

Balancing the Scale: Understanding the Correlation Between Work Burnout and Job Satisfaction in Nursing Practice

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ABSTRACT

This study employed a correlational quantitative design to examine the relationship between work burnout and job satisfaction among 172 nurses from Mariano Marcos Memorial Hospital and Medical Center. Using a researcher-made 4-point Likert scale questionnaire, data were gathered on demographic profiles, burnout symptoms, and satisfaction levels. Results revealed that the majority of nurses were middle-aged females with 11–15 years of service, predominantly serving in staff nurse roles. Findings indicated very high levels of emotional exhaustion and depersonalization, with high levels of reduced personal accomplishment. Statistically significant relationships were found between burnout and both sex and years of service. Job satisfaction, on the other hand, was lowest in areas related to pay, work-life balance, and professional development, with only moderate satisfaction in work environment conditions. Significant differences were noted between perceived burnout and satisfaction levels, with burnout significantly outweighing satisfaction. A weak but statistically significant positive correlation was also found between the two variables, indicating complex workplace dynamics. The study culminated in the development of the NURSECARE 360 Framework—an intervention program designed to reduce burnout and improve satisfaction through mental health support, compensation reform, flexible scheduling, recognition systems, and professional growth opportunities. These findings underscore the urgent need for structured institutional support to promote emotional well-being and long-term retention of nursing professionals.

Keywords: nurse burnout, job satisfaction, emotional exhaustion, work-life balance, nursecare 360, professional development, correlational study, healthcare workforce

INTRODUCTION

Nursing encompasses so much more than just medical care. It transcends beyond physical aspect, having to do with the human touch as well. Nurses look after even the most intimate needs of patients with compassion and thoughtfulness. They are the foundation and an integral part in the healthcare system having a wide scope of practice in ensuring that every patient receives the direct and proper care they need.

Understanding the job performance of the nurses is necessary to provide excellent quality healthcare services. The nurses' performance greatly affects the individual, the patients, and the institution. Nurses' job performance is influenced by many factors such as the environment, resources, staff and manager abilities, support and leadership, educational progression, and collaboration with co-workers (Sarikose and Göktepe, 2021).

It is said that ninety-nine per cent of patient interactions in hospital are with their nurses, as patients search for them for care during their most vulnerable times (IHNA Australia, December 12, 2022). Patients often look to nurses for support and advice, comfort and guidance. They expect that nurses should ensure their safety, act as advocates for their health and overall well-being, and equip them with effective coping strategies. They expect their nurses to render empathetic and compassionate care.

But, while empathy and compassion are critical components of a nurse's care, it is crucial that they provide care for themselves as well. They need to replenish the compassion and empathy they keep pouring on for others, for

their patients. Because when they have nothing left to give, lack of investment in the work leading to poor work performance, symptoms of anxiety and depression, as well as conflicts in the nursing units can occur which can actually put the patients as well as nurses at risk (Purdue Global, April 27, 2023). That said, compassion has certain negative effects, and make nurses highly susceptible to compassion fatigue. In fact, studies have shown that approximately two in five clinical nurses suffer from compassion fatigue which has adverse physical, psychological, emotional and cognitive effects (Alharbi et al., 2020), known as the ‘cost of caring’ (Wang et al., 2023). Compassion fatigue is recognized as an occupational hazard and this term was coined to describe in nurses the “loss of the ability to nurture” (Stoewen, 2019).

Burnout which is “a state of physical, emotional and mental exhaustion accompanied by doubts about one’s competence and the value of one’s work” (Mayo Clinic, 2019) is highly prevalent among health professionals such as nurses. It is a syndrome resulting from chronic workplace stress that has not been successfully managed, a cumulative sense of fatigue and or dissatisfaction (WebMD, 2018). It is the result of a chronic imbalance between the demands of the job and the resources at hand to complete the job causing long-term, unresolvable work-related stress (Stoewen, 2019), associated with gradual feelings of hopelessness and difficulties in dealing with work or in doing the job effectively. Burnout may further result from heavy workload, and or a work environment that is not supportive. Nurses’ burnout can influence their physical and mental health, and the quality of their care services (Nabizadeh-Gharghozar et al., 2020).

Self-care is actually an individual’s responsibility for oneself, as the saying goes “one cannot give what he/she does not have.” Proper self-care practices for nurses have become especially important in this time as these activities are necessary in reducing stress, replenishing nurse’s capacity to provide compassion and empathy, and helps improve quality of care, as well as the quality of their job performances (Purdue Global, 2023). Likewise, the presence of supporting and positive working relationships, including positive connections with other healthcare staff and leader, positive leadership style, and excellent teamwork, could safeguard nurses to burnout (Dall’Ora et al., 2020).

Background of the Study

The fifth provision of the American Nurses Association’s (ANA) Code of Ethics states that the moral respect that nurses extend to all human beings should extend to themselves as well, to promote one’s health and safety and preserve wholeness of character and integrity which addresses the reciprocal relationship between professional and personal growth. In addition, article III, Section, 7 of the Code of Ethics for Filipino Nurses states that the nurse administrators are responsible for providing favorable environment for growth and development of nurses in their charge.

However, there are inadequate strategies that support nurses’ health in healthcare institutions in the Philippines (Samuelsson & Thach, 2018). Hence, the researcher, who is a nurse administrator in one of the hospitals in one of the newly built level II hospitals in the locality is prompted to conduct this study to determine the levels of compassion fatigue, burnout, and to explore the self-care activities of nurses with the primary end of crafting a tangible research output to help nurses cope with the stressful nature of their job affecting their work and may eventually lead to a decreased quality and safety within the healthcare. Likewise, clarifying the influencing factors of compassion fatigue and burnout can improve nurses’ work efficiency and job satisfaction, therefore, can provide theoretical guidance for nurse managers to implement interventions to improve self-care and resiliency among nurses.

LITERATURE REVIEW

Work Burnout in Nursing Practice

The nursing industry, constituting the largest segment of the healthcare workforce and outnumbering physicians by nearly four times, plays a critical role in patient care (Boniol et al., 2022). Recent studies have shed light on how demographic factors, particularly age, impact nurses’ perception and management of their work, which in turn may affect their susceptibility to compassion fatigue and burnout (Lebni et al., 2020).

Khatatbeh et al. (2021) delve into the work-related stress termed as burnout in a more generalized fashion open for any reputable professions. The authors identified as common three burnout-related symptoms: emotional exhaustion, depersonalization regarding work-related activity, and reduced personal accomplishment. This typology stands for rather brief and clear base of the understanding of burnout, outlining its general symptoms and influential nature. On the contrary, Galanis et al. (2021) does not represent the study because neither attempts have been made to look into particulars of demography nor the special barriers that are age-old and professional, such as nursing.

Moreover, it is highly triggered by the increased intrusion of the pandemic as a result of COVID-19 in a person's life. Work-life conflict thus makes it worse with regard to the emergence of burnout and on the impact or rising intention to leave minus job discontent differentiation. Thus, the research adds value to the growing body of literature showing an association between burnout with turnover and dissatisfaction of academic nurses. Findings in this research point to the structural adjustments and policies for altering in organizations to help retain faculty and limit the chances of burnout during, post-COVID. The reasons and contributory factors leading to burnout among nursing academics are critical, as per the study (Lee & Chang, 2022).

In line with the statistical findings from the article of Moss (2021), burnout is a widespread issue where 89% of respondents from the 2020 survey said things were becoming worse at work, 85% indicated they were less happy, 56% of respondents claimed that the demands of their jobs had grown. Burnout was reported as occurring "often" or "extremely often" by 62% of those who were finding it difficult to handle their responsibilities in the preceding three months. The pandemic had a "large effect on" or "completely dominated" work, according to 57% of workers. A total of 55% of respondents said they had not been able to successfully manage their personal and professional lives, with 53% mentioning homeschooling in particular. They regularly worked long hours for little compensation prior to the pandemic. Despite evidence demonstrating that patient errors rise threefold when nurses, for example, work shifts lasting 12.5 hours or longer, nurses and doctors, who have witnessed some of the most acute examples of burnout, were known for working for extensive long shifts, typically 16 hours or more.

Similarly, according to Zhang et al. (2022), male and female nurses may experience and cope with stress and burnout differently due to societal and cultural expectations, as well as personal factors. In conclusion, the nursing profession is predominantly female and has a wide age range. Compassion fatigue and burnout are significant issues affecting nurses, with potential impacts on work performance and patient care. While specific data on the impact of age and gender on these conditions is limited, these demographic factors likely play a role in how these conditions are experienced and managed.

The study of Al Zamel et al. (2021) explores how demographic characteristics, including age, can influence nurses' work life quality and intention to leave their jobs. This research suggests that age may moderate the relationship between work-related stressors, such as compassion fatigue and burnout, and nurses' work performance and retention. Gustafsson and Hemberg, (2021) provide a poignant exploration of compassion fatigue among nurses. The study does not focus on age specifically, but its findings underscore the emotional toll of nursing work, which could be compounded by age and years of experience. Similarly, the study of Arsat et al. (2023) examine how work setting and demographic factors, including age, influence nurses' caring behavior. This research suggests that age and work setting can impact nurses' work performance and their susceptibility to compassion fatigue and burnout. Furthermore, Oktay and Ozturk (2021) specifically explores compassion fatigue among nurses who work with older adults. This study suggests that working with older adults may increase nurses' risk of compassion fatigue, potentially influencing their work performance.

Similarly, burnout was found to be independently predicted by demographics, work hours, and the highest nursing-related academic degree in a study that included 8638 nurses and 5198 employees. Work hours were one factor that was independently linked to satisfaction with work-life integration. While nurses were more likely to be dissatisfied with work-life integration, they were not more likely to exhibit burnout symptoms. The study found that professional development and work hours were associated with nurses' risk of burnout, with nurses facing more challenges integrating work and life while being at comparable risk to other US professionals (Dyrbye et al., 2019).

According to study by Xie et al. (2021), day and night, nurses show empathy and compassion to patients who are going through some of the most trying times in their life. Over time, this type of labor can emotionally drain nursing practitioners, which may result in compassion fatigue or a deterioration in their capacity to deliver compassionate and empathic care. A lot of nurse's deal with this issue. In estimate, between 16% and 39% of registered nurses experience compassion fatigue wherein the majority of these cases are related to nurses who work in emergency care, oncology, and hospice. Nurses are apparently significantly more affected by compassion fatigue following the COVID-19 pandemic. Recognizing and resolving the symptoms of compassion fatigue may enable nursing workers to seek the assistance they require in order to offer the best nursing care possible.

The study of Wolotira (2023), emphasizes the importance of trauma-informed care and the role of nurse leaders in mitigating the negative effects of compassion fatigue and burnout on work performance, nurse turnover, and quality of care. Work-related stress is a contributing factor to compassion fatigue, which in turn affects job satisfaction and performance. The relationship between work-related stress and compassion fatigue varies across different nursing specialties and settings, as indicated by the study of Aslan et al. (2021). This suggests that the area of assignment is a critical factor in understanding and addressing the impact of these issues on nurses. The area of assignment can exacerbate the stress experienced by nurses, leading to higher levels of compassion fatigue, particularly in high-stress environments. The onset of compassion fatigue can occur rapidly after exposure to secondary trauma, which is common in certain nursing specialties. Burnout, on the other hand, typically develops over time due to accumulated work stress. The distinction between these two conditions and their relation to the area of assignment is explored in the study of Alshammari & Alboliteeh (2023), highlighting the need for targeted interventions based on the specific challenges of each nursing area.

Because of the factors that affect how nurses view the job in the nursing field, the nurses in the Philippines have been deciding to work abroad in exchange for better pay and working environment. The report from Robredo et al. (2022) stated that the need for Filipino nurses to go overseas has depleting the supply, making precarious public health system unsustainable. According to records, the ratio of Filipino medical professionals to patients in hospitals might be as concerning as 1 nurse for every 60 patients because of the increasing number of Filipino healthcare workers leaving the country. COVID-19 worsens this insufficient ratio even more. However, low pay and unfavorable working conditions are not the only reasons why nurses struggle, leave their jobs, or change careers. Compassion fatigue, burnout, and poor self-care habits also have a significant impact on their work performance, which lowers the standard of care and healthcare provided.

Job Satisfaction Among Nurses

This study by Lu et al. (2019) investigates the elements that affect the job satisfaction of general nurses in acute care hospitals. It found 59 papers relating to role conflict, role ambiguity, professional commitment, work-related stress, and job satisfaction after a review in the various databases. The literature suggested that job satisfaction had correlations with sick leave, retention intentions, leadership, working shifts, job performance, organizational commitment, effort, and reward. Factors such as work environment, structural empowerment, organizational commitment, professional commitment, job stress, patient-nurse ratios, social capital, evidence-based practice, ethnic background, and patient satisfaction had a significant association with job satisfaction. Understanding such associations can help in strategy formulation to combat scarcity and improve the quality of patient care.

