

A Descriptive Assessment of Organizational Climate, Leadership Behavior, Work-Life Balance, and Employee Retention Among Healthcare Instructors

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Date received: November 21, 2024

Date revised: December 18, 2024

Date accepted: January 6, 2025

Originality: 92%

Grammarly Score: 99%

Similarity: 8%

Recommended citation:

Sedillo, F., & Prado, N. (2025). A descriptive assessment of organizational climate, leadership behavior, work-life balance, and employee retention among healthcare instructors. *Journal of Interdisciplinary Perspectives*, 3(2), 51–55. <https://doi.org/10.69569/jip.2024.0630>

Abstract. This study examined organizational climate, leadership behavior, and work-life balance and their influence on employee retention among healthcare instructors. A descriptive-quantitative research design involved 295 healthcare instructors in the Davao Region, Philippines. Data were analyzed using mean and standard deviation. Results showed a positive organizational climate characterized by favorable working conditions, job satisfaction, and strong interpersonal relationships. Leadership behaviors, particularly task-oriented and results-driven approaches, were highly rated by instructors. However, work-life balance was only moderately perceived, indicating areas for improvement in managing work demands and personal responsibilities. Employee retention was high, driven by training, rewards, and career development opportunities. The findings highlight the critical role of enhancing leadership practices, fostering a supportive organizational environment, and improving work-life integration to sustain retention. The study implies that adopting flexible work policies, offering wellness initiatives, and investing in professional development can strengthen employee satisfaction and commitment. These strategies support individual well-being and contribute to organizational productivity and effectiveness.

Keywords: Organizational climate; Leadership behavior; Work-life balance; Employee retention; Healthcare instructors

1.0 Introduction

Faculty retention in medical sciences universities is critical due to various challenges healthcare instructors face, including heavy workloads, inadequate benefits, and work-life imbalances. These issues complicate efforts to retain skilled faculty, essential for maintaining high educational and healthcare standards. Organizational support, leadership quality, and resource management are pivotal in addressing these challenges. However, the competitive nature of the healthcare sector makes faculty retention a persistent challenge for educational institutions and healthcare organizations alike.

In the international arena, studies emphasize the importance of supportive organizational climates and leadership behaviors in faculty retention. For instance, research by Salajegheh et al. (2022) highlights the role of effective human resource management, while studies in the U.S. and Canada underscore the significance of positive workplace cultures and leadership in enhancing job satisfaction and career contentment (Xierali et al., 2021;

Boamah et al., 2023). Conversely, as noted by Vican et al. (2020) and Ali (2022), poor working conditions and work-life imbalance are major contributors to dissatisfaction and turnover intentions.

Despite extensive research on general employee retention, there is a significant gap in understanding healthcare instructors' unique challenges, particularly concerning work-life balance, leadership behaviors, and organizational support (Harris, 2019). This gap limits the development of targeted retention strategies tailored to this specialized workforce. This study fills the gap by investigating organizational climate, leadership behavior, work-life balance, and their collective influence on employee retention in healthcare education. Focusing on healthcare instructors in the Davao Region, Philippines, the findings provide actionable insights for administrators and policymakers. The study contributes to evidence-based strategies that address faculty-specific challenges, enhance job satisfaction, and ensure the sustainability of healthcare education systems.

2.0 Methodology

2.1 Research Design

This study utilized descriptive-quantitative design to examine the organizational climate, leadership behavior, work-life balance, and employee retention among healthcare instructors. A questionnaire served as the primary data collection tool, aligning with the descriptive method's focus on characterizing the population.

2.2 Research Locale

The study was conducted in the Davao Region, Philippines, focusing on higher education institutions (HEIs) that offer allied health programs accredited by the Commission on Higher Education (CHED). These programs include Nursing, Medical Technology, Pharmacy, Radiologic Technology, and others. Among the 105 HEIs in the region, only 20 offered health courses, primarily in Davao del Sur, Davao del Norte, and Davao Oriental. The diverse geographic and institutional settings were chosen to ensure a comprehensive and representative dataset for analyzing healthcare faculty retention.

2.3 Research Participants

The study involved 295 full-time healthcare instructors from allied health programs in the Davao Region, Philippines, selected through stratified random sampling. Eligible participants had over six months of teaching experience in accredited programs such as Nursing, Medical Technology, Pharmacy, Radiologic Technology etc. Institutions in Davao del Sur, Davao del Norte, and Davao Oriental were included, excluding areas without health programs. The sample size was determined using the Raosoft calculator with a 5% margin of error and 95% confidence level. Stratification ensured proportional representation across identified strata.

