PROFESSIONAL QUALITY OF LIFE AND CLINICAL JUDGMENT AMONG OPERATING ROOM NURSES: A CROSS-SECTIONAL STUDY

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Abstract : This study examined the professional quality of life and clinical judgment among operating room (OR) nurses in selected public and private hospitals in Midsayap, Cotabato. It aimed to determine the respondents' demographic profile, assess their professional quality of life and clinical judgment, examine their relationship, identify differences according to demographic characteristics, and determine whether professional quality of life predicts clinical judgment. The study employed a cross-sectional descriptive-correlational design involving 80 operating room nurses selected through total enumeration. Data were collected using the Professional Quality of Life Scale and a clinical judgment questionnaire. Statistical tools included frequency, percentage, mean, standard deviation, Spearman rank-order correlation, Mann–Whitney U test, Bonferroni-adjusted pairwise comparisons, and linear regression. Findings revealed that most respondents were female (78.8%), aged 25–44 years (67.5%), and had 0–2 years of operating room nursing experience (40.0%). Professional quality of life was high (M = 3.47), with very high compassion satisfaction (M = 4.41), moderate burnout (M = 3.16), and moderate compassion fatigue (M = 2.84). Clinical judgment was very high (M = 4.47), with noticing receiving the highest mean (4.56), followed by interpreting (4.55), responding (4.47), and reflecting (4.31). Overall, professional quality of life was not significantly related to clinical judgment. However, compassion satisfaction was significantly and positively associated with overall clinical judgment and all four dimensions, whereas compassion fatigue was significantly and negatively associated with responding. Burnout showed no significant associations. No significant differences were found according to age, sex, or years of experience. Regression analysis showed that professional quality of life did not significantly predict clinical judgment ($\beta = 0.081$, $p = 0.475$), explaining only 0.7% of the variance in clinical judgment. The study suggests strengthening organizational support, self-care, peer debriefing, continuing education, and reflective practice to promote nurses' well-being and maintain safe, effective patient care.

IndexTerms **- Professional Quality of Life, Clinical Judgment, OR Nurses, Cross-Sectional, Midsayap, Cotabato, Philippines.**

I. INTRODUCTION

Nurses are indispensable to safe, high-quality patient care, yet the profession's intense emotional, cognitive, and operational demands leave them particularly vulnerable to compromised professional quality of life (Brajkovic et al., 2025). Professional quality of life specifically refers to the well-being derived from caregiving work, defined as compassion satisfaction. The rewarding, fulfilling dimension, as well as compassion fatigue and burnout, are the distressing, energy-depleting outcomes of sustained exposure to patients' suffering. Examining distinct risk and protective factors across domains directly supports nurses' holistic well-being and directly strengthens the consistency, safety, and excellence of patient care (Ayed et al., 2024).

Globally, the existing problem of declining professional quality of life among nurses has reached alarming levels. Meta-analytic data by Ganeti et al. (2025) reveal that burnout levels range from 22% to 62.79% among nurses worldwide, while secondary traumatic stress affects 22% to 43% of the workforce, significantly deteriorating their professional quality of life. Specifically, in surgical and operating room settings, studies show even higher risks: a multi-country study by Zhang et al. (2024) reported that 68% of peri-operative nurses exhibited high levels of emotional exhaustion, and 52% reported symptoms of secondary traumatic stress, attributed to long working hours, exposure to life-or-death situations, high responsibility, and frequent interactions with suffering and death.

In the Philippines, the situation reflects global trends but is exacerbated by local conditions such as understaffing, heavy workloads, and limited resources. High professional quality of life is known to support nurses' emotional stability and

focus, enabling sharp, accurate, and timely clinical judgment (Biana & Joaquin, 2022). However, data show that Filipino nurses are among the most affected healthcare workers. Labrague and De Los Santos (2022) reported that over 70% of Filipino nurses experience moderate to high levels of psychological distress, with symptoms including excessive worry, sleep disturbances, and emotional exhaustion.

Another study by Castro et al. (2023) revealed that 64% of nurses in tertiary hospitals in the Philippines exhibited burnout symptoms, and 48% reported low compassion satisfaction, indicating poor professional quality of life. Consequently, the impact on practice is significant. Biana and Joaquin (2022) highlighted that poor professional quality of life, marked by burnout and fatigue, directly impairs cognitive function, leading to weakened observation, poor prioritization, and unsafe decisions. despite the existing literature, several critical research gaps remain.

First, most studies treat professional quality of life and clinical judgment as separate constructs (Castro et al., 2023). Second, there is limited inquiry specifically focused on Operating Room nurses, a population that faces unique stressors and requires a distinct level of clinical proficiency (Biana & Joaquin, 2022). Third, findings from international studies may not be directly applicable to the Philippines or other developing healthcare settings, where differences in workload distribution, staffing ratios, support systems, and resource availability exist (Ayed et al., 2024).