Similarly, Aloisio et al. (2021) stated that age, health status, self-determination, psychological empowerment, job engagement, work tiredness, and work stress are important factors influencing nurses' job satisfaction in nursing homes. Moreover, the results were also not affected by gender and their previous experience as elderly care nurses. Among the various organizational attributes such as ownership with respect to facility, supervisor/manager support, resources, staffing level, and social interactions, some have found to be either ambiguous or not significant on nurses' job satisfaction. It has further been reported that the attributes resulting in nurses' job satisfaction do vary compared to the acute care nurse and care assistant types, addressing the need for individual strategies.

The study of Akinwale and George (2020) looks at how the work environment affects nurses' job satisfaction in state and federal tertiary institutions in Lagos State. Salary, being the largest single item on the index as far as

job happiness is concerned among nurses, is followed closely by other parameters such as progress and promotion. Other factors offering positive attributes to job satisfaction among nurses include sociopolitical milieu, administrative assistance, autonomy, supervision, acknowledgement, and advancement. According to the study, hospital administration should concentrate on issues related to job satisfaction in order to reduce employee turnover in the healthcare industry. The study highlights that salary and career promotion are the primary factors influencing job satisfaction in Nigeria due to socio-cultural realities and a paradigm shift.

The COVID-19 pandemic, with a great impact being from the Greek public health workforce to the rest of the world, made this literature review explore workplace stress, job satisfaction, and burnout among the public health workforce. The study intended to understand the worldwide associations and correlations of these issues with far-reaching implication to the public health field and the general health and safety of its workers (Adamopoulos & Syrou, 2023).

The research of Montegrigo and Oducado (2022), explores further the education and training availed to nurses and other health professionals in the Philippines, and further, perceptions and experiences of Filipino nurses in foreign settings. This provides insights into the professional preparation of nurses, which could indirectly influence their susceptibility to compassion fatigue and burnout, and their self-care practices. It examines the impact of strengthening primary care systems on job satisfaction and intention to stay among health workers in the Philippines. Although the study does not focus on burnout and compassion fatigue specifically among nurses, it touches upon work-related performance and job satisfaction-areas that are relevant to the present study. This study has data on the number of health professionals in the Philippines, including nurses. This kind of information would be useful for the present study while providing insight into the demographic profile of respondents. It actually talks about the increased number of students in nursing schools for anticipated international demands for nurses, thereby giving the impression of a possible "brain gain" for the Philippines. This research gives a background regarding the supply of nurses, which would probably be of relevance to the study concerning workforce dynamics, while reviewing current emergency medicine literature in the Philippines.

Morales and Marcén (2023) found that while females tend to report higher levels of physical and emotional exhaustion, this disparity might not be primarily driven by job-related factors. Instead, it suggests that societal perspectives on women's roles significantly influence the gender gap in job burnout. Individuals with more traditional views on women's roles are more likely to report burnout. Furthermore, the work-life balance of nurses has been explored in studies by Dall'Ora et al. (2020) and Stimpfel et al. (2020). These studies highlight that nurses working standard full-time or part-time hours report greater job satisfaction compared to those working overtime, a common necessity in hospital settings. Comparatively, the study by Ganeti et al. (2025) examines how these factors, along with demographic variables such as age, sex, position, and type of healthcare facility, influence the work performance of nurses. This research delves deeper into the extent of compassion fatigue, burnout levels, and self-care practices, especially in relation to workload, organizational culture, leadership support, and work-life balance. The combination of these studies reveals a nuanced picture of burnout and job satisfaction in nursing. While the broader societal view of gender roles appears to influence burnout, the specific work environment and conditions in nursing significantly impact job satisfaction and performance. The contrast in findings between the general workforce and the nursing sector underscores the need for targeted interventions in healthcare settings. Addressing burnout and enhancing job satisfaction in nursing must consider both the societal perceptions of gender roles and the unique stressors inherent in the healthcare environment. This approach should include not only systemic changes in work conditions but also initiatives to reshape perceptions about gender roles in society.

Kelly et al. (2020) examine how work-life balance (WLB) affects frontline nurses' job satisfaction in India. In India, 452 nursing professionals participated in a structured questionnaire survey. The findings demonstrated a favorable correlation between WLB and all three job resources and a positive correlation between WLB and the job satisfaction of nursing professionals in pandemic scenarios. Nonetheless, the association between job autonomy, supervisor support, and job satisfaction was partially mediated by WLB. Because nursing professionals put in a lot of effort to deliver high-quality care and effectively adapt to limited resources during the pandemic, the study intends to investigate the relationship between job resources, WLB, and job satisfaction.

The Relationship between Burnout and Job Satisfaction

A Turkish study of 419 nurses demonstrated a positive correlation between burnout and job satisfaction. High scores on the General Satisfaction subscale of the Minnesota Job Satisfaction Scale tend to correlate positively with job satisfaction; scores on the Desensitization and Personal Achievement subscales of the Maslach Burnout Inventory correlate negatively with burnout. This suggests that perceptions of individualized care should incorporate work-life balance, personal life issues, burn-out levels, and levels of job satisfaction. Individualized care was perceived by nurses with lesser burnout and greater job satisfaction (Danaci & Koç, 2020).

Using two scales and multivariate logistic regression and structural equation models, the study looked at the connection between job burnout and job satisfaction among medical staff in Hengyang mental facilities. The findings indicated that job burnout was in the middle range and job satisfaction was moderate. Workplace culture, compensation, perks, and communication all had an impact on burnout and job satisfaction. According to the study's findings, job burnout is negatively impacted by job satisfaction, indicating that job satisfaction is currently at a low level (Song et al., 2020).

The research conducted by Uchmanowicz et al. (2020) assessed the relationship between nurse staffing levels with burnout and job satisfaction. The Basel Extent of Rationing of Nursing Care-R (BERNCA-R), Maslach Burnout Inventory (MBI), and Job Satisfaction Scale were used to assess 594 nurses within the study. According to the results, BERNCA-R and MBI had a positive association; however BERNCA-R and JSS had a negative correlation. Emotional weariness and the influence of independence on job satisfaction were independent predictors of BERNCA-R. According to the study, nursing supervisors ought to pay attention to the individual characteristics among nursing staff.

Likewise, a research undertaken by Erden Melikoğlu et al. (2023) focuses on how burnout and job satisfaction of emergency service nurses are related to their ethical sensitivity. From 2015 to 2016, the study involved a sample of 236 nurses. The Minnesota Job Satisfaction Scale, Maslach Burnout Inventory, and Moral Sensitivity Questionnaire gathered data. The result shows these characteristics to be fairly related but inversely so. Decreasing job satisfaction and increased burnout could lead to the development of inadequate practices, regular ethical dilemmas, and lower quality of service delivery, according to the study. Suggestions are made on continual education and training programs for ethical sensitivity. This research emphasizes the importance of addressing ethical issues in healthcare for high-quality care.

The association between workload and nursing care quality is examined, along with the mediating effects of emotional tiredness, job satisfaction, and implicit rationing. It employed structural equation modeling and SPSS version 16 and involved 311 nurses from four hospitals in Iran. However, there was a significant correlation between other variables, workload and nursing care quality being directly and reciprocally related. The study, however, concluded that an applicant's workload affects emotional exhaustion, job satisfaction, and implicit rationing of nursing care and thus impacts the quality of care nurses provide. Therefore, nurse managers should devise means and strategies to ensure frequent supervision and measures aimed at raising standards in nursing care because quality can be valued (Maghsoud et al., 2022).

Furthermore, nurses and other healthcare personnel have experienced a marked rise in job burnout and low job satisfaction as a result of the COVID-19 pandemic. Burnout and satisfaction levels were lower among nurses, especially those with an MSc or PhD, shift workers, and those who felt their workplace was understaffed. According to the study, burnout and satisfaction were independently influenced by the nursing profession, but these criteria were also influenced by other occupational and demographic aspects. According to the findings, managers, organizations, and legislators should implement the necessary measures to enhance working conditions and lessen the pandemic's negative effects on nurses' job satisfaction (Galanis et al., 2023).

The Role of Self-Care and Resilience in Managing Burnout

The study by Ruiz-Fernández et al. (2020) focuses on the issues of burnout and compassion fatigue in nursing, but from different perspectives. The article emphasizes the role of length of service and the type of healthcare

facility in influencing these conditions. It suggests that nurses with longer service duration, particularly those in high-stress areas like oncology or emergency care, are more susceptible to burnout and compassion fatigue. However, it also highlights that regular self-care practices can mitigate these effects.

Similarly, Rivera-Kloeppel and Mendenhall (2023) addresses the critical issues of compassion fatigue, burnout, and the importance of self-care practices in nursing. According to the article, compassion fatigue, often triggered by repeated exposure to trauma, can lead to mood swings, pessimism, and concentration difficulties, adversely affecting nurses' work performance. Similarly, burnout, which develops over time due to work stress, can cause depersonalization of patients and create a negative work environment, leading to sub-optimal patient care.

In accordance with the study of Riegel et al. (2021), it was explained that the need for health professionals to prioritize self-care practices is greater than ever, especially during the pandemic. In order to give their patients consistently high-quality treatment, nurses who are first responders on the front lines must take care of themselves. It's simple for nurses to overlook their own health because they spend so much of their time assisting others. By practicing self-care, nurses can enhance their own physical, psychological, social, spiritual, and emotional well-being. A guidance about self-care practices explained how "recharging" can enhance patient care and offers strategies for nurses to engage in self-care. Roux and Benita (2020) stated that, in order to give their patients, the greatest care possible, nurses must take care of themselves. Nurses put in long hours and have a hectic schedule which is why burnout among nurses is a global issue that has a negative effect on the standard of care they deliver by causing fatigue, loss of focus, and mental hindrance. To reduce the adverse effects that burnout can have on both themselves and the care they provide for their patients, nurses need to place a high value on self-care.

Practicing self-care can vary in different aspects such as physical self-care, mental self-care, social self-care, spiritual self-care, and personal self-care. Physical self-care involves walking, eating nutritious food, riding a bike, working out, and joining a yoga class. Mental self-care includes loving and complimenting oneself, finding an emotional or creative way of expressing oneself such as drawing and writing, enhancing appreciation practice, and expressing emotions. Social self-care includes spending time with family, going out to dinner with friends, and having non-work-related conversations with co-workers. Spiritual self-care includes practicing faith, volunteering, and meditation. Personal self-care involves trying a new pastime or activity, developing a skincare regimen, taking a drive, and rewarding oneself after challenging tasks. Finding strategies to change up one's self-care schedule is said to improve well-being without causing one to become distracted in daily life (Posluns & Gall, 2020). Although the ways in which nurses practice self-care can differ greatly, there are ways to go about making certain times of day, week, or certain times of day, week, or month a priority. Making the time is one of the most challenging facets of self-care for nurses. Long hours can make self-care look impossible or burdensome, especially in the heat of a pandemic. Still, there are a few strategies that can assist nurses in making the necessary amount of time. After all, self-care shouldn't add to the stress the nurses are going through. It was mentioned that when making a timetable that incorporates self-care, the process of preparation is crucial. But if the schedule gets too hectic, nurses can benefit from taking one-minute reflections or even just taking time to take a deep breath during the day. In order to effectively organize and adhere to self-care time, nurses must understand their work routine and they should think and decide what matters in their personal and professional lives (Williams et al., 2022).

According to Linton and Koonmen (2020), nurses need to engage in the following activities to preserve their mental, emotional, and physical well-being. Some important self-care practices involve rest, travel, enhancing creative expression, exercise, and establishing a social connection. Everyone requires good rest. Being productive in a demanding profession like nursing involves getting enough good sleep, but getting enough good sleep can be challenging in a field that demands lengthy shifts at unpredictable intervals. Taking time to travel and have a vacation to see a different part of the world might also help nurses relax and rejuvenate. Also, Jönsson et al. (2020) stated that a fresh perspective and appreciation for the things that make life meaningful such as food, history, culture, social interaction, and the natural world can also be a part of good self-care practice. Through creative expression, people can express and process their feelings through creative pursuits including poetry, music, painting, storytelling, theater, and dance. Nurses might engage in creative pursuits that honor and comfort their emotions. For instance, from the loss of a patient to the joy of a healthy baby's delivery to prevent

burnout. Moreover, exercise helps the body cope with stress, which enhances mood and overall health. Exercise can take many different forms such as yoga, running, swimming, and the use of tensing and relaxing muscles. It is recommended that nurses select the physical activity that best suits their needs. With co-workers, nurses can let off steam by joking, bonding, and having casual conversations. These social activities can enhance the favorable work environment that nurses can experience. Moreover, Green (2020) stated that social affirmation has been demonstrated to lower blood pressure and enhance the support networks that healthcare workers require to perform their jobs effectively on a physiological level. Through meditation, calm can be attained through easy, useful deep breathing techniques. Busy nurses can find some peace and quiet by practicing deep breathing exercises, ranging from basic breathing techniques to more intricate breathing exercises developed in a meditation practice.