2.4 Research Instrument

This study utilized adapted, validated standardized questionnaires, including the Organizational Climate scale ($\alpha = 0.807$) by Natario and Araujo (2014), the Leadership Behavior scale ($\alpha = 0.909$) by Ozsahin (2019), the Work-Life Balance scale ($\alpha = 0.805$) by Agha et al. (2017), and the Employee Retention scale ($\alpha = 0.808$) by Caredo et al. (2022).

2.5 Data Gathering Procedure

The study adhered to rigorous ethical standards in investigating organizational climate, leadership behavior, work-life balance, and employee retention among healthcare instructors in Davao Region. Ethical approval was obtained from the Liceo Research Ethics Board, and permissions were secured from the participating institutions. Participants were informed about the study's purpose, voluntary nature, and data confidentiality, and informed consent was collected online. An online survey via Google Forms facilitated convenient, unbiased data collection. Data were processed and analyzed with the assistance of a statistician to ensure accuracy.

2.6 Ethical Considerations

The study followed rigorous ethical protocols to ensure scientific integrity, participant welfare, and compliance with the Data Privacy Act 2012. Privacy was protected through anonymized data collection, and transparency was upheld by informing participants of the study's purpose, risks, and benefits. Recruitment involved authorized institutional permissions, with voluntary participation and withdrawal rights. Risks were minimal, and findings will be disseminated through academic channels, respecting confidentiality and community norms. No financial incentives were provided to avoid coercion.

2.7 Data Analysis

This study utilized Mean and Standard Deviation. The mean was used to summarize continuous data and provide an understanding of central tendencies. At the same time, the standard deviation measured the variability or dispersion of the data relative to the mean. These statistical tools were employed to describe the levels of organizational climate, leadership behavior, work-life balance, and employee retention among healthcare instructors.

3.0 Results and Discussion

This presents a systematic analysis and interpretation of data aligned with the study's objectives. Findings are examined using appropriate statistical techniques to ensure accuracy and relevance to the research problem. The analysis emphasizes evaluating the levels of organizational climate, leadership behavior, work-life balance, and employee retention among healthcare instructors.

Table 1 highlights the organizational climate among healthcare instructors, showing a high overall organizational climate level ($M = 3.85$, $SD = 0.579$). Key findings include positive perceptions of working conditions ($M = 3.75$, $SD = 0.556$), role satisfaction ($M = 3.78$, $SD = 0.743$), and interpersonal relationships ($M = 4.00$, $SD = 0.643$). These results emphasized fostering supportive environments, enhancing job satisfaction, and promoting collaboration to improve retention and performance, benefiting both instructors and institutions. While the current study suggests generally manageable workloads and a supportive environment for healthcare instructors, some variability in individual experiences remains. This variability, particularly concerning workload management and alignment with institutional culture, may lead to pockets of dissatisfaction even in otherwise positive organizational climates, as noted by Arian et al. (2018).

Table 1. *Level of organizational climate among healthcare instructors*

Indicators	Mean	Std. Dev.	Interpretation
Working Conditions	3.75	0.556	High
Satisfaction	3.78	0.743	High
Interpersonal Relationships	4.00	0.643	High
Overall Mean	3.85	0.579	High

Legend: 4.51-5.00 (Very High), 3.51-4.50 (High), 2.51-3.50 (Moderate), 1.51-2.50 (Low), 1.00-1.50 (Very Low)

Table 2 illustrates the leadership behavior among healthcare administrators, with a high overall mean score ($M = 3.94$, $SD = 0.648$). Indicators include task-oriented ($M = 3.93$, $SD = 0.721$), results-oriented ($M = 3.96$, $SD = 0.719$), and change-oriented ($M = 3.93$, $SD = 0.622$) behaviors, reflecting a strong focus on productivity, outcomes, and adaptability. These behaviors enhance instructor engagement, innovation, and resilience in a dynamic healthcare education environment. Organizations should sustain this culture to improve performance, satisfaction, and retention, benefiting faculty and institutional objectives.

Table 2. *Level of leadership behavior among healthcare instructors administrators*

Indicators	Mean	Std. Dev.	Interpretation
Task-Oriented	3.93	0.721	High
Results-Oriented	3.96	0.719	High
Change-Oriented	3.93	0.622	High
Overall Mean	3.94	0.648	High

The findings of de Oliveira and da Costa Rocha (2017) align with the study results, highlighting the need for a balanced leadership approach that combines task-oriented and relational behaviors. While healthcare administrators excel in task and results orientation, lower scores in individualized coaching and communication suggest a greater focus on relational leadership to strengthen staff connections. Previous research by Blanchard (2015) and Rajbhandari (2017) supports this, emphasizing that effective leadership requires attention to both task completion and interpersonal relationships to avoid diminishing employee morale.