NEED OF THE STUDY.

This study is needed to understand the relationship between professional quality of life and clinical judgment among operating room nurses in selected public and private hospitals in Midsayap, Cotabato. Operating room nurses experience demanding situations, long working hours, emotional stress, and heavy responsibilities that may affect their well-being and ability to make clinical decisions. Although nurses may find fulfillment in caring for patients, they may also experience burnout and compassion fatigue, which can affect their work and overall professional life.

Through this study, the researcher aims to determine the level of professional quality of life and clinical judgment among operating room nurses and identify whether these two variables are significantly related. It also seeks to determine whether differences exist when nurses are grouped according to age, sex, and years of work experience. The findings may help identify areas that need improvement, particularly in managing work-related stress, strengthening nurses' well-being, and developing their clinical judgment skills.

Furthermore, this study is important because its findings may help operating room nurses, nursing service administrators, and hospital administrators create better support programs, improve working conditions, and provide appropriate training and professional development opportunities. Ultimately, the study aims to contribute to the well-being of nurses and the delivery of safe and quality patient care.

Population and Sample

The population of the study consisted of all qualified nurses assigned to the operating rooms of the six (6) selected public and private hospitals in Midsayap, Cotabato. They were chosen because of their direct involvement in providing patient care and making clinical decisions in the operating room. Meanwhile, the sample consisted of 80 operating room nurses from the six (6) selected hospitals. The researcher used complete enumeration sampling, which included all nurses who met the study's criteria. The respondents were required to be licensed nurses with at least one year of hospital employment and operating room experience and must be willing to participate voluntarily in the study.

Data and Sources of Data

The data of the study will be gathered from 80 operating room nurses from the six selected public and private hospitals in Midsayap, Cotabato. The data will focus on the nurses' professional quality of life and clinical judgment. The primary source of data will be the qualified nurses themselves, who will provide information by answering the survey questionnaire. Their responses will serve as the basis for analyzing and understanding the relationship between their professional quality of life and clinical judgment.

Theoretical framework

The study was anchored on Motivation-Hygiene Theory, coined by Herzberg (1982), which posits that job satisfaction and dissatisfaction are influenced by different sets of factors. Motivational factors, such as recognition and opportunities for growth, were associated with job satisfaction and professional quality of life. Conversely, hygiene factors, like salary, work environment, and interpersonal relationships, when absent or inadequate, lead to dissatisfaction but do not necessarily motivate.

Moreover, this study was anchored in Tanner's Clinical Judgment Model (2006), which conceptualizes clinical judgment not merely as critical thinking but as a context-dependent process shaped by the practitioner's knowledge, experience, and interaction with the clinical environment. According to this framework, judgment evolved through four interconnected phases: noticing, where the practitioner perceives significant cues and deviations from expected norms; interpreting, where

meaning is derived through analytical reasoning, intuitive pattern recognition, or understanding the patient's unique situation; responding, which involves planning and implementing appropriate interventions; and reflecting, both during and after the action, to evaluate outcomes and refine future practice.

Thus, clinical judgment carried significant implications for this study, as it provided the foundational framework for understanding how healthcare professionals acquire, develop, and demonstrate decision-making skills in clinical practice. Anchored in Tanner's model, the study implied that clinical judgment was not merely a logical, step-by-step process but a context-based ability shaped by one's knowledge, experience, and interaction with the environment. This suggests that assessing clinical judgment should go beyond measuring theoretical knowledge; it must also evaluate the practitioner's ability to notice relevant cues, interpret situations accurately, respond appropriately, and reflect on the elements of action that this study aims to measure and analyze.

RESEARCH METHODOLOGY

The study will use a quantitative research approach, specifically a descriptive-correlational research design, to determine the relationship between the professional quality of life and clinical judgment of operating room nurses in the six selected public and private hospitals in Midsayap, Cotabato. The study will involve 80 qualified operating room nurses selected through complete enumeration sampling. Data will be collected using a survey questionnaire to assess their professional quality of life and clinical judgment. The gathered data will then be analyzed and interpreted to determine the relationship between the two variables.

IV. RESULTS AND DISCUSSION

SOP 1: What is the profile of the respondents?

