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MANAGERIAL AWARENESS, WORK BENEFIT AND QUIET QUITTING PHENOMENON AS PREDICTORS OF LENGTH OF STAY AMONG NURSES IN SELECTED HOSPITAL IN MIDSAYAP, COTABATO

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Abstract : This study aimed to determine whether managerial awareness, work benefits, and quiet quitting significantly predicted length of stay among nurses in selected private hospitals in Midsayap, Cotabato. The study used a descriptive–predictive research design and included 150 nurses from six private hospitals, selected through convenience sampling. The study analyzed data using frequencies, percentages, means, standard deviations, Spearman's rho, the Kruskal–Wallis H Test with Bonferroni-adjusted pairwise comparisons, and multinomial logistic regression. Results showed that most respondents (88.0%) had served fewer than five years. Managerial awareness (M = 4.59, SD = 0.42) and work benefits (M = 4.24, SD = 0.61) were very evident. The reported overall quiet quitting score was high (M = 3.58, SD = 0.516). Managerial awareness and work benefits were positively associated ($r_s = .510$, $p < .01$). Work benefits ($r_s = -.207$, $p < .05$) and quiet quitting ($r_s = -.164$, $p < .05$) had weak negative relationships with length of stay, whereas managerial awareness had no significant relationship. Work benefits differed significantly between nurses serving more than ten years and those serving fewer than five years (adjusted $p = .018$). However, the multinomial regression model was not statistically significant, $\chi^2(6) = 9.358$, $p = .154$. The study concluded that although work benefits and quiet quitting were individually associated with length of stay, these predictors, along with managerial awareness, did not significantly predict length of stay, as shown in the regression model. Hospital administrators and nursing service personnel are encouraged to improve work benefits, manage workloads and duty hours, and provide support to strengthen nurses' motivation and promote a healthier work environment that may encourage longer service.

IndexTerms **- Managerial Awareness, Work Benefits, Quiet Quitting, Length of Stay, Nurses, Descriptive–Predictive Research Design, Midsayap, Cotabato**

I. INTRODUCTION

To identify factors linked to nurses' length of stay in hospitals, it is crucial to study nurses' working conditions and involvement. In nursing, some nurses remain employed despite low motivation, poor initiative, and decreasing passion for their work. This behavior is referred to as quiet quitting and signals disengagement even as nurses continue their tasks (Rinaldi & Pomarolli, 2025). Poor managerial support, limited benefits, and poor working conditions may also shape nurses' job experience. Previous studies have linked leadership, workplace support, and employment benefits to nurse engagement and retention (Alluhaybi et al., 2024; Norh, 2024). These concerns highlight the need to examine whether managerial awareness, work benefits, and quiet quitting predict nurses' length of stay, particularly in private hospitals where maintaining an experienced workforce is important for continuity of patient care.

International research has indicated that nurses are quietly quitting. A study in Greece found that 60.9% of 629 nurses reported quiet quitting, which was linked to a higher intention to leave (Galanis et al., 2024). Likewise, Rinaldi and Pomarolli (2025) found that 46.06% of 76 nurses in a Northern Italian hospital were discreetly quitting, and that this level was higher among those with fewer years of service. The findings suggest

that disengagement matters for understanding nurses' employment experiences; however, the results are limited to the respective research populations.

Norh (2024) examined nurse retention in private hospitals in Bukidnon, Philippines, and found that low pay, burnout, and insufficient benefits contributed to nurses quitting. The study suggested better salary, professional development, staffing, counseling, and workplace assistance. These results provide a local foundation for studying management awareness, job benefits, and quiet quitting in connection to nurses' length of stay.

This study involved nurses from six selected private hospitals in Midsayap, Cotabato. Although Norh (2024) provided insights into nurse retention in private hospitals in Bukidnon, the findings may not fully reflect nurses' experiences in Midsayap. Thus, it is necessary to examine managerial awareness, work benefits, and quiet quitting in the local hospital setting better to understand their relationship with nurses' length of stay. The paper review identified three research gaps. First, the result gap is the difference between turnover intention and current hospital tenure. Galanis et al. (2024) examined intention to depart, which does not directly connect to accumulated length of stay. Secondly, the joint analysis of predictors is lacking. Alluhaybi et al. (2024) examined leadership and engagement, and Rinaldi and Pomarolli (2025) examined quiet quitting and service features. No one has studied management awareness, work benefits, and quiet leaving together as a predictor of length-of-stay categories. The third is the contextual gap where the cited international studies and Norh's (2024) Bukidnon studies do not directly establish these linkages in Midsayap. Thus, the present study analyzed the three variables as predictors of nurses' duration-of-stay categories in selected private hospitals.

NEED OF THE STUDY.

Nurses play an important role in providing quality patient care, making it essential for hospitals to understand the factors that may influence their decision to remain in their workplace. However, challenges such as heavy workloads, inadequate work benefits, limited managerial support, and lack of motivation may affect nurses' work experiences. Some nurses may continue performing their required duties but gradually lose their enthusiasm, initiative, and willingness to go beyond their responsibilities. This behavior, known as quiet quitting, has become a concern in the nursing profession.

Previous studies have discussed nurse retention, managerial support, work benefits, and quiet quitting. However, limited studies have examined how these factors are related to nurses' actual length of stay, particularly in private hospitals in Midsayap, Cotabato. Most existing research has focused on nurses' intention to leave rather than the number of years they have remained in their hospitals.

For this reason, the study was conducted to determine whether managerial awareness, work benefits, and the quiet quitting phenomenon are associated with and significantly predict nurses' length of stay. The findings may help hospital administrators and nursing managers better understand the experiences and concerns of their nursing staff. They may also serve as a basis for reviewing work benefits, improving managerial support, addressing workload concerns, and creating a more supportive working environment that may encourage nurses to stay longer in their institutions.

Population and Sample

The study involved 150 staff nurses from six selected private hospitals in Midsayap, Cotabato. The respondents were selected using convenience sampling, a non-probability sampling method in which participants are chosen based on their availability, accessibility, and willingness to participate in the study.

The respondents consisted of nurses who were either regular or probationary employees and had completed at least one year of service in their respective hospitals. Nurses were included regardless of their age and sex, provided they met the inclusion criteria and voluntarily agreed to participate. Nurses with less than one year of service, those primarily assigned to administrative duties, and those who declined or withdrew their participation were excluded from the study.

The 150 respondents were distributed among the six participating hospitals, with 30 nurses each from Hospitals A, B, E, and F, 10 nurses from Hospital C, and 20 nurses from Hospital D. Data were collected from August to September 2026. The researcher approached eligible nurses who were available during the data collection period and provided questionnaires after obtaining their informed consent. Participation was voluntary, and the confidentiality of the respondents' information was maintained throughout the study.

Data and Sources of Data

For this study secondary data has been collected. From the website of KSE the monthly stock prices for the sample firms are obtained from Jan 2010 to Dec 2014. And from the website of SBP the data for the macroeconomic variables are collected for the period of five years. The time series monthly data is collected on stock prices for sample firmsand relative macroeconomic variables for the period of 5 years. The data collection period is ranging from January 2010 to Dec 2014. Monthly prices of KSE -100 Index is taken from yahoo finance.

Theoretical framework

The study draws on Self-Determination Theory (SDT) (Ryan & Deci, 2000) and is supported by recent studies on workplace motivation and nurses' engagement. The theory states that people have three fundamental psychological needs: relatedness, competence, and autonomy. Autonomy is the sense of choice and control over one's activities; competence is the sense of being able to perform one's tasks effectively; and relatedness is the experience of having supportive relationships and a sense of belonging. Holtan et al. (2024) found that autonomy-supportive leadership was positively related to nurses' job motivation, performance, and engagement through the satisfaction of their basic psychological needs. These results imply that supportive leadership strategies are vital in understanding nurses' motivation and commitment in their professional obligations.

For the present study, SDT provides a rationale for understanding how management awareness may relate to nurses' motivation and silent leaving practices. Managers may help foster a climate that meets nurses' psychological needs by understanding workload pressures, offering adequate support, acknowledging staff contributions, and encouraging involvement in decision-making. In contrast, without support, acknowledgment, and opportunities to participate in decision-making, nurses may lose motivation and willingness to go beyond their mandated obligations. However, the current study does not directly assess autonomy, competence, and relatedness. Thus, SDT is a theoretical explanation for the putative links among management awareness, silent quitting, and duration of stay, and not evidence that these psychological processes are occurring among the respondents.

Additionally, the study is grounded in the Job Demands-Resources (JD-R) Theory, originally proposed by Demerouti et al. (2001) and later developed by Bakker et al. (2023). This idea proposes that workplace demands and accessible job resources influence employees' well-being and work engagement. Job demands include heavy workloads, emotional stress, long working hours, and demanding duties that require sustained physical and psychological effort. In contrast, job resources include managerial support, fair pay, recognition, opportunities for professional growth, and a positive work environment. Bakker et al. (2023) highlighted that job demands and resources are critical for understanding employee burnout, motivation, and work engagement.