Self-care becomes a permanent project for nurses, so where possible, nurses should try to incorporate self-care into their everyday life as well as relationship with develop self-care behaviors into routines. Many nurses will encounter stumbling blocks in self-care efforts, but they can get over one or more of these typical barriers by changing up the self-care routine. Certain situations might lead to more use of the alternative self-care strategies. Through experimenting with various self-care practices, nurses can acquire a diverse set of skills for stress management and enhancing their overall health and wellness. Making a plan is also essential. A plan for improving self-care has to be formulated by nurses with due regard to personal stressors, triggers, and symptoms. Apart from all this, cultivation of self-compassion is important (Fontaine et al., 2025). In the range of healthcare professionals especially nurses, self-compassion has had an impact on reducing burnout, stress, depression, secondary traumatic stress. Above all, a nurse needs to know when and how to ask for assistance. It is crucial to know when to need expert assistance, especially for nurses who frequently find it difficult to take care of them. When unable to take care of themselves, nurses in need should turn to their peers, mentors, supervisors, as well as licensed counselors and therapists for assistance. For nurses, self-care equates to preventive care. Nurses who practice compassionate self-care and engage in healthy coping strategies are better able to deliver high-quality patient care and have fulfilling careers for many years to come (Rushforth et al., 2023).

The study of Moreno-Jiménez et al. (2022) is primarily focused on how the staff in an ICU will have unique experiences in particular with regard to the intensity of the patient and the ethical dilemmas that arise because of it are the reasons that make the conditions like burnout, boredom, or even compassion fatigue, less prevalent among them. It has also been found that these conditions often arise due to lack of existential meaning in work and highlighted the need to recognize the worth of ICU staff's efforts, demands for self-reflection, and encourage a drive for excellence in the professional domain. In contrast, the study was exclusive of the broad spectrum research on compassion fatigue, burnout, and self-care habits in nursing, factors that considered such as workload, organizational culture as well as work-life balance. Both studies reinforce the importance of internal resilience, sense of purpose, and continuous learning in ameliorating burn out and compassion fatigue among healthcare professionals.

According to Kelly et al. (2019) which looked at burnout, secondary trauma, and compassion satisfaction in acute care nursing leaders, frontline, midlevel, and director-level leadership all experience burnout at comparable rates. 16 leaders from two hospitals participated in qualitative interviews for the study, which also used the Professional Quality of Life measure. The findings indicated that directors had poorer work-life balance and higher levels of compassion fulfilment. Four themes surfaced, each of which represented a professional setting that can both exacerbate and mitigate compassion fatigue. According to the study's findings, nurse leaders at all levels need to use organizational and personal resilience techniques to reduce the risk of burnout.

Barrozo et al. (2023) examined self-care practices among helping professionals in the Philippine context, differing from the growing focus on self-care in the United States. The study recognizes the necessity of further investigation into a range of predictor variables, demographics, and occupations pertinent to self-care. A principal observation from the study is the imbalance between client needs and professional well-being, potentially leading to heightened susceptibility to stress and accelerated burnout among helping professionals. This issue is particularly acute in the Philippines, where professionals often manage caseloads significantly larger than those in wealthier nations like the US. The study's objective was to underscore the importance of self-care, establish a framework for Filipino/a helping workers, and delve into their methods of managing

vicarious trauma and burnout. The study corresponds with the UN Sustainable Development Goals, especially "Good Health and Well-Being," aiming to foster sustainable and resilient mental health practices among Filipino health professionals who often face overwork and underfunding.

Organizational Interventions and Retention Strategies

Currently, there are 951,105 registered nurses in the Philippines, according to the Professional Regulation Commission (PRC). However, not all of the registered nurses have active license but only 509,297 are classified as "active". Side note, a lot of these had flown abroad with a whopping number of 316,415. As stated by Pena (2023) regarding the DOH with that population of 111,572,254 in the Philippines, the number required to make that ratio possible is 125,890. This indicates the considerable gap between the registered manpower in the health sector and those actively practicing in the Philippines. These figures are attributable to migration and professionals who moved out of their fields to pursue different careers (Porcalla, 2023).

The nursing industry plays a critical role in patient care, and the impact of demographic factors, particularly age, on nurses' perception and management of their work can affect their susceptibility to compassion fatigue and burnout. Thus, it is important to profile nurses in the country in terms of demographic background to be able to create effective strategies and programs to lessen compassion fatigue and burnout, increase work performance, and fill the gap in the healthcare workforce in the country (Gutenbrunner et al. 2021).

On the other hand, the findings of studies by Mirutse et al. (2023) tend to do a complete study of the effects of these variables on the job performance of staff nurses. The paper largely pursues a number of these research questions focusing on nurses' demographic profiles, their levels of compassion fatigue and burnout, their self-care practices, and their overall work performance. And thus, the findings will yield evidence-based recommendations for interventions termed definitive.

Given that nurses make up the largest workforce and provide the majority of patient care, the health sector's emphasis on cost effectiveness may be ignoring their well-being. Perceptions of workload have an impact on nurses' retention and general well-being. This study investigates the connection between intention to leave the profession, work-life balance satisfaction, and perceived workload. The study looks at high involvement work practices (HIWPs) as an organizational strategy to lessen the detrimental effects of perceived workload on nurses' well-being and desire to quit. Strategies for human resource management in the healthcare industry should prioritize these elements (Holland et al., 2019).

The study by Wolotira (2023) discusses the role of nurse leaders in addressing compassion fatigue and burnout. The authors emphasize that nurse leaders play a crucial role in implementing trauma-informed care and fostering a supportive work environment. They also highlight that younger nurse and those working in specific departments, such as medical-surgical and pediatric inpatient departments, outpatient home health, and rural settings, are at a higher risk of experiencing compassion fatigue.

The study by Cano López et al. (2023) identified a significant link between burnout and impaired executive functioning among primary healthcare providers in rural areas, highlighting how burnout can negatively affect health systems and patient care. This emphasizes the need for specific preventive strategies for professionals working under high pressure and cognitive demands. Compared to broader research on compassion fatigue, burnout, and self-care in nursing, Cano-López et al.'s study focuses specifically on rural healthcare providers, offering insights into the unique challenges they face. Both studies draw attention to the impact of burnout on healthcare professionals' performance and the necessity of tailored interventions to improve healthcare quality and provider well-being.

Alibudbud (2023) proposes several measures to support and empower Filipino nurses in practicing self-care, addressing the specific challenges they face. These include offering higher-paying jobs as they become available and properly implementing the Philippine Nursing Act of 2002 with government funding to increase nurses' salaries. Additionally, tax breaks or subsidies could be provided to healthcare facilities that meet recommended nurse staffing ratios. Further, government organizations could support self-care practices and training initiatives,

motivating nurses to prioritize their own well-being. These strategies emphasize the importance of government legislation and a supportive work environment in enabling nurses to practice self-care effectively, which in turn can transform them into role models and advocates for patient care.

Synthesis

Research has shown that nurses as a profession continue to endure the increasing effects of workplaces that are more demanding on their professional well-being. They experience high-level issues such as burnout and compassion fatigue, mostly referred to as the consequences of long exposure through occupational stress, emotional labor, and poor work-life balance. Most other cases have some demographic variables such as age, years of services, and working climate conditions that determine how burnout is experienced and handled among nurses globally and on local levels. Scientists have long been finding out that burnout is a kind of multidimensional syndrome--emotional exhaustion, depersonalization, and reduced personal accomplishment--all of which are general and core elements in Maslach's Burnout Theory. These interfere not only with nurses' mental health but also impact their productivity and quality of care delivered to patients. Evidence also shows that burnout bears a strong negative correlation with job satisfaction, implying that, as the burnout level rises, it often associates itself with lower satisfaction scores in the job. This fact on the correlation between burnout and job satisfaction has been proved through various studies that made use of established tools such as Maslach Burnout Inventory (MBI) and Minnesota Job Satisfaction Questionnaire (MSQ).

Job satisfaction is an intricate concept that possesses intrinsic and extrinsic factors for its determination. Factors such as salary, career advancement opportunities, working environment, autonomy, leadership support, and work-life balance affect nurses' job satisfaction. The pandemic simply worsened the stressors, highlighting serious variations between institutional support systems and vulnerabilities of healthcare staffing in countries like the Philippines, where the highly migrated nurses have only intensified workforce shortages. Initiatives aimed at self-care, resilience building, and trauma-informed leadership suggest some promise for amortizing burnout and increasing job satisfaction levels. Strategies for nursing worker well-being range from personal wellness strategies to far-reaching organizational interventions like high-involvement work practices (HIWPs), improved staffing ratios, and the creation of supportive work environments. The contributions of nurse leaders in creating an environment of culture where employment well-being, ethical sensitivity, and mental health are highly valued cannot be downplayed.

Collectively, the reviewed literature underscores the urgency of institutionalizing comprehensive, evidence-based strategies to combat burnout and enhance job satisfaction among nurses. This synthesis informs the need for targeted interventions that consider the diverse demographic, psychological, and organizational contexts in which nurses operate. Ultimately, promoting nurse well-being is not only essential for staff retention but also for ensuring the delivery of safe, compassionate, and high-quality patient care.

Theoretical Framework

Cristina Maslach's theory developed in 1988 on Multidimensional Theory of Burnout (Cooper; November 2023) is another theory that allows for a holistic analysis that provides a structural view of burnout stages and their impact on professional efficacy. According to this theory job burnout is a prolonged response to chronic interpersonal stressors that considers three key dimensions of overwhelming exhaustion, feelings of cynicism and detachment from job and sense of ineffectiveness and job failure. Furthermore, this theory emphasized that burnout is an individualized stress experience that sprung out from social relationships that involves the person's conception of self and others.

Likewise, this framework defines the interplay of the key components of burnout: emotional exhaustion, as feelings of being emotionally overextended and depleted of one's emotional reserves; depersonalization, as excessively detached to other people which usually develops in response to the overloading of emotional exhaustion; and reduced personal accomplishments, a decline of feelings of competence and productivity at work that leads to depression and the inability to cope with the demands of the job exacerbated by lack of support and of opportunities for professional growth.

The field of nursing is intrinsically difficult, with staff nurses regularly exposed to emotionally taxing situations. This exposure can lead to compassion fatigue and burnout, significantly affecting their work performance and overall well-being. Prolonged exposure to others' suffering increases the risk, as does the occurrence of traumatic recollections, triggered by certain clients or situations.

Conceptual Framework

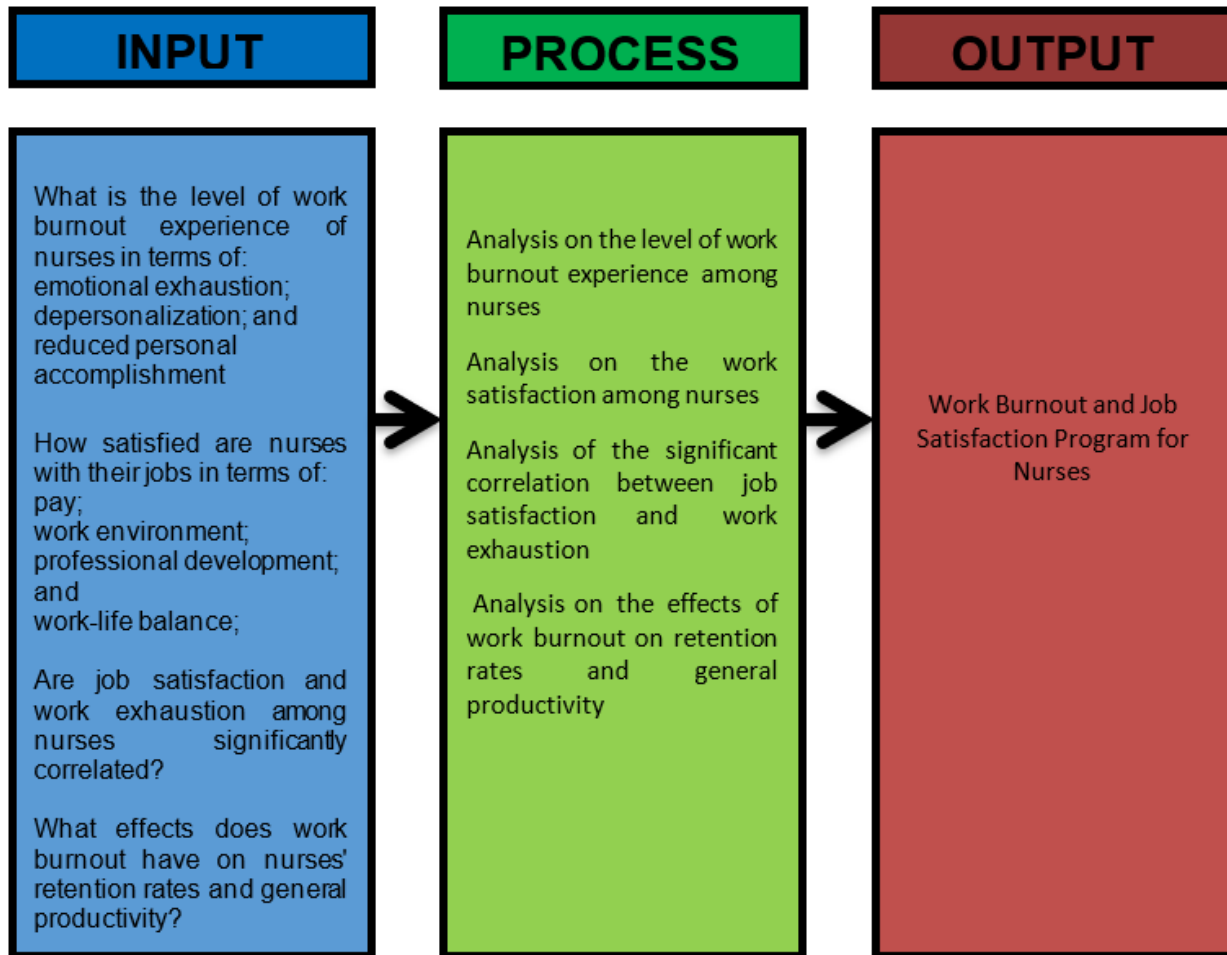


Figure 1. Paradigm of the Study

Statement of the Problem

This study aims to comprehensively investigate the correlation between Work Burnout and Job Satisfaction of Staff Nurses within the context of their professional roles. To achieve this, it will address the following research inquiries:

What is the demographic profile of the respondents in terms of:

age,

sex,

years of service, and

current position?