Table 1: Demographic Profile of the Respondents

Demographic Profile	Frequency	Percentage
Age		
22-24 years old	21	26.30
25-44 years old	54	67.50
45-59 years old	5	6.30
Sex		
Male	17	21.30
Female	63	78.80
Years of Experience as an OR nurse		
0-2 years	32	40.00
3-6 years	29	36.30
7-9 years	3	3.80
more than 10 years	16	20.00

Note: *n=80*

Table 1 presents the demographic profile of the 80 operating room nurses according to age, sex, and years of experience. By age, the majority of respondents were 25–44 years old, comprising 54 (67.5% of the sample). This was followed by those aged 22–24 years, with 21 respondents (26.3%). Only 5 respondents, representing 6.3%, were aged 45–59 years. Thus, the sample was predominantly composed of operating room nurses aged 25–44. Regarding sex, 63 respondents (78.8%) were female, and 17 (21.3%) were male. This indicates that female nurses comprised the larger proportion of the respondents.

In terms of years of experience, 32 respondents (40.0%) had 0–2 years, followed by 29 (36.3%) with 3–6 years. Sixteen respondents (20.0%) reported more than 10 years of experience, while only 3 (3.8%) had 7–9 years of experience. Overall, the respondents had varying levels of professional experience, with those with 0–2 years constituting the largest group.

SOP 2. What is the level of professional quality of life among OR nurses?

Table 2: Level of Professional Quality of Life

Domain	Mean	SD	Interpretation
Compassion Satisfaction	4.41	0.40	Very High
Burnout	3.16	0.59	Moderate
Compassion Fatigue	2.84	0.70	Moderate
Overall Mean	**3.47**	**0.39**	**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 2 shows that the overall level of professional quality of life among operating room nurses was high, with a mean of 3.47 (SD = 0.39) on the study's interpretation scale. The domain scores, however, varied across the three dimensions. Compassion Satisfaction obtained the highest mean score of 4.41 (SD = 0.403), which falls within the very high category. This indicates that respondents generally reported a very high level of positive feelings and satisfaction associated with their professional work. Burnout had a mean of 3.16 (SD = 0.593), indicating a moderate level. Compassion Fatigue had the lowest mean of 2.84 (SD = 0.701), which also falls within the moderate category. These findings indicate that while respondents reported very high compassion satisfaction, moderate levels of burnout and compassion fatigue were observed. The standard deviations suggest some variation in respondents' scores, with compassion fatigue showing the greatest variability among the three domains. Overall, the findings indicate that professional quality of life was generally high, characterized particularly by very high compassion satisfaction alongside moderate levels of burnout and compassion fatigue.

These findings align closely with existing literature on Professional Quality of Life among nurses. The very high level of compassion satisfaction observed shows the description of this dimension as the positive fulfillment and sense of purpose derived from helping others, which strengthens professional commitment and fosters a positive work environment (Sacco et al., 2022; Lee & Yom, 2023). This pattern mirrors the experiences of Filipino nurses documented in multi-country studies, in which strong cultural values and family support systems contribute to relatively high compassion satisfaction despite challenging working conditions (Al-Mutairi et al., 2022; Dizon & Pineda, 2022). The high overall Professional Quality of Life level further suggests that for these operating room nurses, the rewards of caregiving remain a dominant and sustaining force in their professional lives.

At the same time, the moderate levels of burnout and compassion fatigue observed are consistent with the inherent occupational hazards among OR nurses, including heavy workloads, sustained exposure to patient suffering, and limited staffing resources, conditions that accumulate over time and may exceed personal coping reserves (Li et al., 2026). Bahari et al. (2022) similarly reported moderate levels across all three Professional Quality of Life components among hospital nurses, and noted that compassion satisfaction was inversely associated with both burnout and secondary traumatic stress; the present results reflect this dynamic, where strong satisfaction with one's work does not fully protect against emotional strain.

The higher variability in compassion fatigue scores suggests that individual experiences differ substantially, likely shaped by factors such as age, years of experience, employment status, and available support systems (Santos & Reyes, 2022; Silva et al., 2022).

Furthermore, the study emphasized that compassion satisfaction is one of the most essential attributes an OR nurse could have. However, it can also be a potential source of emotional depletion when sustained without adequate self-care and organizational support (Cook-Cottone, 2023). The present findings reinforce this reality, indicating that while these operating room nurses remain deeply committed to and fulfilled in their professional roles, they also contend with measurable levels of work-related stress that warrant attention.

SOP 3. What is the level of clinical judgment capability of OR nurses?

Table 3: Level of Clinical Judgment

Domains	Mean	SD	Interpretation
Noticing	4.56	0.40	Very High
Interpreting	4.55	0.40	Very High
Responding	4.47	0.55	Very High
Reflecting	4.31	0.57	Very High
Overall Mean	**4.47**	**0.42**	**Very 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 3 indicates that the level of clinical judgment among operating room nurses was very high, with a mean of 4.47 (SD = 0.417). All four dimensions—Noticing, Interpreting, Responding, and Reflecting—were also within the very high category based on the specified interpretation scale.