In this study, management awareness and work benefits can be viewed as workplace tools that help nurses cope with their professional duties. Managers who listen to staff concerns and provide appropriate support can create a supportive work environment. Likewise, financial and nonfinancial perks, including remuneration, leave rights, health benefits, recognition, and opportunities for professional development, are organizational resources that can influence nurses' employment experiences. If nurses see these resources as inadequate to meet job demands, they may feel less motivated and detached and be less likely to take initiative, qualities associated with quiet quitting. However, the availability of these resources does not mean nurses will inevitably stay for extended periods.

Self-Determination Theory (SDT) and the Job Demands–Resources (JD-R) model guide the examination of managerial awareness, work benefits, and quiet quitting as potential predictors of nurses' length of stay in selected private hospitals in Midsayap, Cotabato. SDT explains the motivational processes that may shape nurses' engagement, while the JD-R model emphasizes the role of workplace demands and resources.

These perspectives suggest possible relationships among the study variables without assuming that the selected predictors are the main determinants of nurses' length of stay. The study therefore uses statistical analyses to examine these associations and assess their predictive value, without establishing causal effects.

RESEARCH METHODOLOGY

This study employed a descriptive–predictive research design with a correlational component to examine managerial awareness, work benefits, and the quiet quitting phenomenon as possible predictors of nurses' length of stay in selected private hospitals in Midsayap, Cotabato. The descriptive approach was used to determine the respondents' demographic profile and assess their perceptions of managerial awareness, work benefits, and quiet quitting. The correlational component examined the relationships among these variables, while the predictive approach determined whether they significantly predicted nurses' length of stay.

The study involved 150 staff nurses from six selected private hospitals who were chosen through convenience sampling. Data were collected from August to September 2026 using structured survey questionnaires. The research instruments included a 10-item researcher-made questionnaire on managerial awareness, a 15-item researcher-made questionnaire on work benefits, and an adopted nine-item Quiet Quitting Scale. The respondents' length of stay was recorded in years and months and categorized into three groups: less than five years, five to ten years, and more than ten years.

The collected data were analyzed using frequency, percentage, mean, and standard deviation to describe the respondents' characteristics and the levels of the study variables. Spearman's rho was used to determine the relationships among the variables, while the Kruskal–Wallis H test with Bonferroni-adjusted pairwise comparisons was applied to examine differences across length-of-stay groups. Multinomial logistic regression was used to determine whether managerial awareness, work benefits, and quiet quitting significantly predicted nurses' length-of-stay categories.

Ethical considerations were observed throughout the study. Approval was obtained from the appropriate ethics review committee, and informed consent was secured from the participants before data collection. Participation was voluntary, and the respondents' privacy and confidentiality were maintained. The study focused on identifying statistical relationships and predictive associations without establishing cause-and-effect relationships.
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IV. RESULTS AND DISCUSSION

1: What is the respondent's demographic profile of the respondents in terms of: sex; length of stay?

Table 1. Demographic profile of the respondents

Demographic Profile	Frequency	Percentage
Sex		
Male	50	33.3
Female	100	66.7
Length of Stay		
less than 5 years	132	88
5 to 10 years	13	8.7
More than 10 years	5	3.3

n=150

Table 1 presents the demographic profile of the 150 respondents by sex and length of stay. Most were female nurses (100 responses; 66.7%), while male nurses accounted for 50 (33.3%). Thus, two-thirds of the responders were women. This reflects the overall majority of women in the nursing profession. According to the

World Health Organization (WHO, 2025), women accounted for 85% of the total worldwide nursing employment. Both distributions showed higher female representation; however, the female proportion in the current study was lower than the global figure.

Cariaso et al. (2024) found a similar sex distribution among 330 public health nurses in the Philippines, with 66.7% female and 33.3% male. These percentages align with those in the present investigation. The results reveal a Philippine analog to the dominance of female respondents. However, their study included public health nurses, while the present study included nurses at selected private hospitals in Midsayap, Cotabato. This similarity reflects the composition of the two samples and does not prove that male and female nurses had different work experiences or lengths of stay.

As for length of stay, 132 respondents (88.0%) had worked in their current hospitals for less than five years, 13 (8.7%) had worked for five to 10 years, and five (3.3%) had worked for more than ten years. These data suggest that most of the sample comprised nurses with less service in their current facilities. Reyes et al. (2024) reported a different distribution among 176 nurses at a tertiary university hospital in Manila. The largest group had 11 years or more of service (38.6%). Comparing the two samples shows differences in service profiles. However, the comparison should be interpreted in light of differences in hospital settings, participant makeup, and service categories.

Because most respondents were in the less-than-five-years group, this study mainly captured the views of nurses with relatively short service at their current hospitals. However, hospital tenure should be differentiated from total professional experience. Cariaso and colleagues (2024) measured these forms of experience separately and found a mean overall nursing experience of 11.20 years and a mean public health nursing experience of 7.84 years. This difference shows that experience in one context may not reflect total nursing experience. As such, responders having less than five years of experience in their current hospitals should not be automatically categorized as novice or inexperienced nurses.

Care is needed when interpreting future comparisons across length-of-stay categories because of the small sample of nurses with longer service, notably the five respondents employed for more than ten years. Second, the distribution in Table 1 reflects participating nurses at the time of data collection and does not include turnover rates or the reasons for staying or leaving. Figueiredo et al. (2025) stated that cross-sectional studies identify traits and associations at a certain time, but they have limitations in proving causal links. As such, the demographic results cannot confirm that the observed variation in length of stay was due to managerial awareness, job benefits, or quiet resignation.

2: What is the level of Managerial Awareness of the respondents?

Table 2. Level of Managerial Awareness

Statements	Mean	SD	Interpretation
1. My nurse manager recognizes that excessive workload can contribute to nurses becoming less engaged in their work.	4.59	0.53	Very Evident
2. My nurse manager recognizes when workload becomes difficult for nursing staff.	4.57	0.52	Very Evident
3. My nurse manager recognizes when nurses need additional support in performing their duties.	4.61	0.57	Very Evident
4. My nurse manager recognizes changes in nurses' motivation and engagement at work.	4.57	0.56	Very Evident
5. My nurse manager understands workplace concerns that may affect nurses' willingness to perform beyond their required duties.	4.53	0.55	Very Evident
6. My nurse manager provides support when nurses experience work-related difficulties.	4.55	0.59	Very Evident
7. My nurse manager supports nursing staff in making appropriate work-related decisions.	4.67	0.49	Very Evident
8. My nurse manager treats mistakes as opportunities for learning and improvement.	4.65	0.51	Very Evident
9. My nurse manager provides recognition when nurses perform their work well.	4.56	0.62	Very Evident
10. My nurse manager responds appropriately to concerns raised by nursing staff.	4.56	0.59	Very Evident
Overall Mean	**4.59**	**0.42**	**Very Evident**

Note: 4.21 – 5.00 Very Evident; 3.41 – 4.20 Evident; 2.61 – 3.40 Neutral; 1.81 – 2.60 Not very evident; 1.00 – 1.80 Not evident

Table 2 shows the level of managerial awareness as perceived by the nurses in the selected private hospitals in Midsayap, Cotabato. The data indicated that managerial awareness was quite clear, with an overall mean of 4.59 (SD = 0.42). Respondents generally considered their nurse managers aware of their requirements, attentive to workplace concerns, and supportive in carrying out tasks, as the ten statements earned mean scores from 4.53 to 4.67. The general standard deviation was similarly modest, indicating that nurses' perceptions of management knowledge were similar. These findings align with Niinihuhta and Häggman-Laitila (2022), who highlighted the importance of positive nurse leadership in enhancing nurses' work-related well-being. In their systematic review, they highlighted the significance of supportive leadership strategies in fostering a positive work environment for nursing staff.

Statement 7, "My nurse manager supports nursing staff in making appropriate work-related decisions," had the highest mean of 4.67 (SD = 0.49) among the ten statements and was regarded as extremely evident. This means nurses generally felt supported by management in decision-making about their duties and obligations. A manager who provides direction while also valuing nurses' professional judgment can make workers feel more confident and respected in their work. Similarly, Alluhaybi et al. (2023) discovered a favorable association between positive nurse-manager leadership styles and higher work engagement. Their review highlighted trust, empowerment, and decision-making authority as critical variables in the relationship between leadership and nurses' participation. The results highlight the importance of managerial strategies that foster nurse involvement in acceptable work-related decisions.

The second highest mean was for the 8th statement, "My nurse manager treats mistakes as opportunities for learning and improvement", with a mean of 4.65 (SD = 0.51), which again was assessed as extremely obvious. This implies that respondents usually saw their bosses as being supportive of learning, and not just focused on faults. Such an approach can stimulate nurse reflection on their behavior, improve their clinical practice, and increase their willingness to accept constructive criticism. According to Michl et al. (2024), feedback mechanisms may influence nurses' motivation, professional development, and psychological well-being. The

systematic review found that helpful, well-presented feedback is vital in nursing practice, but poorly managed feedback may lead to stress and demotivation. This research supports the benefit of constructive managerial reactions to errors. The present study did not directly test nurses' willingness to report errors.