What is the perceived level of work burnout experience of nurses in terms of:

emotional exhaustion,

depersonalization, and

reduced personal accomplishment?

Is there any relationship between the perceived level of work burnout and the profile of the respondents?

What is the perceived level of satisfaction of nurses in terms of:

pay,

work environment,

professional development, and

work-life balance?

Is there any relationship between the perceived level of satisfaction and the profile of the respondents?

Is there any significant difference between perceived burnout and the level of satisfaction of nurses?

Is there any significant relationship between the perceived level of burnout and the level of satisfaction?

Based on the results of the study, what research output can be developed?

Hypothesis

In light of the statement of the problem, the hypotheses will be tested at 0.05 level of significance:

H₀₁: There is no significant relationship between the perceived level of work burnout and the profile of the respondents.

H₀₂: There is no significant relationship between the perceived level of satisfaction and the profile of the respondents.

H₀₃: There is no significant difference between perceived burnout and the level of satisfaction of nurses.

H₀₄: There is no significant relationship between the perceived level of burnout and the level of satisfaction when grouped according to profile.

Significance of the Study

The primary purpose of this study is to explore the impact of work burnout and job satisfaction to the retention rates work performance of staff nurses in Mariano Marcos Memorial Hospital and Medical Center. Studying how these concepts influence work performance and well-being is beneficial to strengthen knowledge and be useful to the following groups of people.

Given that the healthcare industry, mainly the nursing field is where the research focuses, **staff nurses** are the foremost significant of this study to provide encouragement and supportive functions in terms of improving their perspective on their professional effectiveness by how to efficiently cope with work burnout as well as to improve their job satisfaction which in return also help them to increase their job performances.

This study is also significant to the **nurse managers, educators, and administrators** for them to learn and manage how they will equip and support the nurses and nursing students with strong qualities and mentality that will guide them to avoid or lessen the probability of declining job performances and improve employee retention.

Since the implication of better job performance is a priority to provide excellent healthcare services, this study will also serve as an essential guide for **nursing students** to help them prepare at the very early stage for their

emotional and physical state and to learn how burnout, and self-care practices will be common once they are working as a healthcare professional and how these factors will greatly impact their productivity and work performance.

The research findings of this study will be significant to the **healthcare industry and different healthcare institutions** to understand the necessary interventions and programs to effectively manage the fatigue and burnout of the nurses, and learn the importance of job satisfaction which could lead to better workforce and elevated quality of caring services.

Lastly, this study will serve as a valuable contribution to the continuation of the mission of improving the well-being and performance of nurses that could unlock crucial perspectives and new avenues of solutions to the difficulties the healthcare system is facing in the present. **Future researchers** could use this study to continue breaking new insights that also promote the progressive process of learning unique ideologies which are not only in the paper but are also evidently acknowledged in the realistic applications.

Scope and Limitations of the Study

This study aims to investigate the correlation between work burnout and job satisfaction and how these factors influence the work performance and retention of staff nurses. The research will be conducted at Mariano Marcos Memorial Hospital and Medical Center (MMMh&MC) and will involve nurses currently assigned to various clinical units. The study will adopt a quantitative research design utilizing descriptive survey and correlational methods to gather and analyze data objectively.

A sample size of 192 staff nurses was determined using the Raosoft Sample Size Calculator, based on a total population of 380 nurses, with a 95% confidence level and 5% margin of error. This ensures that the results of the study will be statistically valid and generalizable to the population. The purposive sampling technique will be used to provide each qualified nurse an equal opportunity to be selected. The inclusion criteria are as follows: (a) Staff Nurses employed at MMMh&MC; (b) currently assigned in any clinical nursing unit; (c) with varied educational backgrounds; and (d) willing to voluntarily participate in the study. Nurses who are not actively involved in bedside care, such as nursing students, interns, company nurses, nursing attendants, Chief Nurse, Nurse Managers, and Physicians, will be excluded from the sample.

The data collection period is scheduled from April to May 2025, and all gathered data will be analyzed using appropriate descriptive and inferential statistical tools to interpret the results in line with the study's objectives. While the study is limited to one institution, its findings may provide valuable insights applicable to similar healthcare settings.

Definition of Terms

Operational definitions of the following terms will be established to enhance clarity in comprehending the study, derived from the title and problem statement.

Burnout. The extent of extreme physical, mental, and emotional tiredness brought on by extended periods of high stress refers that occurs when someone is feeling emotionally drained, overburdened, and unable to keep up with demands considering the following sub-variables: workload and resources; organizational culture; leadership and support; and work-life balance.

Job Performance. Refers to the overall effectiveness, productivity, and quality of work exhibited by staff nurses in their professional roles. It encompasses the ability to manage job demands, maintain high standards of patient care, and contribute positively to the healthcare environment considering the following sub-variables: workload and resources; organizational culture; leadership and support; and work-life balance.

Job satisfaction. Refers to the crucial aspect of organizational psychology, it is also the foundation for setting employee's motivation, engagement, and overall well-being in an organization or workplace.

METHODS

This chapter is designed to methodically delve into the research methodology, addressing the identified research problem. Its objective is to offer the reader a comprehensive insight into the study's execution and the development of conclusions. The chapter encompasses crucial aspects including research design, study location, population and sample specifics, research instruments, data collection procedures, and the statistical methods employed. It functions as a reference for researchers, guiding them in obtaining the essential data for the study.

Research Design

The study uses the correlational quantitative design to investigate burnout at work among nurses with respect to their job satisfaction. Quantitative studies are therefore based upon the collection and analysis of numerical data to explain, to predict, or to control phenomena of interest and that are frequently utilized to determine the veracity of hypotheses and theories (Haegele et al., 2020). Thus, this approach enabled the researcher to systematically measure both variables through standardized instruments and to deliver findings that are objective for generalization. Such a measure-theoretic conclusion adopted the correlational design for assessing the degree and direction of association between burnout and levels of job satisfaction. The correlational research does not manipulate the variables but observes them according to how naturally they occur so as to determine if they have a relationship between each other (Selviana et al., 2024). The design is particularly appropriate for assessing the relative contributions of emotional exhaustion, depersonalization, and diminished personal accomplishment concerning nurses' satisfaction with pay, work environment, professional development, and work-life balance: it is evidence to support interventions to improve nurse retention in the workplace and well-being overall.

Research Respondents and Sample Size

Nurses working at Mariano Marcos Memorial Hospital and Medical Center (MMMHC) will serve as the primary respondents of the study, which aims to explore the relationship between work burnout and job satisfaction. The target population includes registered nurses assigned in various clinical areas such as the Emergency Room, Intensive Care Unit, Surgical and Medical Wards, and Outpatient Services.

Based on the total population of approximately 380 staff nurses at MMMHC, the required sample size was computed using a Raosoft Software for sample size determination at a 95% confidence level and 5% margin of error, resulting in a calculated sample size of 192 respondents. This ensures that the findings of the study will be statistically representative of the larger nursing population at the institution. A purposive sampling technique will be employed to select participants who meet the inclusion criteria, which include: being currently employed as a staff nurse in a clinical unit, having varied educational attainment, and voluntarily agreeing to participate. Nurses who are in administrative positions, nursing students, interns, or those not engaged in direct bedside care (e.g., Chief Nurse, Nurse Managers, and Physician) will be excluded from the sample.

MMMHC is an ideal setting for this study due to its diverse clinical environment, high patient acuity, and wide spectrum of nursing responsibilities, which collectively offer a robust context for examining how occupational stressors and job satisfaction impact nurse performance and well-being.

Sampling Plan

The researcher will collect information from nurses from Mariano Marcos Memorial Hospital and Medical Center. The choice of a choosing this scope locale to capture a diverse representation of nurse's feelings while working in the same environment. This approach allows for a comprehensive understanding of the impact of burnout, and job satisfaction on nurses' work performance, considering variations in healthcare infrastructure, patient demographics, and healthcare challenges.

Data Collection Procedure

A systematic operation was adopted for the data collection that could guarantee integrity, validity, and ethical implementation within the research. The researcher first gained approval from the thesis adviser and the oral examination committee. Upon their approval, a formal letter was sent to the Dean of the Graduate School for

permission to conduct the study. The researcher then finalized and validated the self-developed survey questionnaire. For purposes of content validity, the instrument was reviewed by a panel of experts in nursing, research, and education; their feedback was utilized to further refine the items. Also, a pilot study was done with a small number of nurses to test the reliability of the tool, and the collected data were analyzed in terms of Cronbach's Alpha to establish internal consistency. Following the validation of the instrument, it was formatted and prepped for online dissemination.

Prior to data collection, an informed consent section was embedded at the beginning of the online questionnaire. This section outlined the purpose of the study, the rights of the respondents, and the confidentiality of the information provided. Participation in the study was entirely voluntary; nobody could answer the survey unless he or she signed a consent form. The first part of the survey distribution was done electronically using Google Forms. The actual questionnaire link was sent to respondents through various platforms such as email and Facebook Messenger. The Google Form is set so that no item can be skipped to assure that answers are complete. During the whole data collecting period, the respondent collected their data according to the researcher monitoring the number of completed questionnaires. Any clarifications made would be addressed to any respondents to facilitate ease of data collection. Also, the data collected were later transferred directly to Google Sheets, enabling fast organization and preparation for analysis. Data were then analyzed using the appropriate statistical tools-Frequency, Percentage, and Weighted Mean, and Pearson's r correlation-to know the nature and strength of the relationship between burnout and job satisfaction among nurses, thus meeting the objectives of the study.

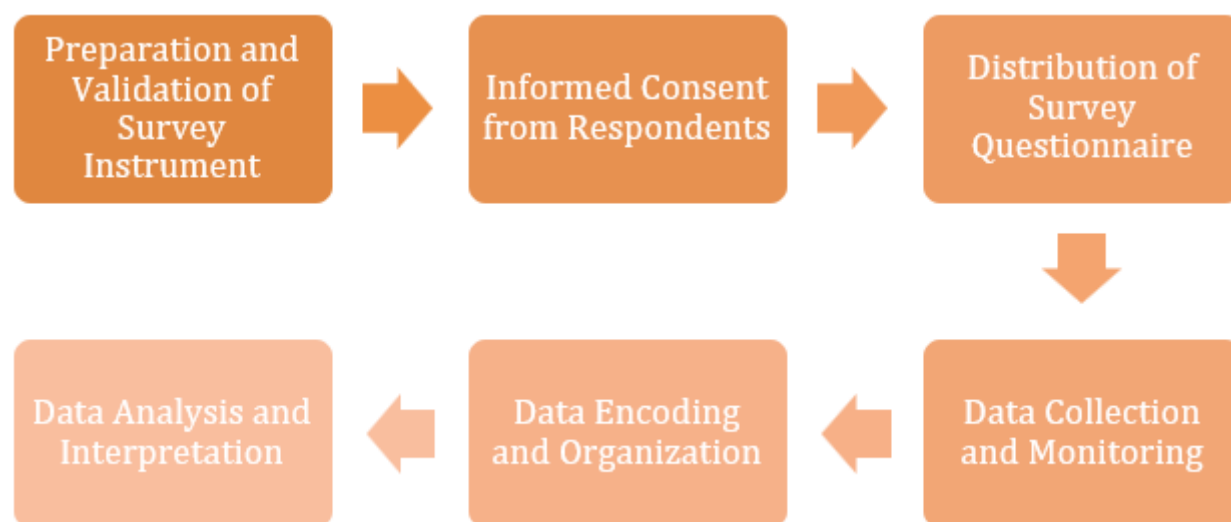


Figure 2. Data Collection Procedure Flowchart

Research Instrument

The survey questionnaire developed for the purpose of this study into 5 main parts for gathering distinct information that would better help understand the relationship between job burnout and job satisfaction among nurses. The first part deals with the demographic profile of respondents-age, sex, years in service, and position at present. This section provides a contextual background that allows for the analysis of how personal and professional characteristics may influence perceptions of burnout and job satisfaction. The second component focuses on measuring the level of emotional exhaustion, which is one of the core dimensions of burnout. An item in this section deals with the emotional draining and fatigue respondents experience from work. A third component deals with depersonalization and involves items for assessing the extent to which nurses experience detachment or cynicism toward patients or duties. The fourth aspect evaluates reduced personal achievement by assessing how often nurses feel effective or successful regarding their role. Finally, fifth, it seeks to measure job satisfaction under four subcategories: salary satisfaction, working conditions, opportunities for career enhancement, and work-life balance. These categories are aimed at assessing how complete a nurse feels on different aspects of his or her job since it helps in identifying areas that need improvement and recommendations for the same. Overall, the questionnaire is designed to be comprehensive but targeted, making sure that the data collected would be relevant and measurable and directly aligned with the study objectives.