Among the dimensions, Noticing had the highest mean, 4.56 (SD = 0.404), followed closely by Interpreting, with a mean of 4.55 (SD = 0.399). Responding recorded a mean of 4.47 (SD = 0.545), while Reflecting obtained the lowest mean of 4.31 (SD = 0.569). Despite having the lowest mean among the four dimensions, Reflecting remained within the very high category.

The results indicate that respondents generally demonstrated very high levels across all components of clinical judgment. The relatively small differences among the domain means suggest that the four dimensions were consistently rated at a high level, with Noticing receiving the highest assessment and reflecting the lowest.

These findings align closely with literature describing clinical judgment as a practiced skill that deepens with professional experience and confidence. Comia et al. (2023) observed that nurses perceive their decision-making competence as growing with accumulated practice, developing from rule-based reasoning in novice stages toward intuitive, holistic assessment in experienced practitioners, which is consistent with the present results, where operating room nurses demonstrated strong abilities across the entire judgment process. The leading scores in Noticing and Interpreting are particularly noteworthy. They reflect sharp observational acuity and the capacity to rapidly recognize patterns and interpret clinical information, competencies that Li et al. (2026) and Wang (2022) identify as the very foundation of sound clinical decision-making. In the fast-paced operating room environment, the ability to notice subtle changes and interpret their significance is especially critical, directly influencing care prioritization and safety (Fu et al., 2025).

Moreover, responding, which followed interpretation and demanded timely, appropriate action, was also rated very highly, demonstrating that these nurses effectively translate awareness and understanding into decisive care interventions. This connects with the view that clinical judgment is not merely cognitive but action-oriented, shaped by teamwork, organizational support, and the authority to act on one's assessments (Mallidou et al., 2022; Frankel et al., 2022). Effective response in the OR also relies on shared understanding, communication, and mutual support—components of teamwork that strengthen collective judgment and coordinated care delivery (Agency for Healthcare Research and Quality, 2016; French et al., 2022).

Additionally, reflecting, while still very high, recorded the lowest score among the four dimensions. This pattern may suggest that while these nurses excel in immediate observation and action, they engage somewhat less in deliberate retrospective review or forward-thinking reflection, an essential practice that consolidates learning and improves future performance (Bostani, 2022). Reflection bridges experience to expertise; without it, even extensive practice may not fully advance clinical reasoning, making this dimension a meaningful area for professional development. Nonetheless, the very high rating across all four phases confirms that these nurses possess comprehensive, well-developed clinical judgment capacities.

Furthermore, the findings were consistent with those of Jalali et al. (2023), showing that high clinical judgment can lead to better performance by integrating knowledge, experience, and ethical awareness to guide patient care. The consistently strong performance from Noticing through Reflecting indicates a mature decision-making capability, likely sustained by the professional quality of life observed earlier, particularly the very high compassion satisfaction, which reinforces engagement, attentiveness, and commitment to safe, compassionate practice.

SOP 4. Is there a significant relationship between professional quality of life and bad clinical judgment?

Table 4: Test of the relationship between Professional Quality of Life and Clinical Judgment

Variables	Clinical Judgment	*Noticing*	*Interpreting*	*Responding*	*Reflecting*
Professional Quality of Life	**0.072**	**0.11**	**0.103**	**-0.058**	**0.086**
Compassion Satisfaction	**.533****	**.546****	**.605****	**.450****	**.356****
Burnout	**-0.021**	**0.018**	**-0.033**	**-0.115**	**0.029**
Compassion Fatigue	**-0.192**	**-0.156**	**-0.162**	**-.258***	**-0.127**

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

Table 4 presents the Spearman correlation coefficients examining the relationship between professional quality of life and the dimensions of clinical judgment. The overall professional quality of life score was not significantly correlated with overall clinical judgment ($r_s = 0.072$), Noticing ($r_s = 0.110$), Interpreting ($r_s = 0.103$), Responding ($r_s = -0.058$), or Reflecting ($r_s = 0.086$). These coefficients indicate very weak relationships, and none reached statistical significance.

When the specific professional quality of life domains were examined, Compassion Satisfaction showed statistically significant positive relationships with overall Clinical Judgment ($r_s = 0.533$, $p < 0.01$), Noticing ($r_s = 0.546$, $p < 0.01$), Interpreting ($r_s = 0.605$, $p < 0.01$), Responding ($r_s = 0.450$, $p < 0.01$), and Reflecting ($r_s = 0.356$, $p < 0.01$). The strongest association was between Compassion Satisfaction and Interpreting ($r_s = 0.605$), while the weakest significant association was with Reflecting ($r_s = 0.356$). These findings indicate that higher compassion satisfaction scores were associated with higher scores across all measured dimensions of clinical judgment.