Conversely, Statement 3, "My nurse manager recognizes when nurses need additional support in performing their duties," had a mean of 4.61 (SD = 0.57), which is evaluated as highly clear. Thus, nurses often viewed nurse managers as accessible when their team needed direction or support. Nurses in hospitals face a range of challenges, including demanding workloads, patient care obligations, and unforeseen clinical scenarios. If management understands these challenges, it may help nurses feel their concerns are heard. Niinihuhta and Häggman-Laitila (2022) found that supportive nurse leadership and positive leader-nurse relationships correlated with nurses' work-related well-being. This result emphasizes the value of managers being aware of the daily problems nurses encounter and responding to them.

In contrast, Statement 5, "My nurse manager is aware of the concerns of the workplace that may influence the willingness of the nurses to go above and beyond their required duties," obtained the lowest mean (M = 4.53, SD = 0.55). However, it remained within the Very Evident category. This indicates that nurses generally perceived their managers as aware of workplace concerns that may affect their willingness to perform responsibilities beyond their required duties. However, its comparatively lower rating suggests that nurse managers may need to give greater attention to identifying and addressing workplace issues that influence nurses' willingness to exert additional effort. Li et al. (2024) found that inclusive leadership and organizational justice were important factors associated with nurses' challenge-oriented organizational citizenship behaviors, which involve voluntarily contributing ideas and efforts that support organizational improvement. Similarly, Chao et al. (2024) emphasized that trust in leadership, open communication, and active listening help encourage nurses to voice workplace concerns and offer constructive suggestions. These findings suggest that nurse managers who actively listen to nurses, recognize their workplace difficulties, and respond appropriately to their concerns may create an environment that encourages greater participation and voluntary contributions. Thus, this finding highlights the importance of strengthening communication and managerial responsiveness to workplace concerns, which may influence nurses' willingness to go beyond their assigned responsibilities.

Overall, the results show that respondents had a high level of managerial awareness, especially in supporting work-related decisions, viewing mistakes as learning opportunities, and recognizing nurses' need for assistance. Respondents ranked managers' understanding of the worries affecting their willingness to go beyond their specified duties slightly lower, but all indicators were scored favorably. The range between the highest and lowest averages was only 0.14, further suggesting that perceptions were clustered. These findings show that nurse supervisors should engage in supportive behaviors with ongoing attention to nurses' issues and appropriate coaching. However, the high level of managerial awareness should not be seen as a sign of longer tenure or lower quiet quitting. These links need to be established through the study's correlation and regression analyses.

3: What is the level of the work benefits of the respondents?

Table 3. Level of Work Benefits of Nurses

Statements	Mean	SD	Interpretation
1. Basic salary, shift differentials, overtime, hazard pay, and allowances are released on time and accurately.	4.39	0.74	Very Evident
2. Health insurance, medical checkups, and hospitalization benefits for nurses are sufficient and easy to avail.	4.37	0.65	Very Evident
3. Sick leave, vacation leave, maternity/paternity, emergency, and special leaves are adequate and fairly approved by the manager.	4.43	0.64	Very Evident
4. Retirement, service incentive, and long-term benefits are clearly explained and guaranteed by management.	4.18	0.81	Evident
5. In-service training, seminars, workshops, and promotion opportunities are accessible and encouraged by my manager.	4.41	0.75	Very Evident
6. Recognition, awards, commendations, and performance incentives are given fairly for good nursing service.	4.23	0.87	Very Evident
7. The hospital provides adequate health and safety provisions, including personal protective equipment and infection control resources, to support my welfare while performing my nursing duties.	4.41	0.76	Very Evident
8. Rest periods, break schedules, and work-life balance arrangements are respected and supported by my manager.	4.21	0.67	Very Evident
9. Counseling, stress debriefing, financial assistance, and wellness programs are available when needed.	4.07	0.84	Evident
10. Uniform, laundry, meal, transportation, and other nurse-specific allowances/perks are provided regularly.	4.32	0.89	Very Evident
11. Benefits I receive match my workload, duty hours, position, and years of service as a nurse.	4.00	0.82	Evident
12. Benefit rules and policies are clear, transparent, and explained well by my manager.	4.19	0.82	Evident
13. The hospital/manager continuously improves and adds relevant benefits for nurses over time.	4.06	0.84	Evident
14. The procedures for accessing or availing of my work benefits are clear, reasonable, and easy to understand.	4.20	0.77	Evident
15. The work benefits I receive meet my welfare needs and make me feel valued as a staff nurse.	4.10	0.78	Evident
Overall	**4.24**	**0.61**	**Very Evident**

Note: *4.21 – 5.00 Very Evident; 3.41 – 4.20 Evident; 2.61 – 3.40 Neutral; 1.81 – 2.60 Not very evident; 1.00 – 1.80 Not evident*

Table 3 shows the work benefits of 150 nurses in 6 selected private hospitals in Midsayap, Cotabato. Overall, employment benefits were clear, with a mean of 4.24 (SD = 0.61). This suggests that respondents generally perceived the financial and nonfinancial benefits offered by the individual hospitals favorably. The total standard deviation indicates that responses were very consistent, but individuals interpreted the question differently. Overall, nurses acknowledged the benefits that support their health, welfare, professional development, and job needs. However, the findings also reveal that several aspects of the benefits provided need attention, especially regarding fairness, adequacy, and employee assistance.

The statement on the sufficiency and fairness of sick leave, vacation leave, maternity or paternity leave, emergency leave, and other special leaves received the highest mean among the fifteen indicators (M = 4.43, SD = 0.64), interpreted as extremely evident. This means respondents generally viewed their leave privileges positively. For nursing workers, who may face difficult schedules, long duty hours, and off-duty responsibilities, adequate leave benefits are vital. These privileges allow nurses to address personal issues, family responsibilities, and health-related needs. Bae (2024) supports this finding in his systematic review of nurse staffing, work schedules, and turnover. The review identified the importance of staffing conditions and indicated hazardous staffing as a factor related to nurse turnover; however, evidence on work schedules was less consistent. The high

ranking of leave privileges in the present study implies that respondents were generally aware of their hospitals' provisions for accommodating personal and family demands while meeting their professional duties.

Both workplace health and safety provisions and professional development opportunities had a mean of 4.41, which was assessed as extremely evident. The standard deviation of 0.75 for in-service training, seminars, workshops, and promotion chances shows that respondents generally recognized that professional learning was available and encouraged in their hospitals. This suggests that nurses saw opportunities to increase their knowledge, strengthen their clinical skills, and advance professionally. According to Greenley et al. (2024), career development opportunities, supportive work conditions, and recognition of nurses' achievements significantly improve the nursing workforce. The findings highlight the importance of ongoing education and professional development within a supportive work environment. In this study, the high rating indicates that professional development was one of the more positively rated parts of the hospitals' benefits package.

Likewise, the supply of suitable health and safety measures, including personal protective equipment and infection control resources, had a mean of 4.41 (SD = 0.76) and was assessed as extremely evident. This suggests that respondents generally felt provisions for occupational health and safety were adequate. Nurses routinely face occupational hazards when caring for patients; thus, access to protective equipment, infection prevention services, and a safe work environment is vital. Greenley et al. (2024) highlighted the importance of positive work environments, proper staffing, and organizational factors that protect nurses' health. The high ranking relative to the present findings indicates that respondents generally recognize their hospitals' efforts to provide resources that support their safety as they perform nursing tasks. However, these views do not, by themselves, determine the actual level of workplace safety or compliance with occupational health requirements.

Other work benefits were also rated favorably, especially the prompt and accurate payment of basic salaries, shift differentials, overtime pay, hazard pay, and allowances (M = 4.39, SD = 0.74), and the adequacy and availability of health insurance, medical examinations, and hospitalization benefits (M = 4.37, SD = 0.65). Both sections were clear and easy to read. Overall, the data indicate that nurses acknowledged and valued the financial and health benefits their hospitals provide. These benefits are vital because they meet employees' financial needs and support their health and well-being. According to Buckley et al. (2025), tactics to retain nurses include competitive compensation, financial incentives, sufficient time off, and other job advantages. Similarly, Ejebu et al. (2024) found that fair salary, workplace support, and acceptable working conditions relate to nurses' employment decisions at different career stages. These results show the need to offer financial and nonfinancial rewards aligned with nurses' demands and professional obligations.

The high evaluations in this study imply that respondents generally viewed pay and health-related perks favorably. However, these positive opinions do not necessarily mean all nurses perceive their income as enough or commensurate with the workload, duty hours, and responsibilities. This distinction is particularly noteworthy since the indicator on the suitability of benefits in relation to workload and years of service had the lowest mean (M = 4.00). So while hospitals are largely seen as beneficial in their current state, the appropriateness and fairness of these advantages may need further assessment. Buckley et al. (2025) conducted a scoping review of 130 studies and found that salary, incentives, flexible work arrangements, safe working conditions, and organizational support are critical to nurse retention. Their review suggests considering financial and nonfinancial rewards when evaluating nurses' work experiences. The present study's findings show that nurses usually rated pay and health-related benefits positively. However, these provisions' sufficiency relative to nurses' workload and duties should be considered separately.