Moreover a 4-point Likert scale will be used for both sets of variables, with the following scale interpretation. Table 1 shows the Likert scale for the perceived level of work burnout experience of nurses and Table 2 displays the Likert scale for the perceived level of satisfaction of nurses. The computed weighted mean for each category will be interpreted according to the scale above to determine the perceived levels of burnout and satisfaction. This statistical treatment will help identify which dimensions are most and least experienced by nurses, providing a foundation for targeted interventions.

Table 1. Likert scale for the perceived level of work burnout experience of nurses

Mean	Mean Range	Verbal Interpretation
4	3.50 – 4.00	Very High
3	2.50 – 3.49	High
2	1.50 – 2.49	Low
1	1.00 – 1.49	Very Low

Table 2. Likert scale for the perceived level of satisfaction of nurses

Mean	Mean Range	Verbal Interpretation
4	3.50 – 4.00	Very Satisfied
3	2.50 – 3.49	Satisfied
2	1.50 – 2.49	Dissatisfied
1	1.00 – 1.49	Very Dissatisfied

Before any real data collection takes place, validation of the research instrument from three expert sources will be obtained from a Chief Nurse, a Human Resource Director who is also a nurse by profession, and a nurse training officer.

In ensuring that the research results were accurate and credible, priority was given to the validity and reliability of the self-made survey questionnaire within this study. Content validity was adduced, as a panel of experts was consulted within nursing education, clinical practice, and research. The experts were requested to assess the relevance and clarity of the questionnaire items pertaining to the study objectives, particularly for work burnout and job satisfaction. Feedback was incorporated into the revision of obsolescent or redundant items and into the assurance that the questions could appropriately tap the constructs they were designed to measure. Prior to the final administration of the survey, a pilot study was conducted with a small number of nurses, who were not part of the main study's sample. This step was critical in identifying any issues concerning the interpretation, structure, or flow of the questionnaire. Furthermore, the testing of the data obtained was made to determine the reliability of the instrument, following which Cronbach's Alpha was the measure used for internal consistency of survey items. Acceptability was, thus, given to the instrument with a Cronbach's Alpha of 0.70 and above that measured the constructs of burnout and job satisfaction with reliability (Danaci & Koç, 2020). By the application of both expert validation and pilot testing, the researcher ensured that the instrument was valid in meaning and reliable in measurement, thereby strengthening the integrity of the data collection process. This best-case scenario, which guarantees the credibility of the findings, sets the stage for the research analyses to be undertaken thereafter.

Statistical Treatment

To ensure accurate analysis and interpretation of the gathered data, appropriate statistical tools will be employed in accordance with each specific statement of the problem. The following statistical treatments will be utilized to analyze, summarize, and draw meaningful conclusions from the responses obtained in the study.

To determine the demographic profile of the respondents in terms of age, sex, years of service and current position (SOP 1), the researcher will employ Frequency and Percentage Distribution. This method enables the researcher to summarize and present categorical data more effectively and meaningfully. Frequency is the count of the occurrences of a certain response or category whereas percentage is that count of occurrences with reference to the total number of respondents. This approach helps in identifying the dominant characteristics

among the participants and supports further analysis of the relationship between demographic factors and the key variables of burnout and job satisfaction. Each demographic variable—age, sex, years of service, and current position—will be tabulated using this method. Thus, the results will be organized in a table showing both frequency counts and the corresponding percentage for each category. This statistical treatment will illustrate the sample's demographic profile and it is very important in giving descriptive backgrounds of the participants as well as for further interpretations in the study analyses.

On the other hand, the researcher will utilize Weighted Mean Distribution in determining the perceived level of work burnout experience of nurses in terms of emotional exhaustion, depersonalization, and reduced personal accomplishment (SOP 2) and to determine the perceived level of satisfaction of nurses in terms of pay, work environment, professional development and work-life balance (SOP 4). This method is most suitable for analyzing responses from items measured using the Likert scale, in essence aggregating the ratings across several items to reflect the general direction of the respondents.

To determine the relationship between the perceived level of work burnout and the profile of the respondents (SOP 3), the relationship between the perceived level of satisfaction and the profile of the respondents (SOP 5), and relationship between the perceived level of burnout and the level of satisfaction (SOP 7), the researcher will employ the Spearman Rho Correlation Coefficient. The method in question applies when dealing with ordinal data, like responses collected by the Likert scale (where the strength and direction of association between two ranked variables needs to be determined). The correlation coefficients thus derived range between -1 and +1. Here, a value above zero construes a direct relationship: the value below zero indicates the reverse correlation; while a coefficient proximate to zero shows a negligible relationship—at least for this study. It shall also test the significance of the correlation to know whether most of its relationship will matter. Using Spearman Rho enables the researcher to identify whether variations in burnout and satisfaction levels are associated with differences in demographic characteristics.

Lastly, the researcher will use Independent Sample T test to measure the significant difference between perceived burnout and the level of satisfaction of nurses (SOP 6). . This method is appropriate for comparing the means of two independent groups to evaluate whether there is a statistically significant difference between them. In this study, the test will assess if the levels of burnout and satisfaction, as measured by Likert-scale responses, differ meaningfully across the respondent groups. The Independent Samples t-test is used when the dependent variables are measured on a continuous or ordinal scale (such as Likert scale data approximated as interval data), and the groups being compared are independent of each other. For this study, the t-test will analyze whether nurses who report higher or lower levels of burnout also significantly differ in their reported levels of job satisfaction. A significance level (commonly set at $p < 0.05$) will be used to determine if the difference between the groups is statistically meaningful. If the computed p-value is less than the significance level, it will indicate that a significant difference exists between the perceived burnout and satisfaction levels of nurses. Applying the Independent Samples t-test provides a reliable basis for determining whether variations in burnout have a measurable impact on job satisfaction. This analysis is essential for identifying whether burnout levels significantly affect how satisfied nurses are with their professional experience, which can inform evidence-based interventions to improve nurse retention and workplace well-being.

Ethical Considerations

The study proceedings will fully abide by the ethical principles and the legal provisions of the Data Privacy Act of 2012 regarding the protection of personal information and privacy of all respondents. All phases in the research will be conducted ethically, that is, during planning, data collection, analysis, and reporting of the study. Before they participate, a respondent will be made aware of his rights as an active research respondent that he/she may voluntarily participate or not without any sort of penalty or effect. There will be no monetary payment for the involvement of the respondents and they are not liable in any way for filling the survey.

Informed consent will be maintained through an explanatory cover letter along with the survey questionnaire. Included are particulars on the reason of the study, objectives of the research, nature of questions, data usage, and access to data thus collected. It shall state clearly that by active participation in filling out this online questionnaire, they are giving an implied consent to research participation. The questionnaire has been revised

to ensure anonymity and confidentiality by removing any possible identifiers. Responses will not link to names or personal identifiers and only the researcher would have access to the raw data. This data will thus be in a secure surrounding with the view of being purposed only for academic purposes. Beneficence thus will also be upheld by ensuring the participants are not harmed in any way by their participation in the study. This research is to enhance the wider understanding of nurse well-being and workplace satisfaction as a contribution to the betterment of future organizational policy and improvements in nursing practice. Highest ethical standards will be maintained in this study in relation to human-centered research in view of transparency, respect, and protection of data.

RESULTS

This chapter presents the findings of the study based on the data gathered from the respondents. It includes the presentation, analysis, and interpretation of results in relation to the research questions outlined in Chapter 1. Descriptive and inferential statistical tools were used to examine the demographic profile of the respondents, their perceived levels of work burnout and job satisfaction, and the relationships between these variables. The results are discussed with reference to relevant literature and are intended to provide meaningful insights into the experiences of nurses in the context of their professional roles.

Demographic Profile

Table 3. Age

Category	Frequency
20 – 29 years old	28
30 – 39 years old	34
40 – 49 years old	61
50 – 59 years old	49
TOTAL:	172

Table 3 presents the age distribution of the respondents. The majority of the staff nurses fall within the 40–49 years old age group, comprising 61 out of 172 respondents (35.5%). This is followed by those aged 50–59 years old with 49 respondents (28.5%), and the 30–39 years old group with 34 respondents (19.8%). The smallest group is the 20–29 years old bracket, accounting for only 28 respondents (16.3%). These figures suggest that the nursing workforce in the study is predominantly composed of middle-aged professionals.

Supporting this, Niinihuhta & Häggman-Laitila (2022) found that nurses in their 40s and 50s are more likely to develop coping mechanisms to manage work-related stress and burnout, making age a possible buffer against emotional exhaustion. Similarly, Kaya et al. (2022) reported that older nurses, having longer exposure to clinical settings, tend to exhibit higher professional commitment and satisfaction levels, often due to developed resilience and familiarity with workplace demands.

Table 4. Sex

Category	Frequency
Male	79
Female	93
TOTAL:	172

The data show that among the 172 respondents, 93 (54.1%) are female, while 79 (45.9%) are male. This indicates a slightly higher representation of female nurses compared to their male counterparts. Although traditionally viewed as a female-dominated profession, the data suggest a relatively balanced gender distribution in the nursing workforce of the study setting, which may reflect the evolving gender dynamics within the healthcare sector.

This trend is consistent with the findings of Shudifat et al. (2023), who observed a gradual increase in male participation in nursing due to changing societal perceptions and the growing recognition of nursing as a stable and respected career. Likewise, Romem (2024) highlighted that while female nurses often report higher emotional engagement in caregiving, male nurses contribute significantly to physical care tasks and emergency roles, creating a balanced professional dynamic across genders.

Table 5. Years of Service

Category	Frequency
1-5 years	26
6-10 years	31
11-15 years	79
16-20 years	28
21 years and above	8
TOTAL:	172

The data show that the largest group of respondents has been in service for 11 to 15 years (79 respondents or 45.9%), followed by those with 6 to 10 years (31 or 18%) and 16 to 20 years (28 or 16.3%) of service. Meanwhile, 26 nurses (15.1%) have 1 to 5 years of experience, and only 8 respondents (4.7%) have served for over 21 years. This distribution suggests that a significant portion of the nursing workforce is composed of mid-career professionals with over a decade of clinical experience.

This pattern aligns with the findings of Rudberg et al. (2022), who emphasized that nurses with 10 to 15 years of experience often report greater job competence, confidence, and professional identity—factors that can influence both job satisfaction and burnout. Similarly, Gerlach et al. (2024) noted that years of service is a critical predictor of burnout, with mid-career nurses typically experiencing higher emotional strain due to accumulated work stress and administrative burdens, despite their professional maturity.

Table 6. Current Position

Category	Frequency
Staff nurse	71
Nurse 1	27
Nurse 2	36
Charge nurse	23
Head nurse	15
TOTAL:	172

The data indicate that the majority of respondents hold the position of Staff Nurse (71 or 41.3%), followed by Nurse 2 (36 or 20.9%) and Nurse 1 (27 or 15.7%). Additionally, 23 respondents (13.4%) serve as Charge Nurses, while 15 (8.7%) are Head Nurses. This distribution shows that most participants are in non-supervisory roles, reflecting the typical structure of nursing staff in healthcare institutions where front-line nurses outnumber those in leadership or administrative positions.

This finding supports the observation by Twigg et al. (2021) that the majority of the nursing workforce in hospitals is composed of clinical staff nurses who carry out direct patient care, often facing higher physical and emotional demands. Furthermore, Flaubert et al. (2021) noted that while higher-ranked nurses (such as charge or head nurses) experience different stressors related to leadership and administrative tasks, staff nurses are often more vulnerable to burnout due to workload, limited decision-making power, and constant patient interaction.

Perceived Level of Work Burnout Experience of Nurses

Table 7. Emotional Exhaustion

STATEMENTS	MEAN	INTERPRETATION
I feel emotionally drained by my work as a nurse.	3.95	Very High
I feel fatigued when I wake up and have to face another workday.	3.88	Very High
I feel burned out from my work responsibilities.	3.84	Very High
I feel frustrated by the emotional demands of my job.	3.95	Very High
I feel used up at the end of a work shift.	3.94	Very High
I feel emotionally drained from putting too much effort into my work.	3.97	Very High
I feel overwhelmed by the stress of nursing work.	3.95	Very High
I lack the energy to do things outside of work because of my job.	3.93	Very High
I feel emotionally exhausted even before my shift ends.	3.94	Very High
I feel I can't take it anymore due to the stress at work.	3.98	Very High
OVERALL MEAN:	3.93	Very High

The findings in Table 7 indicate a very high level of emotional exhaustion among nurses, with an overall mean score of 3.93. All ten statements received mean ratings ranging from 3.84 to 3.98, all falling under the "Very High" category. The highest-rated item was "I feel I can't take it anymore due to the stress at work" (3.98), suggesting critical levels of emotional fatigue and stress. Similarly, high ratings on statements such as "I feel emotionally drained by my work" (3.95) and "I feel overwhelmed by the stress of nursing work" (3.95) reveal that nurses experience persistent emotional depletion, which may affect their well-being and job performance.