Burnout did not demonstrate statistically significant relationships with overall Clinical Judgment ($r_s = -0.021$), Noticing ($r_s = 0.018$), Interpreting ($r_s = -0.033$), Responding ($r_s = -0.115$), or Reflecting ($r_s = 0.029$).

Compassion Fatigue likewise showed no statistically significant relationship with overall Clinical Judgment ($r_s = -0.192$), Noticing ($r_s = -0.156$), Interpreting ($r_s = -0.162$), or Reflecting ($r_s = -0.127$). However, it showed a statistically significant negative relationship with Responding ($r_s = -0.258$, $p < 0.05$). This indicates that higher compassion fatigue scores were associated with lower responding scores in this sample.

Overall, the findings indicate that Compassion Satisfaction was the professional quality-of-life dimension most consistently associated with clinical judgment. In contrast, Burnout showed no statistically significant associations, and Compassion Fatigue showed only one significant negative association, specifically with responding.

These findings align closely with the literature, positioning compassion satisfaction as a vital sustaining force in nursing practice. As noted by Sacco et al. (2022) and Lee & Yom (2023), compassion satisfaction arises from meaningful, caring interactions with patients and fosters hope, engagement, and organizational commitment. These qualities sharpen attention, deepen understanding, and motivate thorough, thoughtful decision-making. The particularly strong link with Interpreting is noteworthy: it suggests that nurses who derive deep fulfillment from their work are better able to process clinical information, recognize patterns, and integrate observations into coherent, accurate assessments—an ability Li et al. (2026) and Wang (2019) identify as central to sound clinical judgment. This also reflects the experience of Filipino nurses, for whom strong cultural values and family support reinforce professional satisfaction, creating a foundation for sustained, attentive caregiving (Al-Mutairi et al., 2022; Dizon & Pineda, 2022).

Moreover, the relationship with Noticing further underscores that fulfillment in caregiving enhances observational acuity, keeping nurses alert and responsive to subtle changes in patient status (Comia et al., 2023). While still significant, the slightly weaker association with Reflecting mirrors the earlier finding that this dimension was rated lowest; it may indicate that, while compassion satisfaction drives immediate engagement and insight, dedicated reflective practice additionally draws on other factors such as structured feedback, mentoring, or intentional self-reflection.

In contrast, Burnout showed no statistically significant relationship with overall clinical judgment or any of its four dimensions. This non-significant finding may appear unexpected given the well-documented impacts of burnout on energy, focus, and performance (Naz et al., 2022; Getie et al., 2025). However, it is consistent with the present study's moderate burnout levels alongside very high compassion satisfaction—suggesting that for these operating room nurses, the strong sense of purpose and reward in their work may have buffered the more overt impairments in decision-making that typically accompany severe burnout. As Bahari et al. (2022) observed, compassion satisfaction and burnout are inversely related; when satisfaction remains high, it may sustain professional functioning even amid moderate strain. Additionally, the highly routinized, skill-based nature of operating room work—supported by established protocols and teamwork—may provide a structure that preserves decision-making performance despite personal stress (Mallidou et al., 2022; Frankel et al., 2022).

Hence, compassion fatigue similarly showed no significant relationship with overall clinical judgment or most individual dimensions. The sole exception was Responding, where a statistically significant negative association emerged ($r_s = -0.258$, $p < 0.05$), meaning higher compassion fatigue corresponded to lower scores in the ability to act decisively and appropriately in care situations. This targeted finding is particularly meaningful: Responding is the action phase of clinical judgment, requiring the energy, presence, and emotional reserves to translate awareness into timely intervention (French et al., 2022; Comia et al., 2023). Compassion fatigue, described as "the cost of care," a gradual depletion of empathetic and energetic resources directly diminishes the capacity to respond fully and effectively in the moment (Figley, 2022). That this association appeared specifically in Responding and not in earlier cognitive phases (Noticing, Interpreting) suggests that fatigue may leave observational and interpretive capacities largely intact while eroding the active, outward-directed engagement needed to deliver care consistently. It also highlights the value of mindful self-care and support systems to replenish these active, responsive resources (Cook-Cottone, 2023).

SOP 5: Is there a significant difference in the professional quality of life when grouped according to profile?