However, the statement "Benefits I receive match my workload, duty hours, position, and years of service as a nurse" had the lowest mean (4.00; SD = 0.82), interpreted as obvious. This rating is still favorable; however, it suggests respondents were less confident that the advantages they received matched their obligations and contributions. This is a significant result, as nurses may recognize employment benefits but still worry whether they reflect their workload, increased duty hours, and professional duties. In a review of factors influencing nurses' decisions to join, stay in, or leave the profession, Ejebu et al. (2024) found that fair salary,

workplace support, flexible scheduling, professional advancement, and fair treatment were critical concerns across career phases. This supports evaluating benefits not only by availability but also by nurses' perceptions of fairness and suitability. The present study's findings suggest that hospital administrators may want to examine whether salary and benefits are adequately aligned with nurses' responsibilities and length of service.

The mean for continual improvement and the addition of relevant job advantages is 4.06 (SD = 0.84), which is evaluated as obvious. Thus, while respondents generally recognized attempts to increase benefits, they rated this feature less favorably than leave privileges, training opportunities, and workplace safety. As nurses gain experience, take on more responsibility, and face growing demands at work and at home, their needs and expectations may change. Existing benefit packages may therefore need periodic review to assess whether they still meet employees' needs. Buckley and colleagues (2025) stress the necessity for organizational initiatives to address nurses' working circumstances, well-being, and professional demands. The lower ranking of hospitals than the current findings could be explained by the fact that hospitals may need to collect feedback from nurses and periodically assess the relevance and sufficiency of their perk packages.

Another criterion rated comparably lower was the availability of counseling, stress debriefing, financial aid, and wellness programs. The mean for this indicator was 4.07 (SD=0.84), and respondents assessed it as evident. This suggests respondents were generally aware of these services, although they rated them less positively than several other employment advantages. This matters because nursing involves physical demands, mental stress, and responsibilities that can impair employees' well-being. Support programs provide nurses with additional resources if they experience job or personal problems. Buckley et al. (2025) recognized the significance of psychological well-being, burnout, weariness, and organizational mental health assistance for the nursing workforce. These findings highlight the need to assess how accessible and responsive wellness initiatives are. In the current study, the lower ranking may suggest that counseling and wellness support need further evaluation to determine whether these services are sufficiently accessible and responsive to nurses' needs.

The data also showed that the advantages that met nurses' welfare needs and made them feel appreciated received a mean of 4.10 (SD = 0.78), rated as obvious. Similarly, rest periods, break schedules, and work-life balance arrangements had a mean of 4.21 (SD = 0.67) and were assessed as extremely evident. These results suggest that while respondents generally viewed supportive work arrangements positively, they rated some elements less favorably than the highest-ranked perks. This implies that work benefits should be understood not only in terms of financial support and formal advantages but also in how they relate to nurses' everyday experiences and overall well-being. Greenley et al. (2024) underline the need for supportive management, realistic workloads, recognition, and positive working conditions to strengthen nursing staff. This highlights the importance of examining whether current benefits and workplace arrangements meet nurses' physical, emotional, and professional demands.

In summary, the results showed that respondents clearly understood work benefits, particularly leave privileges, professional growth opportunities, workplace safety, and financial and health-related considerations. However, the relatively lower scores on benefit suitability to workload, ongoing benefit development, and the accessibility of wellness support indicate areas that need attention. These findings suggest that while hospitals generally provide perks that nurses perceive positively, administrators may want to assess whether nurses perceive these benefits as fair, adequate, accessible, and responsive to changing employee requirements.

It is also crucial to note that the number of work perks does not necessarily mean these advantages are highly predictive of nurses' length of stay. In the present study, multinomial logistic regression found work benefits were not a significant predictor of length-of-stay category. Thus, the descriptive results should be regarded as nurses' impressions of their benefits, rather than as benefits that directly increase their years of service. However, the findings are valuable to nursing managers and hospital administrators, highlighting the more positive features of current benefit schemes and areas that may require further review.

4: What is the Level of Quiet Quitting Phenomenon of the respondents in terms of: Detachment; Lack of Initiative; and Lack of Motivation

Table 4. Level of Quiet Quitting Phenomenon

Domains	Mean	SD	Verbal Interpretation
Detachment	3.12	0.882	Moderate
Lack of initiative	3.52	0.686	High
Lack of Motivation	4.11	0.791	High
Overall Mean	3.58	0.516	High

Note: *4.21 – 5.00 Very High; 3.41 – 4.20 High; 2.61 – 3.40 Moderate; 1.81 – 2.60 Low; 1.00 – 1.80 Very Low*

Table 4. Level of quiet quitting phenomenon among the 150 nurses from six selected private hospitals in Midsayap, Cotabato, in terms of detachment, lack of initiative, and lack of motivation. The results revealed a high grand mean (3.58, SD = 0.516). This suggests that quiet quitting tendencies were more or less evident to the respondents. Quiet quitting does not mean nurses are trying to quit, or that they do not care about their jobs. Rather, it describes decreased involvement: people still do their designated work, but perhaps with less enthusiasm or willingness to go the extra mile. Galanis et al. (2023) defined quiet quitting as a multidimensional phenomenon characterized by detachment, low initiative, and low motivation. Similarly, Rinaldi and Pomarolli (2025) found that 46.6% of participants in their study of nurses in a hospital in Northern Italy met the study's criterion for silent quitting, establishing its presence in the nursing workforce. These findings reinforce the need to study quiet quitting among nurses; however, the prevalence observed in other studies cannot be directly applied to the current population.

The highest mean was 4.11 (SD = 0.791) for lack of motivation, one of the three criteria rated highest. This suggests that the dominant dimension of quiet quitting among respondents was diminished motivation. Nurses may perform their duties with less passion, motivation, or personal inspiration for their profession. This finding is consistent with Rinaldi and Pomarolli (2025), who found that lack of motivation had the highest mean (M = 2.40, SD = 1.14) among the three quiet quitting dimensions, with lack of initiative and detachment following behind. Although the mean ratings differed, both studies found that the highest-rated dimension in their samples was lack of motivation. Galanis et al. (2024) also found that higher levels of moral resilience were associated with lower levels of silent quitting, such as loss of motivation, among nurses. The results emphasize the importance of nurses' emotional health and psychological resources when examining job motivation. The high score for lack of motivation in the current study implies that nursing supervisors may need to pay attention to nurses' passion, professional fulfillment, and opportunities to feel appreciated in the workplace.

The second-highest dimension of quiet quitting was lack of initiative, with a mean of 3.52 (SD = 0.686), which was considerable. This suggests respondents reported a lower desire to speak up with suggestions, volunteer for additional work, or engage in activities beyond their assigned obligations. However, this does not necessarily indicate that nurses are professionally incompetent or reluctant to provide quality patient care. Likewise, Rinaldi and Pomarolli (2025) found that nurses with silent leaving inclinations were more likely to withhold work-related thoughts when they perceived that their proposals would not contribute to major improvements in workplace conditions. Similarly, Moisoglou et al. (2025) found that silent resigning was greater among nurses who were less involved in hospital activities, perceived poorer leadership and support from nurse managers, and had less positive working relationships. The findings indicate that organizational settings and chances for engagement may be crucial for nurses' readiness to take initiative. In the present study, the high level of lack of initiative emphasizes the need to provide opportunities for nurses to share suggestions, participate in workplace decisions, and raise concerns without added fear of responsibility. However, the descriptive data do not confirm that unique workplace conditions were the reason for the respondents' loss of initiative.

Meanwhile, detachment had the lowest mean (3.12; SD = 0.882) and was assessed as mild. Thus, respondents exhibited fewer detachment-related behaviors than lack of motivation and lack of initiative. This study implies that certain nurses may be less enthusiastic and less inclined to take initiative. However, they reported somewhat lower levels of behaviors related to restricting their effort to minimum criteria or avoiding further chores. The standard deviation of 0.882, the highest among the three dimensions, also suggests greater diversity in nurses' responses regarding detachment. This result aligns with Rinaldi and Pomarolli (2025), who found that detachment had the lowest mean (M = 1.93, SD = 0.71), followed by lack of initiative (M = 2.03, SD = 0.86) and lack of motivation (M = 2.40, SD = 1.14). Galanis et al. (2023) further highlighted that detachment is a unique characteristic of quiet quitting that reflects employees' desire to separate from work-related obligations. The current results suggest that nurses may be less motivated and less likely to take initiative, but they do not necessarily exhibit similarly high levels of detachment. However, the moderate detachment score cannot be taken as direct proof of acceptable nursing performance, since this table did not measure actual work performance.