These findings align with the results of Cakirpaloglu et al. (2024), who emphasized that emotional exhaustion is the core component of burnout and is most commonly reported in high-stress professions such as nursing. Additionally, Mccue (2024) found that nurses experiencing high emotional exhaustion are at increased risk of absenteeism, reduced empathy toward patients, and decreased job satisfaction. These studies support the conclusion that the emotional burden of nursing work—especially in high-demand settings—can significantly impact mental health and overall job effectiveness.

Table 8. Depersonalization

STATEMENTS	MEAN	INTERPRETATION
I feel indifferent toward my patients' problems.	3.81	Very High
I feel I treat some patients as if they were impersonal objects.	3.93	Very High
I have become more cynical about whether my work makes any difference.	3.92	Very High
I feel I am less sensitive when dealing with patients.	3.93	Very High
I find it hard to connect emotionally with my patients.	3.81	Very High
I feel detached from the people I care for.	3.85	Very High
I feel less concerned about patients' needs than I used to.	3.83	Very High
I find myself being impatient or irritated with patients.	3.83	Very High
I feel that patients blame me for problems I cannot control.	3.93	Very High
I often avoid deep interaction with my patients to protect myself emotionally.	3.80	Very High
OVERALL MEAN:	3.86	Very High

Table 8 reveals a very high level of depersonalization among the nurses, with an overall mean of 3.86. All ten items received mean scores between 3.80 and 3.93, indicating consistent emotional distancing from patients. The highest-rated statements "I feel I treat some patients as if they were impersonal objects," "I feel less sensitive when dealing with patients," and "I feel that patients blame me for problems I cannot control"—each scored 3.93, reflecting a strong sense of emotional withdrawal and frustration. These results suggest that nurses may be employing coping mechanisms such as emotional detachment to protect themselves from overwhelming stress, which can compromise the quality of patient care.

This finding is supported by Edú-Valsania et al. (2022), who described depersonalization as a defense mechanism where healthcare workers emotionally distance themselves to manage stress and maintain functionality in high-pressure environments. Similarly, Cao et al. (2025) found that nurses working in demanding hospital settings often report high levels of depersonalization, which leads to reduced empathy, strained patient relationships, and diminished professional fulfillment. These studies highlight the need for organizational support systems and mental health interventions to prevent long-term emotional disengagement.

Table 9. Reduced Personal Accomplishment

STATEMENTS	MEAN	INTERPRETATION
I feel I am not accomplishing worthwhile things in my work.	3.12	High
I feel ineffective in dealing with nursing responsibilities.	3.17	High
I doubt the significance of the work I do.	3.20	High
I feel my work fails to make a real difference.	3.15	High
I feel unproductive at the end of my shift.	2.95	High
I feel I am not developing professionally through my job.	3.12	High
I feel unsatisfied with my performance as a nurse.	3.09	High
I feel incompetent in some aspects of my job.	3.13	High
I feel unsuccessful in helping my patients recover.	2.99	High
I feel I am not achieving the goals I set in my nursing role.	3.62	Very High
OVERALL MEAN:	3.15	High

Table 9 shows that nurses reported a high level of reduced personal accomplishment, with an overall mean of 3.15. Most of the individual items fall under the "High" interpretation, with only one item—"I feel I am not achieving the goals I set in my nursing role" (mean = 3.62)—rated as "Very High." These results suggest that many nurses experience feelings of ineffectiveness, low professional growth, and self-doubt in their performance. Statements such as "I feel I am not accomplishing worthwhile things in my work" (3.12) and "I feel unsatisfied with my performance as a nurse" (3.09) reflect concerns over productivity and fulfillment, which are key indicators of burnout at the personal achievement level.

These findings support the study of Khatatbeh et al. (2021), who emphasized that high job demands and lack of support often lead to a decline in perceived competence and personal accomplishment among nurses. Similarly, Parola et al. (2022) found that when nurses feel disconnected from the impact of their work or believe they are not making meaningful contributions, their motivation and sense of professional identity deteriorate. This underscores the importance of creating supportive work environments that foster recognition, development, and a sense of achievement in nursing roles.

Relationship Between the Perceived Level of Work Burnout and the Profile of the Respondents

Table 10. Significant relationship between the perceived level of work burnout and the profile of the respondents

	profile	r-value	p-value	decision	interpretation
Perceived Level of Work Burnout	Age	.066	.392	Failed to reject Ho	Not significant
	Sex	.164	.031	Reject Ho	Significant
	Years of Service	.279	.001	Reject Ho	Significant
	Current Position	.031	.684	Failed to Reject Ho	Not Significant

Table 10 presents the correlation between respondents' demographic profiles and their perceived level of work burnout. The results show that sex ($r = .164$, $p = .031$) and years of service ($r = .279$, $p = .001$) have statistically significant relationships with burnout, as their p-values are less than the 0.05 level of significance. This suggests that burnout levels among nurses may vary depending on their gender and length of service. Conversely, age ($r = .066$, $p = .392$) and current position ($r = .031$, $p = .684$) show no significant relationship with burnout, indicating that these variables do not meaningfully influence the respondents' burnout experiences.

These findings are supported by Diao et al. (2024), who found that female healthcare professionals report higher levels of emotional exhaustion compared to males, possibly due to differences in emotional labor and coping styles. Additionally, Babapour et al. (2022) noted that nurses with more years of service tend to exhibit higher burnout levels due to prolonged exposure to work stressors, emotional fatigue, and patient care demands over time. These results highlight the importance of gender-sensitive wellness programs and burnout prevention strategies tailored to mid- and late-career nurses.

Perceived Level of Satisfaction of Nurses

Table 11. Pay

STATEMENTS	MEAN	INTERPRETATION
I am satisfied with the amount I earn from my nursing job.	1.61	Very Dissatisfied
My salary fairly reflects the work I do.	2.02	Dissatisfied
I feel well-compensated for my level of expertise.	2.38	Dissatisfied
I am content with the financial benefits provided by my employer.	2.20	Dissatisfied
My current pay allows me to meet my personal and family needs.	2.33	Dissatisfied
I believe my pay is competitive with others in similar positions.	2.32	Dissatisfied
I am satisfied with how regularly I receive my salary.	2.34	Dissatisfied
I feel that my salary motivates me to perform better at work.	2.34	Dissatisfied
I am satisfied with the overtime compensation I receive.	2.06	Dissatisfied
I believe my income provides me financial stability.	2.08	Dissatisfied
OVERALL MEAN:	2.17	Dissatisfied

The results from Table 11 indicate that nurses are generally dissatisfied with their pay, with an overall mean score of 2.17, interpreted as "Dissatisfied." Among the ten statements, the lowest-rated item is "I am satisfied with the amount I earn from my nursing job" (mean = 1.61, Very Dissatisfied), suggesting a strong discontent with base salary. Other statements, such as "My salary fairly reflects the work I do" (2.02) and "I believe my income provides me financial stability" (2.08), also received low scores, indicating a perceived mismatch between compensation and workload. These findings reflect a general concern among nurses regarding financial inadequacy, which may impact their motivation, morale, and long-term retention in the profession.

This dissatisfaction is supported by the study of Olaniyan et al. (2023), which found that low pay was a major factor in job dissatisfaction and turnover among nurses in public healthcare systems. Similarly, Nagle et al. (2024) reported that inadequate financial compensation contributes to demotivation and burnout, particularly in healthcare workers handling high stress and extended hours. These studies highlight the need for better compensation structures and financial incentives to enhance job satisfaction and workforce stability in the nursing profession.

Table 12. Work Environment

STATEMENTS	MEAN	INTERPRETATION
I feel safe and secure in my workplace.	2.72	Satisfied
My work environment promotes productivity and focus.	2.81	Satisfied
I am satisfied with the cleanliness and organization of the facility.	2.81	Satisfied
I feel supported by my colleagues at work.	2.79	Satisfied
I feel that the hospital/unit provides the tools and resources I need.	2.83	Satisfied
The overall atmosphere in my workplace is positive.	2.83	Satisfied
I am comfortable with the physical conditions of my work setting.	2.79	Satisfied
I feel respected by my supervisors and team members.	2.76	Satisfied
I believe communication within the team is open and effective.	2.74	Satisfied
I am proud to work in my current facility.	2.79	Satisfied
OVERALL MEAN:	2.79	Satisfied

Table 12 shows that nurses reported a general sense of satisfaction with their work environment, with an overall mean score of 2.79, categorized as “Satisfied.” All ten items received mean ratings between 2.72 and 2.83, indicating a consistent perception of moderately favorable conditions. The highest-rated statements include “The overall atmosphere in my workplace is positive” and “The hospital/unit provides the tools and resources I need” (both 2.83), suggesting that the respondents appreciate the physical and operational aspects of their work setting. Although no statement reached the “Very Satisfied” range, the results indicate that nurses feel reasonably supported, safe, and comfortable in their environment, which can positively affect their work performance and morale.

These findings are aligned with the study by Schlak et al. (2021), who emphasized that a supportive and well-organized work environment is closely linked to higher nurse retention and lower burnout levels. Likewise, Bragadóttir (2023) found that hospitals that provide adequate resources, teamwork, and communication channels tend to foster better job satisfaction among nursing staff. These studies reinforce the importance of maintaining a healthy work environment to ensure nurse well-being and high-quality patient care.

Table 13. Professional Development

STATEMENTS	MEAN	INTERPRETATION
I am satisfied with the opportunities for training and development.	2.19	Dissatisfied
I have access to continuing education in my workplace.	2.34	Dissatisfied
I feel encouraged to enhance my nursing skills.	2.37	Dissatisfied
I am given the chance to attend relevant seminars and workshops.	2.39	Dissatisfied
I receive support for pursuing advanced degrees or certifications.	2.34	Dissatisfied
I feel that my employer values lifelong learning.	2.30	Dissatisfied
I have opportunities to take on new challenges and roles.	2.40	Dissatisfied
I believe my job contributes to my professional growth.	2.33	Dissatisfied
I am encouraged to participate in research and innovations.	2.31	Dissatisfied
I feel I am growing professionally in my current role.	2.22	Dissatisfied
OVERALL MEAN:	2.32	Dissatisfied

Table 13 reveals that nurses are generally dissatisfied with their opportunities for professional development, as reflected in the overall mean score of 2.32, interpreted as “Dissatisfied.” All ten items received mean ratings between 2.19 and 2.40, indicating consistently low satisfaction across all aspects of career advancement. The lowest-rated item, “I am satisfied with the opportunities for training and development” (2.19), reflects the respondents’ concern about the lack of structured learning programs. Similarly, items such as “I receive support for pursuing advanced degrees or certifications” (2.34) and “I am encouraged to participate in research and innovations” (2.31) show that nurses feel limited in their growth and advancement within the organization.

This dissatisfaction is consistent with the findings of Galanis et al. (2023), who reported that limited access to training and career advancement opportunities contributes to decreased job satisfaction and increased turnover among nurses. Furthermore, Pressley & Garside (2023) emphasized that professional development is essential not only for maintaining clinical competency but also for improving nurse retention and morale. These findings highlight the need for healthcare institutions to invest more in continuous education, skill enhancement, and career development programs to support the long-term growth of their nursing workforce.

Table 14. Work-life Balance

STATEMENTS	MEAN	INTERPRETATION
I am satisfied with the amount of personal time I have outside work.	2.20	Dissatisfied
I feel I can manage both my work and personal responsibilities well.	2.37	Dissatisfied
My schedule allows me to spend time with my family and friends.	2.36	Dissatisfied
I have enough rest days to recover from work-related fatigue.	2.41	Dissatisfied
I can enjoy leisure and relaxation despite my work schedule.	2.47	Dissatisfied
I feel in control of my time both at work and at home.	2.37	Dissatisfied

I believe my job supports a healthy lifestyle.	2.51	Satisfied
I rarely feel that work interferes with my personal life.	2.28	Dissatisfied
I am able to maintain my hobbies and interests.	2.36	Dissatisfied
I feel satisfied with how I balance my professional and personal life.	2.20	Dissatisfied
OVERALL MEAN:	2.35	Dissatisfied

Table 14 shows that the respondents are generally dissatisfied with their work-life balance, as indicated by the overall mean of 2.35, interpreted as "Dissatisfied." Nine out of ten items fall below the threshold of satisfaction, with the lowest-rated items being "I am satisfied with the amount of personal time I have outside work" (2.20) and "I feel satisfied with how I balance my professional and personal life" (2.20). These results suggest that most nurses struggle to find time for themselves and their families, largely due to demanding work schedules and insufficient rest periods. The only item rated as "Satisfied" was "I believe my job supports a healthy lifestyle" (2.51), indicating some perceived value in the nature of their work, despite time constraints.