Table 5.1 Test of difference on Professional Quality of Life when grouped according to age and work experience

Sample 1-Sample 2		*Test Statistic*	*Std. Error*	*Std. Test Statistic*	*Sig.*	*Adj. Sig.[a]*
Age	25-44; 22-24	2.677	5.972	0.448	0.654	1
	25-44; 45-59	-22.83	10.855	-2.103	0.035	0.106
	22-24; 45-59	-20.152	11.555	-1.744	0.081	0.243
Years of Experience	more than 10 years; 3-6 years	2.744	7.231	0.379	0.704	1
	more than 10 years; 0-2 years	3.297	7.11	0.464	0.643	1
	more than 10 years; 7-9 years	13.313	14.609	0.911	0.362	1
	3-6 years; 0-2 years	0.553	5.953	0.093	0.926	1

3-6 years; 7-9 years	-10.569	14.083	-0.75	0.453	1
0-2 years-7-9 years	-10.016	14.021	-0.714	0.475	1

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*

Table 5.1 presents the pairwise comparisons of professional quality of life according to age and years of work experience. For age, the comparison between respondents aged 25–44 years and those aged 22–24 years was not statistically significant (adjusted p = 1.000). Likewise, the comparison between respondents aged 22–24 years and those aged 45–59 years was not statistically significant (adjusted p = 0.243). Although the comparison between the 25–44 and 45–59 age groups produced an unadjusted p-value of 0.035, the Bonferroni-adjusted p-value was 0.106, which exceeds the 0.05 significance level. Therefore, none of the age-group comparisons showed a statistically significant difference after adjustment for multiple comparisons.

For all pairwise comparisons with years of experience, the adjusted significance values were 1.000. Specifically, no statistically significant differences were observed between more than 10 years and 3–6 years, more than 10 years and 0–2 years, more than 10 years and 7–9 years, 3–6 years and 0–2 years, 3–6 years and 7–9 years, or 0–2 years and 7–9 years.

Overall, the findings indicate that professional quality of life did not differ significantly by either age or years of work experience. Although a potential difference was observed between the 25–44 and 45–59 age groups before adjustment, this difference did not remain statistically significant after applying the Bonferroni correction. Similarly, none of the comparisons across work-experience groups were statistically significant. These results suggest that professional quality of life appears relatively consistent across age groups and levels of work experience among respondents. Thus, age and length of professional experience may not be primary factors contributing to variations in professional quality of life in the studied population.

These results present an interesting contrast to patterns widely documented in literature. Studies such as Santos and Reyes (2022) have reported that older and more experienced nurses generally demonstrate higher compassion satisfaction and lower burnout, while younger nurses, particularly those below 30 years of age, are more vulnerable to secondary traumatic stress. Demographic factors, including age and experience, are often described as meaningful influences on ProQOL, alongside employment status, income stability, and social support systems (Haxhija et al., 2024; Silva et al., 2022). The absence of significant differences in the present study may be explained by several context-specific factors. First, the shared working environment of the operating room, which is characterized by standardized routines, close teamwork, and established protocols, may create a cohesive professional culture that supports nurses across all career stages, thereby attenuating differences that might appear in less specialized areas of practice (Li et al., 2026).

Additionally, one domain of professional quality of life is compassion satisfaction, which was observed across the sample. When nurses derive deep meaning and fulfillment from their work, this positive engagement may buffer against the differential effects of age or experience on burnout and fatigue (Bahari et al., 2022; Lee & Yom, 2023). As noted by Mallidou et al. (2022), strong professional relationships, shared decision-making, and mutual support can unify experiences across roles and tenure, fostering consistent levels of well-being. The relatively high overall Professional Quality of Life scores in this group, consistent with the profile of Filipino nurses described by Al-Mutairi et al. (2022) and Dizon and Pineda (2022), suggest that broader cultural values, family support, and professional commitment may be more influential than age or experience in shaping the well-being of nurses. Furthermore, the compressed age range and concentration of participants in mid-career stages may have limited the ability to detect differences, even where they might exist in more broadly distributed samples.

Thus, the marginal unadjusted difference between middle-aged and older nurses suggests a possible trend warranting further investigation with larger samples. However, the present findings indicate that differences in professional quality of life across age groups and years of experience are modest and should be interpreted cautiously. Previous studies have shown that nurses' professional quality of life is associated with factors such as compassion satisfaction, burnout, and secondary traumatic stress (Bahari et al., 2022). Furthermore, organizational support and resilience have been associated with better professional quality of life among nurses (Tang et al., 2024). In the Philippine context, workplace psychosocial support interventions have also been linked to improved compassion satisfaction and reduced burnout (Hernandez et al., 2025). These findings suggest that interventions promoting compassion satisfaction, self-care, and workplace support may help sustain nurses' well-being across different career stages.

Table 5.2 Test of difference on Professional Quality of Life when grouped according to sex

Mann-Whitney U	*Test Statistic*	*Standard Error*	*Standardized Test Statistic*	*Asymptotic Sig.(2-sided test)*
652.5	652.5	84.961	1.377	0.168

Note: *Significant at <0.05*

Table 5.2 presents the results of the Mann–Whitney U test examining differences in professional quality of life by sex. The analysis yielded a Mann–Whitney U value of 652.500, a standardized test statistic of 1.377, and an asymptotic significance of 0.168. Since the p-value exceeds the 0.05 significance level, the difference in professional quality of life between male and female respondents was not statistically significant. Thus, based on the results, the respondents' professional quality-of-life scores did not differ significantly when grouped by sex.