The contrasts between the three areas provide further insight into how quiet quitting was mirrored among the respondents. The most prominent factor was lack of motivation, followed by lack of initiative, and detachment was less apparent. This pattern aligns with Rinaldi and Pomarolli (2025), whose respondents also scored highest on lack of drive and lowest on detachment. Galanis et al. (2023) noted that quiet quitting has three connected but distinct aspects, suggesting that individuals may experience varying levels of reduced involvement, drive, and initiative. The current study reveals that silent quitting was more evident in nurses' stated motivation and initiative than in detachment behaviors. The results underscore the need to examine each area separately, rather than relying only on the overall quiet quitting score.

The data generally showed a significant level of quiet quitting among nurses in the selected private hospitals, particularly in terms of low motivation and low initiative, while detachment remained moderate. These results suggest that some nurses may continue their usual work with less motivation and less readiness to participate in additional work activities. Supportive nurse-manager leadership, strong workplace relationships, and opportunities for participation were associated with reduced quiet quitting and improved work engagement (Moisoglou et al., 2025). This aligns with Galanis et al. (2024), who emphasized the role of psychological resources in explaining silent quitting in nurses. The results suggest that nursing managers and hospital administrators should periodically evaluate nurses' motivation, acknowledge their contributions, promote staff engagement, and reinforce workplace support. These are valid areas for additional testing, not therapies shown to be beneficial by this study.

It is vital to highlight that a high overall quiet quitting score does not mean that quiet quitting leads to nurses leaving their professions sooner. Although this study found relatively high quiet quitting tendencies, the multinomial logistic regression did not find quiet quitting to be a statistically significant predictor of nurses' length-of-stay category. Therefore, the data illustrate the degree and pattern of silent quitting among respondents rather than showing a direct influence on their length of stay.

5:. Is there a significant relationship between: Managerial Awareness; Work Benefit; Quiet Quitting Phenomenon; and Length of Stay?

Table 5: The Test of relationship between: managerial awareness; work benefit; quiet quitting phenomenon; and length of stay

Variables	Managerial Awareness	Work Benefit	Length of Stay	Interpretation
Managerial Awareness	**1**	**.510****	-0.057	Moderate positive, significant relationship with work benefits; no significant relationship with length of stay.
Work Benefit	**.510****	**1**	**-.207***	Moderate positive, significant relationship with managerial awareness; weak negative, significant relationship with length of stay.
Quiet Quitting	0.088	0.144	**-.164***	Weak negative, significant relationship with length of stay; no significant relationships with managerial awareness or work benefits
Detachment	-0.046	0.004	-0.079	No significant relationships with managerial awareness, work benefits, or length of stay.
Lack of Initiative	0.05	0.039	-0.147	No significant relationships with managerial awareness, work benefits, or length of stay.
Lack of Motivation	.192*	.273**	-0.079	Weak positive, significant relationships with managerial awareness and work benefits; no significant relationship with length of stay.
Length of Stay	-.207*	-.164*	-	No significant relationship with managerial awareness; weak negative , significant relationship with work benefits

Note: ** Spearman Correlation (r_s value) is significant at the 0.01 level (2-tailed).

The description below is based on the actual Spearman correlation results presented in Table 5.1. Each important and nonsignificant association is described and backed by appropriate nursing literature. The results are understood to represent connections, and not causality.

Table 5.1 shows the associations between management awareness, work benefits, the quiet quitting phenomenon, and length of stay among 150 nurses from six selected private hospitals in Midsayap, Cotabato. The results showed statistically significant connections between some factors, but weak or no associations between others. The results indicate that nurses' opinions of managerial awareness, work benefits, and quiet quitting were associated in varied ways, but not all the associations were statistically significant. Alluhaybi et al. (2023) proposed associations between nurse-manager leadership, job engagement, and organizational elements such as support, fairness, rewards, and workplace relationships. Likewise, Moisoglou et al. (2025) found that nurses' work environment was connected to their quiet quitting and work benefits. These studies provide a basis for understanding why multiple workplace characteristics may be associated, but they do not necessarily show the same pattern of connection.

Managerial awareness is moderately and significantly positively associated with work benefits ($r_s = .510$, $p < .01$). This suggests that nurses with more managerial knowledge also had a more positive assessment of their work perks. This suggests that nurses' impressions of their managers' attention to workload issues, responsiveness to staff needs, and support for professional tasks may be associated with more positive views of the organizational benefits they receive. However, nurse managers can communicate policy, help employees

access benefits, and answer workplace support questions, even if they do not necessarily decide on salary, insurance coverage, and other employment advantages.

This finding aligns with Alluhaybi et al.'s (2023) systematic review, which highlighted the importance of nurse manager leadership in relation to nurses' work engagement and organizational circumstances, such as support, fairness, and recognition. Galanis et al. (2024) reported similar findings in a systematic review and meta-analysis of 5,754 nurses, where higher organizational support was associated with reduced turnover intention. Although these studies did not examine the same variables as the present study, they underline the significance of organizational support and management techniques in nurses' employment experiences. The present finding suggests that managerial awareness and job perks are associated characteristics of organizational support. However, this positive association does not mean that increased managerial understanding immediately improves the benefits hospitals offer.

Managerial awareness had a very slight, statistically non-significant positive association with overall quiet quitting (rs = .088). Quiet quitting was also weakly positively and statistically non-significantly related to work benefits (rs = .144). The findings suggest that in the present sample, nurses' evaluations of management awareness and work advantages were not substantially correlated with their total silent quitting ratings. This suggests that nurses may view their bosses as helpful and that they offer good perks, yet still report lower work motivation, initiative, or engagement.

This finding may relate to Moisoglou et al. (2025), who reported that weak leadership by nurse managers, reduced participation in hospital matters, and less positive working relationships contributed to higher levels of silent resignation among nurses. Their results imply that quiet resignation is associated with multiple facets of the work environment, rather than just one organizational factor. Their findings showed substantial links; however, the present study found no significant relationships between management awareness and job advantages and overall quiet quitting. This disparity may reflect differences in respondents, work circumstances, or measured variables. Therefore, the current results should not be construed as proof that management knowledge and job benefits are insignificant; instead, neither variable displayed a statistically significant link with overall silent quitting in this group.

When we examined the components of silent quitting, detachment showed small, statistically nonsignificant correlations with managerial awareness (rs = −.046) and job benefits (rs = .004). Thus, nurses' detachment was not clearly connected to their perceptions of management knowledge or job benefits. Likewise, lack of initiative showed insignificant correlations with management awareness (rs = .050) and work benefits (rs = .039). These results imply that none of these variables was statistically significantly associated with respondents' inclinations to separate themselves from work or inhibit initiative.

Moisoglou et al. (2025) reported that silent resigning was linked to nurses' participation in hospital activities, nurse-manager leadership, and workplace relationships. Their results indicate that work engagement relates to various organizational factors. In the present study, the nonsignificant connections may imply that managerial knowledge and work advantages alone do not sufficiently explain alienation and lack of initiative. Other conditions, such as workload, staffing, professional expectations, and emotional demands, may also be relevant. However, the current investigation did not determine if these factors accounted for the respondents' scores.

Lack of motivation followed a similar trend. There was a modest positive and statistically significant link between awareness of managers and lack of motivation (r_s=.192, p <.05). Similarly, work benefits were weakly positively and significantly related to lack of motivation (r_s =.273, p <.01). These results imply that nurses who reported more management awareness and work benefits also tended to report slightly higher degrees of lack of motivation. According to Galanis et al. (2023), lack of motivation is one of the three elements of quiet quitting, underlining its relevance in understanding employees' decreased commitment at work. Furthermore, Ahlstedt et al. (2024) found that managerial support was strongly related to nurses' job motivation, underscoring the need for supportive workplace interactions. Galanis et al. (2024) found that individual psychological characteristics, particularly emotional intelligence, were related to reduced quiet quitting and lower motivation among nurses. These studies show that many organizational and personal factors, not just management knowledge or job advantages, can influence nurses' motivation. Interpret weak correlations with caution, regardless of the statistical significance of the relationships in the present investigation. Therefore, the results do not confirm that higher managerial awareness or better working perks lead to increased motivation among nurses.

These findings contrast with some of the previous nursing literature. Moisoglou et al. (2025) found that the more nurse-manager leadership and support, the higher work engagement and the lower silent resignation. Similarly, Alluhaybi et al. (2023) emphasized the role of supportive leadership, organizational resources, and a favorable work environment in nurses' work engagement. The contrast between these studies and the present findings suggests that nurses' motivation may be more nuanced than their opinions of management and benefits. Nurses may know about supportive management techniques and accessible rewards but still feel less enthusiastic or professionally fulfilled. However, these are possible hypotheses, not proven causes.

Length of stay was negligibly and not statistically significantly negatively related to managerial awareness ($rs = -.057$). Thus, nurses' service duration was not substantially connected to their perceptions of their managers' awareness and responsiveness. This finding suggests that nurses with short or long service time did not differ significantly in Managerial-Awareness scores in the correlation study.