This finding is consistent with the study by Aldhafeeri et al. (2025), which revealed that nurses often face challenges in balancing professional duties and personal obligations, leading to decreased well-being and increased stress. Similarly, Soga et al. (2022) found that poor work-life balance significantly contributes to emotional exhaustion and reduced job satisfaction among healthcare professionals. These results emphasize the urgent need for flexible scheduling, adequate rest periods, and institutional support to promote healthier work-life integration for nurses.

Significant Relationship Between the Perceived Level of Satisfaction and the Profile of the Respondents

Table 15. Significant relationship between the perceived level of satisfaction and the profile of the respondents

	profile	r-value	p-value	decision	interpretation
Perceived Level of Satisfaction	Age	.396	.001	Reject Ho	Significant
	Sex	.535	.001	Reject Ho	Significant
	Years of Service	.064	.404	Failed to Reject Ho	Not Significant
	Current Position	.195	.010	Reject Ho	Significant

Table 15 presents the correlation between respondents' demographic profile and their perceived level of job satisfaction. The results show that age ($r = .396$, $p = .001$), sex ($r = .535$, $p = .001$), and current position ($r = .195$, $p = .010$) have statistically significant relationships with job satisfaction, as their p-values are less than the 0.05 threshold. This suggests that job satisfaction among nurses may vary depending on their age, gender, and position in the workplace. Meanwhile, years of service ($r = .064$, $p = .404$) shows no significant relationship, indicating that tenure does not substantially influence how satisfied nurses feel in their roles.

These findings are supported by Abusubhiah et al. (2023), who observed that older nurses often report higher satisfaction due to accumulated experience and confidence in their professional roles. Additionally, Kitole et al. (2025) found that gender and rank can influence perceptions of satisfaction, with male nurses and those in higher positions often reporting greater satisfaction due to increased decision-making power and access to resources. These results underscore the importance of creating inclusive and supportive environments that consider age, gender, and role-based differences in addressing job satisfaction.

Difference Between Perceived Burnout and the Level of Satisfaction Of Nurses

Table 16. Significant difference between perceived burnout and level of satisfaction

Paired Samples Test							
Perceived Level of Work Burnout and Satisfaction	Paired Differences				t	df	Sig. (2-tailed)
	Mean	Std. Deviation	Std. Error Mean	95% Confidence Interval of the Difference			
				Lower Upper			
	1.227	.68763	.05243	1.12305 1.33005	23.393	171	.000

Table 16 presents the results of a Paired Samples T-Test examining the difference between the perceived level of work burnout and the level of job satisfaction among nurses. The analysis yielded a mean difference of 1.227 with a t-value of 23.393 and a p-value of .000 ($p < 0.05$), indicating a statistically significant difference between the two variables. The confidence interval ranges from 1.12305 to 1.33005, confirming that the difference is not due to chance. These results suggest that nurses perceive their level of burnout to be significantly higher than their level of satisfaction, highlighting a critical gap in their work experience that may impact performance, morale, and retention.

This outcome aligns with findings from Zborowska et al. (2021), who emphasized that high levels of burnout often correspond with decreased job satisfaction, especially in emotionally demanding fields like nursing. Similarly, Sheng et al. (2023) found that job satisfaction is a strong negative predictor of burnout: as satisfaction decreases, burnout symptoms intensify. These results point to the need for institutional interventions to reduce burnout and enhance the factors contributing to job satisfaction, such as fair compensation, professional growth, and work-life balance.

Relationship Between the Perceived Level of Burnout and the Level of Satisfaction

Table 17. Significant relationship between the perceived level of burnout and the level of satisfaction

Correlation Coefficient		Perceived Level of Work Burnout	Perceived Level of Satisfaction
Perceived Level of Work Burnout	Pearson Correlation	1	.250
	Sig. (2-tailed)		.001
	N	172	172
Perceived Level of Satisfaction	Pearson Correlation	.250	1
	Sig. (2-tailed)	.001	
	N	172	172
**. Correlation is significant at the 0.01 level (2-tailed).			

Table 17 presents the result of a Pearson correlation between the perceived level of work burnout and the perceived level of job satisfaction among nurses. The analysis reveals a correlation coefficient (r) of 0.250 with a p-value of 0.001, indicating a statistically significant but weak positive relationship between the two variables. Since the p-value is less than 0.01, the result is significant at the 1% level. This suggests that as nurses' burnout levels increase, their satisfaction levels tend to also increase slightly—but the association is weak and should be interpreted with caution.

This finding contrasts with common assumptions but may reflect complex emotional dynamics in the workplace. For instance, some nurses may report job satisfaction despite high burnout due to professional commitment, support systems, or intrinsic motivation. Wang et al. (2025) explained that strong teamwork and supportive leadership can maintain satisfaction even in high-stress environments. Meanwhile, Jaber et al. (2025) suggested that although satisfaction and burnout are often inversely related, the presence of coping mechanisms, such as autonomy and professional recognition, may moderate their relationship. Therefore, while burnout and satisfaction are significantly related, the direction and strength of this relationship may vary depending on individual and organizational factors.

Developed Research Output

NURSECARE 360 FRAMEWORK

It is a holistic intervention program designed to reduce burnout and enhance job satisfaction among nurses. It will be based on the findings of your study which revealed critical dissatisfaction in areas such as pay, work-life balance, and professional development, as well as high levels of emotional exhaustion and depersonalization.

The program comprises five core components. The first is the Burnout Prevention and Mental Health Program, which includes monthly psychological debriefing, stress-reduction workshops, and access to on-site mental

health counseling to promote emotional resilience. Second, the Job Satisfaction Enhancement Toolkit proposes a comprehensive salary review and benefits restructuring plan, alongside the establishment of a clear and attainable career development path for staff nurses. Third, the Flexible Scheduling and Time-Off System introduces rotational rest days, shift flexibility, and policies that protect personal time and family life. Fourth, the Recognition and Accomplishment Program seeks to boost morale by implementing regular performance recognition awards and launching a monthly “Nurse Impact Story” initiative that highlights the real value of nurses’ contributions. Lastly, the Professional Growth Plan aims to partner with local academic institutions to provide scholarships and continuing professional development (CPD), while also securing funding for nurses to attend seminars, workshops, and pursue certifications. Collectively, these measures aim to empower nurses, promote retention, and foster a more supportive and satisfying work environment.

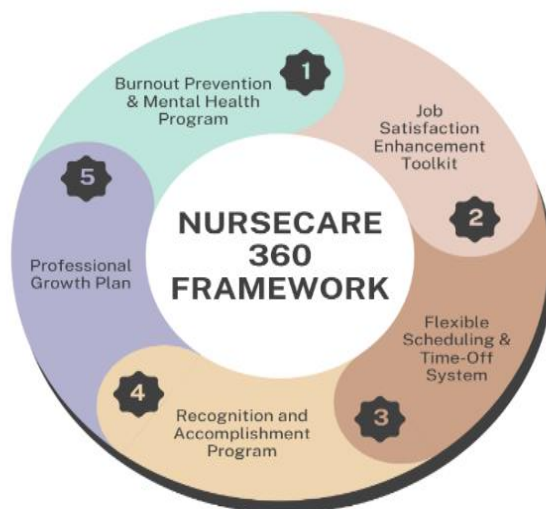


Figure 3. Nursecare 360 Framework

DISCUSSIONS AND CONCLUSIONS

Summary

Demographic profile

The demographic profile revealed that the majority of nurses were aged 40–49 years, predominantly female, with 11–15 years of service, and mostly holding staff nurse positions. These patterns reflect a workforce primarily composed of mid-career, middle-aged professionals in front-line roles. Literature supports that older and experienced nurses tend to develop better coping mechanisms, yet are still susceptible to work-related strain, especially when assigned in high-pressure settings.

Perceived level of work burnout experience of nurses

The findings showed very high levels of emotional exhaustion and depersonalization, with nurses reporting extreme fatigue, emotional depletion, and emotional distancing from patients. Reduced personal accomplishment also ranked high, particularly with feelings of ineffectiveness and lack of professional growth. These results highlight severe burnout symptoms, especially emotional wear and disconnection from the nursing role.

1. Relationship between the perceived level of work burnout and the profile of the respondents

A statistically significant relationship was found between burnout and two demographic variables: sex and years of service. Female nurses and those with longer tenure reported higher levels of burnout. Age and current position, however, did not show significant influence on burnout levels.

2. Perceived level of satisfaction of nurses

Nurses were most dissatisfied with pay, professional development, and work-life balance. Satisfaction was highest, though still moderate, in the work environment domain. Overall, job satisfaction was low, especially in areas involving financial compensation, opportunities for career growth, and time for personal well-being.

3. Significant relationship between the perceived level of satisfaction and the profile of the respondents

A significant relationship was found between job satisfaction and the nurses' age, sex, and current position. Older, male, and higher-ranking nurses tended to report greater satisfaction, while years of service did not significantly affect satisfaction levels.

4. Difference between perceived burnout and the level of satisfaction of nurses

A paired samples t-test revealed a statistically significant difference between perceived burnout and satisfaction levels. Nurses reported significantly higher burnout compared to their satisfaction, indicating a concerning imbalance in their work experiences.

5. Relationship between the perceived level of burnout and the level of satisfaction

A weak but statistically significant positive correlation was found between burnout and satisfaction, suggesting a complex and possibly paradoxical dynamic. Some nurses may feel satisfied despite high burnout due to intrinsic motivation or strong support systems.

6. Developed research output

NURSECARE 360 is a comprehensive intervention framework designed to reduce burnout and enhance job satisfaction among nurses. It includes programs on mental health, compensation restructuring, flexible scheduling, professional recognition, and continuous development.

CONCLUSION

1. Demographic profile

The nursing workforce under study is experienced and predominantly involved in direct patient care roles. While maturity and tenure may offer resilience, the staffing distribution may also imply greater exposure to occupational stress and emotional demands, making this group particularly important in the study of burnout and job satisfaction.

2. Perceived level of work burnout experience of nurses

Nurses in the study are experiencing significant burnout across all dimensions. The very high emotional exhaustion and depersonalization scores suggest an urgent need for mental health support and workload management strategies to protect both staff well-being and patient care outcomes.

3. Relationship between the perceived level of work burnout and the profile of the respondents

Burnout is influenced by gender and accumulated years of service, suggesting that long-term exposure and gender-related emotional demands heighten vulnerability to emotional fatigue. Tailored interventions should consider these demographic risk factors in mitigating burnout.

4. Perceived level of satisfaction of nurses

The dissatisfaction in key areas of compensation, career advancement, and personal time strongly contributes to nurses' discontent. Without institutional reforms addressing these domains, sustaining nurse morale and retention may prove challenging.

5. Significant relationship between the perceived level of satisfaction and the profile of the respondents

Job satisfaction is shaped more by professional standing and demographic characteristics than by tenure. Organizational efforts to boost satisfaction should especially support younger, female, and front-line nurses who report lower satisfaction levels.

6. Difference between perceived burnout and the level of satisfaction of nurses

There exists a critical gap between how burned out nurses feel and how satisfied they are with their jobs. Addressing this disparity is vital to improving overall staff morale, healthcare service quality, and organizational retention.

7. Relationship between the perceived level of burnout and the level of satisfaction

Burnout and satisfaction are interconnected but not strictly inversely related. Organizational culture, individual resilience, and external motivators can influence this relationship, emphasizing the need for nuanced, multi-pronged interventions.

8. Developed research output

The NURSECARE 360 framework offers a strategic and evidence-based approach to addressing the dual challenges of burnout and dissatisfaction in the nursing profession. Its implementation can promote a healthier, more motivated, and more resilient nursing workforce.

RECOMMENDATIONS

Based on the findings and implications of the study, it is recommended that staff nurses be provided with continuous support mechanisms that promote emotional resilience and professional fulfillment. Institutions should offer regular stress management training, psychological debriefings, and access to mental health services to help nurses cope with the high demands of their roles. Additionally, enhancing job satisfaction through structured career development programs, fair compensation, and recognition systems can significantly boost their morale and job performance.

Nurse managers, educators, and administrators are encouraged to adopt proactive leadership strategies that emphasize emotional intelligence, empathy, and open communication. They should implement mentorship programs and cultivate supportive work environments where nurses feel valued and empowered. Training modules and curricula should also integrate burnout awareness and coping techniques, preparing both current nurses and students to manage emotional and physical stressors effectively.

To prepare nursing students for the realities of the profession, educational institutions must incorporate real-life stress management scenarios, emotional intelligence workshops, and practical self-care strategies in the academic setting. This early exposure will instill awareness of burnout risks and equip future nurses with healthy habits that enhance long-term job satisfaction and performance.

For healthcare institutions, the study underscores the urgent need to implement targeted interventions such as the NURSECARE 360 Framework, which addresses burnout prevention, job satisfaction, flexible scheduling, and professional development. Policymakers and hospital administrators should prioritize nurse well-being as a strategic investment toward improving retention, patient care, and institutional outcomes.