Overall, the findings indicate that sex was not significantly associated with differences in professional quality of life among the respondents. The Mann–Whitney U test yielded a p-value of 0.168, which is greater than the 0.05 significance level. This suggests that male and female respondents demonstrated comparable levels of professional quality of life within the population studied. The finding further implies that professional quality of life may be influenced more by other personal, organizational, or work-related factors than by sex alone.

In the present study, these findings align with those of Dizon & Pineda (2022), who found that age is not a significant factor in differences in professional quality of life. While respondents of different ages may have varying professional experiences and personal circumstances, these differences were not large enough to produce a statistically significant variation in their professional quality-of-life scores.

Furthermore, the findings were consistent with the study by Silva et al. (2022), which suggested that professional quality of life may be maintained across different stages of adulthood. Despite age differences, respondents reported comparable levels of professional quality of life. This may indicate that factors other than chronological age, such as the work environment, organizational support, workload, interpersonal relationships, coping strategies, and professional resources, play a more important role in shaping professional quality of life.

SOP 6: Is there a significant *difference in Clinical Judgment when grouped according to profile?*

Table 6.1 Test of difference on Clinical Judgment when grouped according to age and work experience

Sample 1-Sample 2		*Test Statistic*	*Std. Error*	*Std. Test Statistic*	*Sig.*	*Adj. Sig.[a]*
Age	45-59-22-24	7.310	11.524	0.634	0.526	1
	45-59-25-44	13.454	10.825	1.243	0.214	0.642
	22-24-25-44	-6.144	5.956	-1.032	0.302	0.907
Years of Experience	7-9 years; 3-6 years	13.397	14.045	0.954	0.34	1
	7-9 years; 0-2 years	15.094	13.983	1.079	0.28	1
	7-9 years; more than 10 years	-18.031	14.57	-1.238	0.216	1
	3-6 years; 0-2 years	1.697	5.937	0.286	0.775	1
	3-6 years; more than 10 years	-4.635	7.212	-0.643	0.52	1
	0-2 years; more than 10 years	-2.938	7.091	-0.414	0.679	1

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 6.1 presents the pairwise comparisons of clinical judgment according to age and years of work experience. For age, none of the comparisons were statistically significant after Bonferroni adjustment. The adjusted significance values were 1.000 for the comparison between 45–59 and 22–24 years, 0.642 for the comparison between 45–59 and 25–44 years, and 0.907 for the comparison between 22–24 and 25–44 years.

Similarly, none of the pairwise comparisons by years of experience were statistically significant. The adjusted significance values were 1.000 across comparisons involving 7–9 years and the other experience groups, as well as across comparisons involving 3–6 years, 0–2 years, and more than 10 years.

Overall, the findings suggest that clinical judgment was relatively consistent regardless of the respondents' age or length of professional experience. This may indicate that factors beyond demographic characteristics, such as professional training, continuing education, workplace support, exposure to clinical situations, and individual decision-making skills, have a greater influence on clinical judgment. This result offers an interesting perspective on literature that traditionally associates greater age and experience with stronger clinical decision-making. Comia et al. (2023) noted that as nurses gain experience, they progress from holistic judgment to seasoned professionalism. French et al. (2022) similarly observed that while experience shapes confidence, nurses across tenure groups generally rated their decision-making competence moderately high, with gender showing no meaningful influence (Nguyen et al., 2023).

The absence of significant differences in the present study may be attributed to several context-specific factors. First, the operating room environment is highly standardized, protocol-driven, and team-dependent; decision-making is guided by established routines, shared oversight, and clear communication structures that may equalize performance across experience levels (Mallidou et al., 2022; Stone & Foley, 2023). Effective teamwork, characterized by mutual support, shared situational awareness, and collective problem-solving, can surely compensate for individual differences in experience, ensuring that clinical judgment remains robust across the unit regardless of career stage (French et al., 2022).

Furthermore, the consistently very high level of clinical judgment observed across the sample suggests that factors such as the quality of professional training, continuing education, institutional standards, and strong workplace support may be more influential than age or experience in shaping decision-making capacity. As Bostani (2022) emphasized, clinical judgment is not merely a byproduct of time served but is sustained by ongoing learning, ethical awareness, and the ability to integrate knowledge with practice. These elements may be uniformly nurtured in this setting. Additionally, the highly significant positive relationship between compassion satisfaction and clinical judgment identified earlier may serve as an equalizing force: where nurses derive strong purpose and fulfillment from their work, this engagement can sharpen focus, attentiveness, and commitment to quality care across all tenure groups (Sacco et al., 2022; Lee & Yom, 2023).