Alluhaybi et al. (2023) observed that nurse-manager leadership enhances nurses' work engagement via organizational support, recognition, and workplace connections. Meanwhile, Galanis et al. (2024) found that increased organizational support predicted decreased turnover intention. These studies illustrate the importance of management and organizational support in nurses' work experiences. However, they examined outcomes other than the actual duration of stay measured in the present research. Therefore, this study's lack of significance does not suggest that managerial awareness is irrelevant. Rather, the results show that managerial awareness was not substantially associated with respondents' length of stay.

Work benefits were weakly but significantly negatively correlated with length of stay ($rs = -.207$, $p < .05$). This means that as length of service increases, nurses' ratings of benefits are slightly lower. With shorter service, assessments are considerably more favorable. Although statistically significant, the relationship was weak in magnitude and suggests a limited association. Therefore, this does not prove that better working conditions led to shorter service.

One factor could be that longer-serving nurses have different expectations regarding remuneration, allowances, recognition, and long-term employment perks. As nurses gain experience and take on more responsibility, they may expect benefits that better match their workload, hours of duty, and years of service. This view aligns with Table 3 of the current study, where benefits appropriateness based on effort and years of service had the lowest mean score ($M = 4.00$). In their systematic review, Pressley and Garside (2023) found job satisfaction and organizational commitment to be crucial determinants of nurses' intentions to stay employed. The results indicate that workplace experiences other than financial rewards motivate job decisions. However, their study measured intention to stay, whereas the present study measured actual length of service.

Overall, quiet quitting had a weak, statistically significant negative association with length of stay ($rs = -.164$, $p < .05$). Thus, nurses with longer years of service tended to have slightly lower quiet quitting scores. In comparison, nurses with shorter years of service tended to have substantially higher quiet quitting scores. The correlation was statistically significant but weak, indicating that service duration and silent quitting were only marginally related in the present sample.

This finding aligns with Rinaldi and Pomarolli (2025) on silent quitting among nurses in a hospital in Northern Italy. Their study indicated that quiet quitters had fewer years of professional experience ($M = 10.9$ years) than non-quiet quitters ($M = 14.7$ years). They also found a negative relationship between professional experience and quiet quitting ($r = -.32$), suggesting that less-experienced nurses were more likely to score higher on quiet quitting. The two investigations showed a similar negative direction; however, the association in this study was weaker.

Another explanation may be that more experienced nurses are more accustomed to job routines, professional expectations, and organizational procedures. Over time, they may have learned coping strategies and built stronger professional ties. In contrast, less senior nurses may still be adjusting to the profession's task demands and expectations. These alternatives might account for the observed association but were not specifically evaluated in the present investigation. Furthermore, Rinaldi and Pomarolli (2025) considered years of professional experience, while this study included length of stay in the respondents' individual hospitals. Thus, the findings point in the same direction but assess different aspects of nurses' employment.

The specific characteristics of quiet quitting had weak, statistically insignificant, or no negative effects on length of stay. More specifically, detachment showed a correlation of $rs = -.079$, lack of initiative showed rs

= −.147, and lack of motivation showed rs = −.079. These results showed that none of the three dimensions were statistically significant in relation to nurses' length of service.

Quiet quitting involves detachment, low initiative, and low motivation (Galanis et al., 2023). This multidimensional perspective helps explain the strong correlation in the overall quiet quitting score, even when its constituent parts do not correlate. Similarly, Rinaldi and Pomarolli (2025) analyzed the dimensions separately and found that levels differed among nurses. In this study, the findings indicate that the total quiet quitting score was associated with tenure, but no individual dimension showed a statistically significant association. However, the evidence does not show that the dimensions together created the observed relationship.

The results showed that management awareness and work benefits had a moderate, statistically significant positive association, although both variables had nonsignificant relationships with overall silent quitting. However, management awareness and work benefits had weak, significant positive associations with the lack-of-motivation dimension. The study found weak, significant negative associations for length of stay, job benefits, and total quiet quitting, but not for managerial awareness or the individual quiet quitting aspects.

These results suggest the complexity of nurses' employment experiences. Alluhaybi et al. (2023) stressed the impact of management support and organizational factors on job engagement. Moisoglou et al. (2025) found that workplace relationships, participation, and management support were linked to silent resignation. Similarly, Pressley and Garside (2023) showed that nurses' intention to stay in employment is related to several organizational and personal aspects. Together, these findings emphasize that workplace engagement and nurse retention are complex challenges, not problems that a single factor can explain.

The present results show multiple statistically significant connections; however, such correlations do not imply causality. In particular, the modest negative correlations between work benefits and quiet quitting and duration of stay should not be seen as proof that either variable directly influences how long nurses stay employed. The study should report the multinomial logistic regression results individually to assess whether managerial awareness, work benefits, and quiet quitting predict length-of-stay categories independently.

6: Test Significant Difference between: Managerial Awareness; Work Benefits; and Quiet Quitting on Length of Stay of Nurses?

Table 6. Significant Difference between: Managerial Awareness; Work Benefits; and Quiet Quitting on Length of Stay

Kruskal-Wallis Test	Length of Stay	Test Statistic	SE	Std. Test Statistic	Sig.	Adj. Sig. [a]	Decision	Remarks
Managerial Awareness	More than 10 years, 5 to 10 years	20.438	22.472	0.91	0.363	1	Accept H_{04}	NS
	More than 10 years, less than 5 years	21.737	19.456	1.117	0.264	0.792	Accept H_{04}	NS
	5 to 10 years, less than 5 years	1.299	12.413	0.105	0.917	1	Accept H_{04}	NS
Work Benefit	More than 10 years-5 to 10 years	38.8	22.823	1.7	0.089	0.267	Accept H_{04}	NS
	More than 10 years, less than 5 years	54.474	19.76	2.757	0.006	0.018	Accept H_{04}	NS
	5 to 10 years, less than 5 years	15.674	12.607	1.243	0.214	0.641	Accept H_{04}	NS
Quiet Quitting	More than 10 years-5 to 10 years	29.085	22.822	1.274	0.203	0.608	Accept H_{04}	NS
	More than 10 years, less than 5 years	42.249	19.759	2.138	0.032	0.097	Accept H_{04}	NS
	5 to 10 years, less than 5 years	13.165	12.607	1.044	0.296	0.889	Accept H_{04}	NS

Note: *Each row tests the null hypothesis that the Sample 1 and Sample 2 distributions are the same. Asymptotic significances (2-sided tests) are displayed. The significance level is .050.* [a]*Significance values have been adjusted by the Bonferroni correction for multiple tests*

Table 5.2 shows pairwise comparisons of managerial awareness, work benefits, and quiet quitting among 150 nurses from six selected private hospitals in Midsayap, Cotabato, categorized into three groups by duration of stay: less than 5 years, 5 to 10 years, and more than 10 years. Results showed one statistically significant paired difference in work benefits, but no statistically significant pairwise differences in managerial awareness or silent quitting after Bonferroni adjustment. Nurses' perspectives and experiences could vary across length-of-stay groups, especially regarding employment benefits. Understanding what matters to nurses with diverse experiences is vital, as Ejebu et al. (2024) note that nurses' job demands and objectives may differ at different career stages. Career stage is not the same as length of stay at one hospital, but their findings give important background for analyzing the variations reported in the present study.

The findings showed no statistically significant pairwise differences in managerial awareness among the three length-of-stay groups. Comparing nurses with more than 10 years of service with those with 5 to 10 years of service yielded an adjusted significance value of 1.000. Similarly, comparing nurses with more than 10 years of service with those with fewer than 5 years gave an adjusted significance value of .792. Comparing nurses with 5 to 10 years of experience with those with fewer than 5 years showed no significant difference (adjusted significance value = 1.000). All adjusted p-values were > .05, indicating no significant statistical evidence of differences in managerial-awareness scores among the three groups.

Thus, nurses with varying terms of service did not have statistically distinguishable assessments of their managers' acknowledgment of workload concerns, comprehension of staff requirements, provision of support and answers to workplace difficulties. However, this does not mean all nurses experienced management awareness similarly. Instead, the differences seen did not reach significance in the current sample.

Alluhaybi et al. (2023), in their systematic review, found that positive nurse-manager leadership practices were associated with nurses' work engagement. Their review found that leadership is related to employee engagement through organizational support, fairness, workload, rewards, and relationships with leaders. Although their research did not find similar perceptions of management knowledge across length-of-stay groups, it underscores the need to support leadership for nursing staff. In these results, the lack of significant pairwise differences means length of service did not clearly distinguish management awareness. This shows the practical value of regular managerial attention and support for nurses, whether they are newly employed, moderately experienced, or long-term staff members.

The pattern of employment perks differed. Nurses with 5 to 10 years of service showed no statistically significant difference compared with those with more than 10 years of service (adjusted p = .267). Likewise, the difference between nurses with 5 to 10 years of service and those with less than 5 years of service was not statistically significant (adjusted p = .641). This implies no significant pairwise differences in work-benefit scores between these groups.

