090
	Equal variances not assumed		.869	29.502	
Flexible Working and Autonomy	Equal variances assumed	.544	.002	33	.466
	Equal variances not assumed		.002	25.134	
Overall	Equal variances assumed	1.353	.541	33	.253
	Equal variances not assumed		.660	31.228	

\*Significant at 0.05 level

Hence, El-Demerdash's (2019) study on the influence of work-life balance on quality work-life and life satisfaction showed that most head nurses were married and had more problems handling work-life balance and personal obligations.

Nevertheless, Table 9 shows the ANOVA results across the length of stay as a clinical nurse; there are no significant differences except for factor development opportunities, which are substantial with a .026 significance level. A survey conducted by Smith (2018) of 29 nontraditional nurses revealed three reasons why they left the traditional nurse role: lack of professional development and opportunities, lack of support from management, and organizational issues. However, overall, the table conveyed no significance with .253. Hence, civil status is insignificant for nurses who shift to non-clinical roles.

**Table 9**  
ANOVA Results Showing the Differences in the Determining Factors Affecting Nurses Shifting to Non-clinical Role Across Length of Staying as Clinical Nurse

Profile Variables	Sum of Squares	Df	Mean Squares	F	Sig	
Work-Life Balance	Between Groups	.284	2	.142	.182	.835
	Within Groups	25.039	32	.782		
Salary and Benefits	Between Groups	2.956	2	1.478	2.463	.101
	Within Groups	19.205	32	.600		
Development Opportunities	Between Groups	5.635	2	2.818	4.096	.026*
	Within Groups	22.014	32	.688		
Flexible Working and Autonomy	Between Groups	.002	2	.001	.001	.999
	Within Groups	21.479	32	.671		
Overall	Between Groups	.432	2	.216	.420	.660
	Within Groups	16.426	32	.513		

\*Significant at 0.05 level

PART IV. Pearson- r showing the Result of Significant relationship between the determining factors affecting nurses shifting to non-clinical roles across their profile variables

Lastly, table 10 indicated no correlation between the determining factors affecting shifting to a non-clinical role salary and benefits, development opportunities flexible working and autonomy, except work-life balance, which showed significance with .418 or .012 across age; sex factors showed



significance with an overall rate of -.344 or .043, particularly with development opportunities -.369 or .029; and length of staying to clinical nurse which is significant with salary and benefits with -.344 or .043 level of significance.

This implies that nurses' respondents are independent when it comes to the reasons why they shifted to non-clinical roles. As stated in a written journal by Skinner (2024), the top 10 reasons for leaving a job in nursing include a toxic work environment, scheduling, salary, career change, advancing career, unethical practices, burnout, lack of resources, tending to health, and poor management.

**Table 10**  
Correlation Between the Determining Factors Affecting Nurses Shifting to Non-clinical Role Across their Profile Variables

Variable		Work-Life Balance	Salary and Benefits	Development Opportunities	Flexible Working and Autonomy	Overall
Age	Pearson Correlation Sig. (2-tailed)	-.418* .012	.005 .978	.061 .729	-.093 .595	-.131 .452
Sex	Pearson Correlation Sig. (2-tailed)	-.295 .086	-.152 .382	-.369* .029	-.325 .057	-.344* .043
Civil Status	Pearson Correlation Sig. (2-tailed)	-.004 .981	-.179 .305	-.127 .468	.000 .999	-.094 .592
Length of Staying as Clinical Nurse	Pearson Correlation Sig. (2-tailed)	-.104 .551	-.344* .043	.244 .157	-.009 .960	-.054 .760

\*. Correlation at 0.05 (2-tailed)

**PART V. Presents the Proposed Retention Program for Nurses**

Hence, based on the findings, table 11 presents the proposed nurse retention program. Patient care is the vital role of nurses; they perform patient assessments and chart every patient's vital signs, reasons for coming, and current conditions. They play an active role in improving the health care system; thus, it is then essential that nurses feel their importance by providing them with various programs that build a working environment and culture where they are valued and appreciated. Thus, HAPPY means having a fulfilling career, and N'LUCKY is a force that brings good fortune or a favoring chance to a NURSE.

**Table 11**  
Proposed Retention Program for Nurses "HAPPY N'LUCKY NURSE"

Factor	Program	Rationale
Work-life Balance	Flexible Working Schedules (regular breaks, well establish communication hours, and vacation time)	Allows nurse employees to have life outside work to meet family and personal needs
Salary and Benefits	Competitive Salary and Benefits (increase wages, paid vacation leave)	Nurses feels confident taking time off to relax instead of worrying about saving days for unexpected events
Development Opportunities	Coaching and mentoring; Career, Education and Academic Planning and Consultation	Help nurse employees to improve their skills and abilities and to prepare them for a different potential position
Flexible working and Autonomy	Nurse Empowerment (role model behavior, ensuring authority for clinical decision-making in the delivery of direct care, includes and involves nurses on organizational committees and workgroups)	To contribute with the uniqueness of nursing knowledge and expertise to patients and to the organization

**CONCLUSION AND RECOMMENDATION**

• **Conclusions**

The study on the factors affecting nurses shifting to non-clinical can conclude that nurse respondents are early adults, female, married, and have been enacted as clinical nurses for a long time.

It is recognized that nurses who shifted to non-clinical roles are "Neutral" regarding work-life balance and development opportunities while "Agree" on salary and benefits and flexible working and autonomy; hence, they shifted to non-clinical roles for different reasons.

Furthermore, the ANOVA and t-test results on significant differences in profile variables mostly show that there are no significant differences between the determining factors affecting nurses shifting to non-clinical roles across their profile variables, except for civil status linking to work-life balance and length of stay as clinical role linking development and opportunities.

Also, Pearson-r on Value revealed no significant relationship, and profile variables dominantly revealed no significance, except for sex, which significantly affected development opportunities.

For the most part, the Null hypothesis was accepted.

Thus, based on the findings, nurse retention in the clinical role of "HAPPY N'LUCK NURSE" was proposed.

- Recommendations

Most respondents possess family responsibilities, a more comprehensive nurse retention plan such as flexible working schedules, competitive salary and benefits, coaching and mentoring, a better career, education, and academic planning and consultation, good recruitment policies, a nurse wellness program offering competitive salaries and benefits, professional development opportunities, flexible working schemes, and autonomy, such as ensuring nurses' authority for clinical decision-making in direct care delivery, must be enforced cautiously.

Concerned nurse organizations must campaign for private and government institutions to implement and monitor salary grade standardization, upgrade nurses' working conditions, and ensure that nurse professionals can maintain a decent standard of living.

Hence, the proposed retention program for nurses may be endorsed for review for improvement and implementation.

Lastly, future researchers should conduct studies with a broader perspective to improve morale, increase nurses' motivation, foster loyalty and allegiance, and instigate retention rates.

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