Table 3 presents the work-life balance levels among healthcare instructors, revealing a moderate balance between work and personal life. The overall mean score of 3.04 ($SD = 0.361$) suggests a challenging but manageable relationship. Work interference with personal life scored 3.18 ($SD = 0.834$), indicating moderate disruption, while

personal life interference with work was lower at 2.77 (SD = 0.397). The work-life enhancement score of 3.17 (SD = 0.511) suggests some positive impact of work on personal life. These findings emphasize the importance of policies supporting work-life balance and well-being. The data suggests a moderate work-life interference, indicating opportunities for healthcare organizations to improve work-life balance and overall employee satisfaction. Studies by Mauno et al. (2015) and Karatepe & Avci (2017) highlight similar findings, where healthcare professionals face work-life imbalance due to job demands, and organizational culture, management support, and family-friendly policies play a key role in fostering a healthy balance. Addressing these areas can create a more supportive environment, benefiting healthcare instructors and institutions.

Table 3. *Level of work-life balance among healthcare instructors*

Indicators	Mean	Std. Dev.	Interpretation
Work Interference with Personal Life	3.18	0.834	Moderate
Personal Life Interferences with Work	2.77	0.397	Moderate
Work Personal Life Enhancement	3.17	0.511	Moderate
Overall Mean	3.04	0.361	Moderate

Table 4 presents the level of employee retention among healthcare instructors, showing high satisfaction across various indicators. The overall mean score of 3.68 suggests positive experiences with training, rewards, remuneration, welfare, performance appraisal, and career growth. In particular, instructors expressed satisfaction with training (3.58), rewards and recognition (3.81), and performance appraisals (3.78). At the same time, remuneration (3.63) and welfare benefits (3.64) were generally viewed positively, but some variability exists, indicating room for improvement. Career growth opportunities (3.65) were also rated positively, which is crucial for enhancing retention. The high overall score for employee retention indicates strong satisfaction among healthcare instructors, particularly in areas like professional development, recognition, compensation, and career growth. However, the study also highlights areas for improvement, such as workload management, compensation, and career development. While most instructors share similar views on retention, there is room for institutions to refine their strategies by focusing on consistency and addressing specific concerns, ensuring a positive work environment to enhance long-term commitment and reduce turnover.

Table 4. *Level of employee retention among healthcare instructors*

Indicators	Mean	Std. Dev.	Interpretation
Training and Development	3.58	0.678	High
Rewards and Recognition	3.81	0.723	High
Remuneration	3.63	0.830	High
Welfare Benefits	3.64	0.677	High
Performance Appraisal	3.78	0.588	High
Career Growth	3.65	0.423	High
Overall Mean	3.68	0.482	High

4.0 Conclusion

This study assessed organizational climate, leadership behavior, work-life balance, and employee retention among healthcare instructors, highlighting key factors that influence faculty satisfaction and long-term commitment. Positive working conditions, job satisfaction, and strong interpersonal relationships emerged as motivators, while effective leadership behaviors—task-oriented, results-driven, and change-oriented—enhanced employee engagement. However, moderate levels of work-life balance revealed challenges, particularly with work interfering in personal life, requiring attention from institutions. These findings underscore the importance of fostering a supportive organizational climate, implementing leadership development programs, and promoting work-life integration through flexible arrangements and wellness initiatives. For future researchers, expanding this study to other regions or industries could provide a broader understanding of faculty retention dynamics. In contrast, longitudinal and qualitative studies could uncover deeper insights into how organizational strategies influence retention over time and across varying healthcare roles.

5.0 Contributions of Authors

All authors contributed equally to this research.

6.0 Funding

No specific grant or funding agency has funded this research. The researcher personally covered all expenses incurred during the study.

7.0 Conflict of Interests

The author confirms no conflicts of interest related to this study.

8.0 Acknowledgment

The researcher sincerely thanks Liceo de Cagayan University for its academic support and dissertation adviser Dr. Nenita I. Prado for her guidance. Appreciation is extended to the dissertation panel, including Dr. Mariano M. Lerin, Dr. Bernarda Lleno, Dr. Christy G. Dablo, and Dr. Gloria M. Cunanan, for their valuable input. Special thanks go to survey tool validators Dr. Hazel T. Victoriano, Dr. Melchor Q. Bombeo, Dr. Felix C. Chavez Jr., and statistician Dr. Sherwin S. Fortugaliza for his expertise. Finally, heartfelt thanks to family, friends, partners, and respondents for their unwavering support and the Creator for being the source of knowledge and wisdom.

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