However, nurses with >10 years of service differed significantly from those with <5 years of service (adjusted p = .018). This value was smaller than the significance level of .05 and hence the null hypothesis of equal score distributions was rejected for this comparison. This means that nurses with the longest and shortest periods of service differed in their views of work advantages across the categories studied.

This could mean that nurses with different lengths of service have different expectations about pay, allowances, leave entitlements, recognition, professional development, and long-term employment perks. Newcomers to an institution might value immediate remuneration, training, and basic job benefits more. More experienced nurses may have other expectations, such as seniority, retirement benefits, professional advancement, acknowledgment, and pay commensurate with their experience and duties.

A narrative study by Ejebu et al. (2024) on factors affecting nurses' career decisions noted that nurses' demands and objectives may change across career stages. In their review, they identified remuneration, working conditions, career growth, and professional support as relevant variables, but also noted that nurses at different career stages may value these factors differently. Similarly, Pressley and Garside (2023) found that work satisfaction and organizational commitment significantly influence nurses' intentions to remain employed. These results reiterate the importance of regularly assessing whether employment benefits still respond to nurses' evolving personal and professional demands.

Also relevant to the descriptive results in table 3 of the present investigation is the large variation in work benefits. Work benefits were generally perceived as very evident (M = 4.24, SD = 0.61). However, the indicator asking whether benefits matched nurses' workload, duty hours, position, and years of service had the lowest mean (M = 4.00, SD = 0.82). Taken together, these data suggest that while nurses generally recognized the availability of benefits, their judgments of appropriateness may warrant further review, particularly among employees with varied periods of service.

However, the significant pairwise finding does not tell us which length-of-stay group valued employment benefits more favorably. Before deciding whether shorter-serving or longer-serving nurses gave higher evaluations, check the mean rankings or group medians against the data. The present conclusion establishes a statistically significant difference between the two groups but does not indicate its direction based on the paired data alone.

Results indicated no statistically significant pairwise differences in quiet quitting among the three length-of-stay groups after the Bonferroni correction. The adjusted p value for the comparison between nurses with

more than 10 years of service and nurses with 5 to 10 years of service was .608. Likewise, comparing nurses with 5 to 10 years of service with those with fewer than 5 years of service yielded an adjusted p-value of .889. Both results were over the .05 significance level, meaning the differences were not statistically significant.

In the unadjusted model, nurses with more than 10 years of service were compared with those with fewer than 5 years of service, yielding a p-value of .032. However, the Bonferroni-corrected p-value was .097 and was no longer statistically significant. Therefore, although the original comparison suggested a probable difference, there was insufficient evidence to conclude that the two groups differed significantly after correcting for multiple comparisons. Thus, the results show no significant differences in quiet quitting across any of the three length-of-stay groups on the adjusted paired tests.

This conclusion contrasts with Rinaldi and Pomarolli (2025), who studied silent quitting among nurses in a hospital in Northern Italy. Their study found that nurses with quiet quitting tendencies tended to have fewer years of professional experience than those not classed as quiet quitters. Their data suggest that quiet quitting may be linked to work experience. However, the current investigation found no statistically significant pairwise differences between the length-of-stay groups. Differences in findings could be explained by differences in research populations, institutional settings, or how professional experience is measured, rather than by duration of service in a given hospital.

The findings may also be discussed in relation to Moisoglou et al. (2025), who explored the link between nurses' work environment and quiet quitting in Greece. Their study found that lower involvement in hospital activities, poorer nurse-manager leadership and support, weaker nurse-physician connections, and less pleasant nursing practice environments were associated with higher levels of quiet quitting. The results suggest that silent resignation is linked to workplace factors beyond years of employment. In the present study, the lack of significant pairwise differences may suggest that silent quitting is a problem to consider across nurses with varied service durations, rather than focusing exclusively on newly hired or long-serving personnel.

Moreover, Galanis et al. (2024) found that silent quitting was negatively related to moral resilience and related characteristics, such as detachment, lack of initiative, and lack of motivation. Their findings emphasize the significance of psychological resources in understanding nurses' professional engagement. These findings provide further context for the current study, showing that personal and workplace experiences could be crucial variables to consider when analyzing silent quitting, regardless of how long an individual has been in the job. However, the present research did not directly examine these characteristics as reasons for the pairwise differences.

The results showed no statistically significant pairwise differences in managerial awareness and silent quitting among nurses classified by length of stay. However, employment benefits differed significantly between nurses with more than 10 years of service and those with fewer than 5 years of service (adjusted $p = .018$). This finding highlights the importance of studying nurses' views on employment benefits across different career stages.

Ejebu et al. (2024) stressed that nurses' employment priorities can evolve throughout their careers. Pressley and Garside (2023) highlighted the importance of job satisfaction and organizational commitment in nurses' desire to stay. These findings suggest the need for frequent assessments of employment benefits and consideration of the changing demands on nursing personnel. Similarly, Alluhaybi et al. (2023) and Moisoglou et al. (2025) stressed the importance of supportive leadership and positive work conditions for nurses' involvement. Overall, these findings suggest that hospital administrators may want to review management practices, benefits, and nurse engagement across different stages of employment.

For the present study, hospital administrators may consider periodically evaluating existing benefit packages, specifically their adequacy in terms of workload, duty hours, responsibilities, and years of service. At

the same time, all nurses, regardless of tenure, should have access to resources to address silent quitting and the need for managerial support.

Finally, the results should not be construed as suggesting that duration of stay causes differences in views of work advantages, managerial awareness, or silent quitting. Pairwise comparisons identify differences in the distributions of scores among groups but do not demonstrate causal links. Moreover, a lack of statistical significance does not mean all nurses experienced the same thing. Therefore, the findings should be evaluated in light of the limitations of the study's sample and statistical analysis.

7. Do managerial awareness, Work Benefit, and Quiet Quitting Phenomenon significantly predict the length of stay among nurse?

Table 7. Predictors of the Length of Stay of Nursing using the Multinomial Logistic Regression

Length of Stay[a]	Parameter Estimates	B	SE	Wald	df	P	Exp (B)	95% Confidence Interval for Exp(B)		Decision	Remarks
								LB	UB		
5 to 10 years	Intercept	-0.111	3.697	0.001	1	0.976				Accept H_{04}	NS
	Managerial Awareness	0.226	0.767	0.087	1	0.769	1.253	0.279	5.631	Accept H_{04}	NS
	Work Benefit	-0.479	0.491	0.951	1	0.329	0.619	0.236	1.622	Accept H_{04}	NS
	Quiet Quitting	-0.347	0.576	0.362	1	0.547	0.707	0.229	2.187	Accept H_{04}	NS
More than 10 years	Intercept	8.24	5.456	2.281	1	0.131				Accept H_{04}	NS
	Managerial Awareness	-0.419	1.123	0.139	1	0.709	0.658	0.073	5.944	Accept H_{04}	NS
	Work Benefit	-1.261	0.672	3.518	1	0.061	0.283	0.076	1.058	Accept H_{04}	NS
	Quiet Quitting	-1.382	0.95	2.114	1	0.146	0.251	0.039	1.618	Accept H_{04}	NS

Note: *[a] The reference category is: less than 5 years;* Model fitting (chi-square) $X^2(6) = 9.358$, p=.154; Goodness-of-Fit (Pearson) $X^2(278) = 233.272$, p=.976; Goodness-of-Fit (Deviance) $X^2(278) = 121.99$, p=1.000; Nagelkerke Pseudo R^2=.104; p<0.05(Significant); NS= Not Significant

Table 6 presents the results of a multinomial logistic regression assessing whether managerial knowledge, job benefits, and silent resignation significantly predict nurses' duration of stay across 150 nurses from six selected private hospitals in Midsayap, Cotabato. The analysis compared nurses with 5 to 10 years of service and nurses with more than 10 years of service to nurses with less than 5 years of service (the reference category). The results indicated that none of the three independent factors statistically predicted length-of-stay category at the .05 level of significance.

The total regression model was not statistically significant, with a model-fitting chi-square value of $\chi2(6) = 9.358$, $p = .154$. Thus, management awareness, work benefits, and quiet quitting, as a whole, did not significantly improve the model's ability to discriminate nurses' duration-of-stay categories from an intercept-only model. The Nagelkerke pseudo-R^2 value of.104 also implies the model has weak explanatory strength. However, this number should not be regarded as the precise proportion of variation in duration of stay explained by the predictors.

This finding suggests that nurses' work length may include factors beyond managerial knowledge, job rewards, and silent resignation. In their systematic study, Pressley and Garside (2023) found that nurses' intention to remain employed is linked to job satisfaction, organizational commitment, workplace connections, and individual circumstances. Likewise, Kiptulon et al. (2025), in their comprehensive review of strategies for nursing workforce retention, identified several interrelated aspects, including leadership, working conditions,

career development, organizational support, and individual needs. These findings reinforce the idea that nurse retention is a complex issue that cannot be attributed to a few workplace factors alone. In relation to the current investigation, the nonsignificant model implies that the three variables alone were not sufficient to discriminate nurses across the different length-of-stay categories statistically.