Table 6.2 Test of difference on Clinical Judgment when grouped according to sex

Mann-Whitney U	*Test Statistic*	*Standard Error*	*Standardized Test Statistic*	*Asymptotic sided test)*	*Sig.(2-*
675.5	675.5	84.733	1.652	0.098	

Note: *Significant at <0.05*

Table 6.2 presents the results of the Mann–Whitney U test examining differences in clinical judgment by sex. The analysis yielded a Mann–Whitney U value of 675.500, a standardized test statistic of 1.652, and an asymptotic significance value of 0.098. Since the p-value is greater than 0.05, the difference in clinical judgment between male and female operating room nurses was not statistically significant. Therefore, the results indicate that clinical judgment scores did not differ significantly when respondents were grouped by sex.

Overall, the findings indicate that clinical judgment does not differ significantly by sex among operating room nurses. This suggests that male and female nurses possess comparable clinical judgment abilities within the context of the present study. The finding implies that the development of effective clinical judgment should not be approached primarily from a sex-based perspective. Instead, greater emphasis may be placed on equitable access to clinical training, continuing education, simulation activities, mentoring, and opportunities to manage complex clinical situations. These factors may provide more meaningful opportunities to strengthen clinical judgment among operating room nurses regardless of sex.

This finding reinforces existing literature that identifies no meaningful gender-based disparities in nurses' decision-making competence. Nguyen et al. (2023) observed that nurses hold similar perceptions of their clinical judgment abilities regardless of sex, a pattern consistent with this study's results. While socio-demographic research notes some gender differences in emotional workload and caregiving satisfaction (Dizon & Pineda, 2022), these variations do not appear to translate into differences in the capacity to effectively notice, interpret, respond to, or reflect on clinical information. Clinical judgment is fundamentally shaped by professional knowledge, experience, critical thinking, ethical reasoning, and organizational support, which are factors that transcend demographic characteristics (Bostani, 2022; Jalali et al., 2023).

The practical implication of this result is significant. It suggests that efforts to strengthen clinical judgment among operating room nurses need not be designed around sex-specific considerations. Instead, priority should be given to equitable access to high-quality clinical training, continuing education, simulation-based learning, mentoring programs, and opportunities to engage with complex patient cases. As emphasized by Comia et al. (2023), decision-making competence develops through practice, reflection, and exposure to diverse clinical scenarios. These opportunities benefit all nurses equally when made available across the workforce. Ensuring fair distribution of these developmental resources, alongside supportive work environments that empower practice at all levels, offers the most inclusive and effective approach to advancing clinical judgment capability (Li et al., 2026).

SOP 7: Does professional quality of life significantly predict the clinical judgment among OR nurses?

Table 7. Predictors of Clinical Judgment

Model	Unstandardized Coefficients		Standardized Coefficients	t	Sig.	95.0% Confidence Interval for B		Correlations			Collinearity Statistics	
	B	Std. Error	Beta			LB	UB	Zero-order	Partial	Part	Tolerance	VIF
(Constant)	4.172	0.421		9.9	<.001	3.333	5.011					
Professional Quality of Life	0.087	0.121	0.081	0.718	0.475	-0.154	0.327	0.081	0.081	0.081	1	1

Note: *Dependent Variable: Clinical Judgment; R=.081$_a$, R^2=0.007, Durbin Watson=1.989*

ACKNOWLEDGEMENT

The completion of this thesis would not have been possible without the invaluable assistance, guidance, and support of the many individuals who have contributed to this academic endeavor. The researcher would like to express his sincere gratitude to the following:

First and foremost, to my adviser, Dr. Lharra Postrano, for her guidance, patience, encouragement, and dedication throughout the conduct and completion of this study. Her knowledge, expertise, and valuable insights have greatly contributed to the successful development of this research.

To Ma'am Riza Pesante, RN, USRN and Sir Ronald Pesante, RN, USRN for their unwavering support and kindness throughout my thesis journey. Your generosity and willingness to help during times of need have been truly invaluable.

To the esteemed members of the panel of examiners, Marc Andreo C. Malala, RN, MAN; Kenneth M. Sabido, RN, MN, MAN; and Yolafe T. Paciente, PhD, for their valuable time, thoughtful observations, insightful comments, and constructive recommendations.

To the participants of this study, for willingly giving their time, effort, and cooperation in answering the questionnaires.

To my family and to my friends, for their unconditional love, unwavering support, encouragement, and inspiration.

Above all, the researcher offers his deepest gratitude to Almighty God and Father for granting him the strength, wisdom, courage, resilience, and perseverance to overcome every challenge encountered along the way.

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