For nurses with 5-10 years of service, managerial awareness was not a statistically significant predictor of length of stay (B = 0.226, p = .769, OR = 1.253, 95% CI [0.279, 5.631]). The odds ratio was greater than 1.00, but it was not statistically significant because the confidence interval crossed 1.00. Thus, after controlling for job benefits and quiet quitting, increased managerial-awareness scores were not strongly associated with higher odds of being in the 5-to-10-year group versus the less-than-5-year group.

This finding may be discussed in light of Conroy et al. (2023), who, in their systematic analysis, identified a positive association between transformational leadership and staff nurse retention in most included studies. However, transformational leadership is broader than management awareness, encompassing leadership behaviors related to inspiration, motivation, empowerment, and professional growth. While the present study did not identify management awareness as an important predictor, the literature continues to highlight the importance of effective nurse leadership on staff satisfaction and retention-related outcomes.

Similarly, management awareness was a nonsignificant predictor for nurses with more than 10 years in service (B = −0.419, p =.709, OR = 0.658, 95% CI [0.073, 5.944]). An odds ratio < 1.00 suggests a negative estimated correlation with the odds of being in the more-than-10-year category versus the reference category. However, the wide confidence interval and non-significant p-value suggest insufficient evidence to claim a reliable predictive association.

Cardiff et al. (2023) found that nurse leaders can foster retention by cultivating strong workplace interactions, professional autonomy, healthy organizational cultures, and chances for professional development. Their findings indicate that certain facets of leadership and workplace experience may affect nurses' decisions to stay employed. In this study, managerial awareness was based primarily on nurses' perceptions of managers' recognition of workload challenges, understanding of concerns, and responses to staff requirements. Therefore, the nonsignificant predictive result should not be construed as proof that none of the nurse leadership dimensions are associated with retention. Instead, managerial awareness did not significantly differentiate nurses by length-of-stay categories.

Work benefits were not a statistically significant predictor of length of stay for nurses with 5 to 10 years of service (B = −0.479, p = .329, OR = 0.619, 95% CI [0.236, 1.622]). An odds ratio less than 1.00 indicated a reduced projected probability of being in the 5-to-10-year group compared with the less-than-5-year group as work-benefit ratings increased. However, the p-value was over .05, and the confidence range included 1.00; therefore, the result does not provide adequate evidence that work benefits independently predicted membership in this length-of-stay category.

This finding can be viewed in context with Pressley and Garside (2023), who found that nurses' intentions to stay in employment were influenced by job satisfaction, organizational commitment, and workplace experiences. They also said that employment demands and priorities may vary between generations and career stages. The results imply that desirable advantages may accompany nurses' employment experiences, but may not be enough to explain how long they stay at a given hospital. In the current study, nurses generally rated job benefits highly, but they did not significantly differentiate nurses with 5 to 10 years of service from those with less than 5 years of service.

Work benefits had a regression coefficient of B = −1.261, p = .061, OR = 0.283, 95% confidence interval [0.076, 1.058] for nurses with more than 10 years of service. This was the smallest p-value among the predictors for the more than 10 years group, although it was still over the .05 significance level. Work benefits were not a statistically significant independent predictor of participation in the longest-service group. The confidence interval includes 1.00; thus, the findings should be interpreted cautiously, as the odds ratio suggests a negative association.

This conclusion is particularly important when compared with Table 5.2 of the present study, which shows a statistically significant difference in perceptions of work-benefit between nurses with more than 10 years of service and those with less than 5 years of service. The results are not necessarily conflicting, as the statistical analyses answer different questions. Pairwise comparisons evaluate differences in work-benefit scores

between length-of-stay groups, and multinomial logistic regression tests whether work benefits alone can identify group membership after controlling for managerial awareness and silent quitting.

Kiptulon et al. (2025) stressed that nurse retention techniques should combine organizational support, work conditions, professional growth, and other factors rather than relying on a single intervention. This emphasizes the need to view job benefits as part of the overall work experience. Results from the current study showed that perceptions of benefits varied across several groups, but job benefits were not an independent predictor of nurses' length-of-stay category.

Quiet quitting was not a statistically significant predictor of length of stay for nurses with 5 to 10 years of service (B = −0.347, p = .547, OR = 0.707, 95% CI [0.229, 2.187]). Although the odds ratio was <1.00, implying lower estimated odds of being in the 5-to-10-year group than the <5-year group with increasing quiet-quitting scores, the association was not statistically significant. This means that the respondents' reported silent quitting inclinations did not discriminate between membership in these two categories independent of the other predictors.

This conclusion aligns with Moisoglou et al. (2025), who examined quiet quitting and work engagement among 425 Greek nurses. They discovered that quiet resignation was more prevalent when nurses were less involved in hospital matters, nurse-manager leadership and support were weaker, and workplace relationships were less positive. The data suggest that quiet quitting is associated with a range of features of nurses' work experiences. Respondents in the present study may have been quiet quitting, but quiet quitting was not a significant independent predictor of length of stay. This is crucial because lower job engagement does not necessarily mean a nurse will leave an institution or have a shorter career history.

Similarly, quiet quitting was not a significant predictor for nurses with more than 10 years of service (B = −1.382, p = .146, OR = 0.251, 95% CI [0.039, 1.618]). The computed odds ratio was less than 1.00 but not statistically significant (p > .05), and the confidence interval encompassed 1.00. Thus, the results did not provide enough evidence that silent quitting independently predicted nurses' belonging to the more-than-10-year group compared with the less-than-5-year group.

Moisoglou et al. (2025) noted an association between quiet resignation and organizational factors such as involvement, management support, and workplace relationships. However, Pressley and Garside (2023) noted that nurses' employment retention choices relate to job satisfaction, organizational dedication, and personal circumstances. These studies provide background for understanding why silent quitting may not differentiate nurses by years of service on its own. Nurses may continue working with less motivation or initiative because of professional, familial, or financial obligations, or other personal issues. However, these explanations remain possible, as the present study did not directly explore why nurses stayed employed despite reporting silent quitting impulses.

The goodness-of-fit results provided a Pearson chi-square value of $\chi^2(278) = 233.272$, p = .976, and a Deviance chi-square value of $\chi^2(278) = 121.990$, p = 1.000. Both values were above the .05 level of significance, indicating that these tests did not give statistical evidence of poor fit of the model. However, the lack of significant goodness-of-fit results does not necessarily indicate that the regression model had excellent predictive power. It simply means that the fitted model did not significantly vary from the observed data in the tests.

In addition, the Nagelkerke pseudo-R^2 value of .104 indicates poor explanatory power. Although the three predictors did not provide enough evidence to improve classification of nurses by length-of-stay category, the overall model fit (p = .154) was not significant.

Pressley and Garside (2023) recognized environmental, relational, and individual elements as crucial to nurses' aspirations to remain working. Similarly, Kiptulon et al. (2025) stated that nursing workforce retention is multifactorial and interconnected, so it requires holistic organizational strategies. These findings offer a broader explanation of why a model based only on managerial knowledge, job rewards, and quiet quitting may have limited explanatory power when analyzing nurses' accumulated length of service.

In sum, Table 6 showed that managerial awareness, work benefits, and quiet quitting were not significant predictors of nurses' length-of-service categories in the 5-to-10-year group or the more-than-10-year group, compared with nurses with fewer than 5 years of service. The nonsignificant model fit and relatively low Nagelkerke pseudo-R2 further suggest that the three variables did not provide enough statistical evidence to differentiate nurses by their term of service.

These results suggest that nurses' length of stay may reflect a more complex combination of organizational, professional, and personal factors. Conroy et al. (2023) highlighted the importance of positive leadership in retaining staff nurses, while Pressley and Garside (2023) stressed the importance of job satisfaction, organizational dedication, and workplace experiences. In addition, Kiptulon et al. (2025) suggested that strategies for nursing workforce retention include supportive leadership, better working conditions, professional development, and organizational support. The research imply that nurses' decisions to accept employment are affected by multiple factors rather than by a single workplace attribute.

The nonsignificant findings in the present study do not suggest that managerial awareness, job benefits, and silent quitting are unimportant in nurse management. These characteristics remain relevant to nurses' workplace experiences, albeit they did not significantly affect length-of-stay category. Thus, hospital administrators and nursing managers may explore other factors in future studies, including workload, duty schedules, staffing sufficiency, professional growth, job satisfaction, organizational commitment, and personal career plans.

Finally, the results should be evaluated in light of the limitations of the descriptive-predictive research approach. However, because the study examined respondents' current impressions of their job and their total years of service at the same workplace at the same time, it cannot determine whether managerial awareness, work benefits, or discreet departing prompted nurses to stay for shorter or longer durations. Hence, the findings indicate that managerial awareness, job benefits, and silent resigning were not statistically significant predictors of nurses' length-of-stay categories in the selected private hospitals in Midsayap, Cotabato, thus answering the sixth study question.

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