Lastly, future researchers are encouraged to explore innovative interventions and long-term outcomes of anti-burnout programs. Replication of this study in diverse settings can offer broader insights, and longitudinal research can examine the sustained impact of job satisfaction initiatives on workforce performance. This study serves as a foundational reference for ongoing efforts to strengthen the nursing workforce and uplift the standards of healthcare delivery.

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APPENDICES

Appendix A

INFORMED CONSENT

TITLE

Balancing the Scale: Understanding the Correlation Between Work Burnout and Job Satisfaction in Nursing Practice

STUDY PROPONENT/PRINCIPAL INVESTIGATOR

Jessie James Llanes, RN

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CONFLICT OF INTEREST

The researcher declares no conflict of interest related to the conduct of this study. This research is undertaken purely for academic purposes and is not affiliated with any commercial, political, or private interests.

INTRODUCTION

You are invited to participate in a research study that aims to explore the correlation between work burnout and job satisfaction among nurses. Please read this form carefully and ask any questions you may have before agreeing to take part in the study. Participation is entirely voluntary, and your decision will not affect your employment or professional standing in any way.

STUDY BACKGROUND AND RATIONALE

The nursing profession is inherently demanding, exposing nurses to high levels of stress, emotional labor, and compassion fatigue. This study seeks to examine how work burnout influences job satisfaction, retention, and performance among staff nurses at Mariano Marcos Memorial Hospital and Medical Center. By identifying the extent and nature of these issues, the research aims to propose meaningful interventions that can support nurse well-being and institutional effectiveness.

BENEFITS

Although there is no direct compensation for participating, your responses will contribute significantly to the understanding the factors affecting job satisfaction and burnout among nurses. Developing strategies to enhance nurse well-being and retention. Also, strengthening healthcare delivery through evidence-based human resource interventions.

RISKS

This study involves minimal risk. The survey questions are designed to be non-invasive and respectful, but some items may touch on sensitive experiences such as work stress or emotional exhaustion. You are free to skip any question or discontinue participation at any time without consequence. Should you experience distress, you are encouraged to reach out to your workplace wellness support unit or consult with a mental health professional.

PRIVACY AND CONFIDENTIALITY

Your identity will remain anonymous. No names, employee IDs, or identifying information will be collected. All responses will be treated with strict confidentiality and will be used solely for academic purposes. Data will be stored securely in password-protected files accessible only to the researcher and authorized academic

reviewers. Results will be reported in aggregate form, and no individual will be identified in any presentation or publication of this study.

CONTACT INFO

If you have further questions or concerns about your participation in this study, or if you suffer any injury related to the study, please contact:

Jessie James Llanes, RN

tenskazone@gmail.com

Name

Email Address

SIGNATURES

- I understand that my taking part is voluntary; I can withdraw from the study at any time, and I do not have to give any reasons for why I no longer want to take part.
- All my questions and concerns have been answered.
- I understand the information indicated in this informed consent form.
- By signing this form, none of my legal rights have been given up.

Signature Over Printed Name of Participant/
Substitute Decision-Maker

Date

Signature Over Printed Name of
Person Conducting the Consent Discussion

Date

APPENDIX B

SELF-DEVELOPED QUESTIONNAIRE

Appendix 3 - Questionnaire

Your honest opinion in answering the following questions will be very much appreciated. All responses will be used for this research only. This survey will only take approximately 8 to 10 minutes to answer.

Name (optional): _____

Part I. Demographic Profile of the Respondents

Age:

- ☐ Under 25 years
- ☐ 25–34 years
- ☐ 35–44 years
- ☐ 45–54 years
- ☐ 55–64 years
- ☐ 65 years and over

Sex:

- ☐ Male
☐ Female

Years of Service:

- ☐ Novice (0 year; Newly practicing nurse / Fresh graduate)
☐ Advanced Beginner (Around 1 year of clinical experience)
☐ Competent (2–3 years of clinical experience)
☐ Proficient (3–5 years of clinical experience)
☐ Expert (More than 5 years of clinical experience)

Current Position: _____

Part II. Perceived Level of Work Burnout Experienced of Nurses

Direction: Please evaluate your answers according to the following guide by putting a check mark on the rating space provided:

Scale	Verbal Interpretation
4	Strongly Agree
3	Agree
2	Disagree
1	Strongly Disagree

No.	A. Emotional Exhaustion	Scale			
		4	3	2	1
1	I feel emotionally drained by my work as a nurse.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	I feel fatigued when I wake up and have to face another workday.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	I feel burned out from my work responsibilities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	I feel frustrated by the emotional demands of my job.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	I feel used up at the end of a work shift.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	I feel emotionally drained from putting too much effort into my work.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	I feel overwhelmed by the stress of nursing work.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	I lack the energy to do things outside of work because of my job.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	I feel emotionally exhausted even before my shift ends.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	I feel I can't take it anymore due to the stress at work.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

No.	B. Depersonalization	Scale			
		4	3	2	1
1	I feel indifferent toward my patients' problems.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	I feel I treat some patients as if they were impersonal objects.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	I have become more cynical about whether my work makes any difference.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4	I feel I am less sensitive when dealing with patients.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	I find it hard to connect emotionally with my patients.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	I feel detached from the people I care for.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	I feel less concerned about patients' needs than I used to.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	I find myself being impatient or irritated with patients.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	I feel that patients blame me for problems I cannot control.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	I avoid emotional engagement with my patients to protect myself emotionally.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

No.	C. Reduced Personal Accomplishment	Scale			
		4	3	2	1
1	I feel I am not accomplishing worthwhile things in my work.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	I feel ineffective in dealing with nursing responsibilities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	I doubt the significance of the work I do.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	I feel my work fails to make a real difference.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	I feel unproductive at the end of my shift.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	I feel I am not developing professionally through my job.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	I feel unsatisfied with my performance as a nurse.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	I feel incompetent in some aspects of my job.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	I feel unsuccessful in helping my patients recover.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	I feel I am not achieving the goals I set in my nursing role.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part III. Perceived Level of Satisfaction of Nurses

Direction: Please evaluate your answers according to the following guide by putting a check mark on the rating space provided:

Scale	Verbal Interpretation
4	Very Satisfied
3	Satisfied
2	Dissatisfied
1	Very Dissatisfied

No.	A. Pay	Scale			
		4	3	2	1
1	I am satisfied with the amount I earn from my nursing job.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	My salary fairly reflects the work I do.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	I feel well-compensated for my level of expertise.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	I am content with the financial benefits provided by my employer.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	My current pay allows me to meet my personal and family needs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	I believe my pay is competitive with others in similar roles within the industry.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	I am satisfied with how regularly I receive my salary.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	I feel that my salary motivates me to perform better at work.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

9	I am satisfied with the overtime compensation I receive.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	I believe my income provides me financial stability.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

No.	B. Work Environment	Scale			
		4	3	2	1
1	I feel safe and secure in my workplace.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	My work environment promotes productivity and focus.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	I am satisfied with the cleanliness and organization of the facility.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	I feel supported by my colleagues at work.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	I feel that the hospital/unit provides the tools and resources I need.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	The overall atmosphere in my workplace is positive.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	I am comfortable with the physical conditions of my work setting.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	I feel respected by my supervisors and team members.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	I believe communication within the team is open and effective.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	I am proud to work in my current facility.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

No.	C. Professional Development	Scale			
		4	3	2	1
1	I am satisfied with the opportunities for training and development.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	I have access to continuing education in my workplace.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	I feel encouraged to enhance my nursing skills.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	I am given the chance to attend relevant seminars and workshops.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	I receive support for pursuing advanced degrees or certifications.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	I feel that my employer values lifelong learning.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	I have opportunities to take on new challenges and roles.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	I believe my job contributes to my professional growth.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	I am encouraged to participate in research and innovations.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	I feel I am growing professionally in my current role.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

No.	D. Work-Life Balance	Scale			
		4	3	2	1
1	I am satisfied with the amount of personal time I have outside work.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	I feel I can manage both my work and personal responsibilities well.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	My schedule allows me to spend time with my family and friends.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	I have enough rest days to recover from work-related fatigue.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	I can enjoy leisure and relaxation despite my work schedule.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	I feel in control of my time both at work and at home.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	I believe my job supports a healthy lifestyle such as time for exercise, sleep, and healthy habits.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	I rarely feel that work interferes with my personal life.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	I am able to maintain my hobbies and interests.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	I feel satisfied with how I balance my professional and personal life.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

APPENDIX C

CONCEPT PAPER

"RENEW AND REVITALIZE

A WELLNESS SEMINAR FOR HEALTHCARE PROFESSIONALS"

Learning Objectives

By the end of the seminar, attendees were able to:

1. Name the warning signs and symptoms of professional burnout, professional compassion fatigue and ascertain when they first notice them in others and themselves.
2. Learn how long-term stress affects their hearts, their minds and the correlation between prolonged stress and the physical illness; in effect, the paradigm that chronic stress causes physical illness.
3. Learn various useful skills of self-care, such as mindfulness, simple breathing, time management, and stress-reduction strategies that can be easily added to a busy working schedule.
4. Write individual action plans that are realistic and concrete about what steps they can take towards incorporating wellness in their everyday lives and adhering to at least one new self-care behavior.
5. Develop a good peer community that would support and contribute to the continuity of new health and wellness programs in the work place and shift to the team-based focus on well-being.

Rationale

The medical career may be a high-stress and demanding field; however, there is no doubt about its nobility and the rewarding nature of this career. Their committed employees had to contend with long working hours, emotionally draining scenarios

as well as the constant strain of making the important decisions. This set up of issues usually resulted in high degrees of burnout and compassion fatigue, which is defined through the construction of emotional exhaustion, depersonalization, and decreased sense of personal accomplishment. Not only these conditions affected the well-being of individual employees, but they also led to reduced job satisfaction and a turnover rate and a deterioration of the quality of patient care as well. A research by the world health organization has already established that chronic workplace stress can result into serious health problems and hence the imperative introduction of a proactive method.

This seminar was not some short-term quick fix but a long-term strategic investment in what is most important our people. We acknowledged the fact that staff well-being is directly related to quality of patient care, staff retention and sustained morale within an organization. Equipping our employees with the skills and knowledge to counter the effects of burnout before it is too late not only improved the personal health of our employees, but it strengthened the healthcare infrastructure itself as a whole. This was a move to have a stronger, participatory, and ultimately, a more productive workforce. It was an affinity with a culture that respects not only the effort our staffs make, but also the individuals concerned.

Investing in this wellness seminar we also wanted to ensure that there is a provision of appropriate institutional values that are being practiced. It provided a good signal to our employees that their well-being was of great priority. This promise may ensure a more favorable workplace and raise the level of loyalty of the staff, as well as ensure our institution is a more welcoming work environment. In the long-

term perspective, conducting staff well-being activities would go beyond simple individual employees to create a more sustainable and high-performing team that would be capable of serving the community better. The seminar was to act as the foundation to a more widely continuing wellness program that would equally extend in supporting the well-being of our staff even after the seminar was over.

Target Attendees

The seminar was explicitly designed to all clinical and non-clinical members of the staff that were directly or actively involved in the care and assistance of patients.

This comprised, but was not restricted to:

- Nurses (RN's, LPs)
- Physicians and Resident Doctors
- Medical Assistants and Orderlies
- Administrative and Front Desk Staff
- Physical and Occupational Therapists
- Social Workers and Psychologists
- Allied Health Professionals

Target Date and Venue

- Date: August 2025
- Venue: Convention Center

The date chosen at the weekend was not a coincidence since it is aimed at not interfering with important weekday hospital activities as well as to ensure numbers are high. The reason why the venue was chosen is because of its central and convenient location, the fact that it has large capacity that can easily accommodate all the

attendees and also because of its state of the art facilities which will enable a conducive learning environment.

Budget

The total estimated budget for the seminar was **₱675,000**, which was allocated as follows:

ITEM	COST (PHP)	DETAILED DESCRIPTION
Venue Rental	₱157,500	This included all day use of the Convention Center with use of existing chairs, tables and a basic sound system. This also came at a cost and it came in the form of an event coordinator provided by the venue.
Speaker Honorarium	₱180,000	The expense is the one with Dr. Evardo-Deala who is a highly sought-after expert in the sphere of occupational stress and wellness. This was her speaking fee, travel allowance, and accommodation.
Catering (Lunch & Coffee Breaks)	₱135,000	This was a per diem that included a catered and healthy lunch and two coffee breaks. Five core items were provided on the menu consisting of fresh fruits, sandwiches, and a main dish and beverage to accommodate different diets.
Workshop Material & Hand-outs	₱67,500	It included the expenditure on the printing out of high quality booklets, custom-made work booklets to each attendee, pens and note pads.
AV Equipment & Technical Support	₱45,000	To get professional projector, wide screens, wireless microphone, and a technician to manage the equipment properly, to make it work without the issues.
Event Staff & Logistics	₱45,000	Paid the expenses of event coordinators, ushers, and registration people. This even involved the expenditure of money on security of the event.
Contingency	₱45,000	A 5% cushion to be used in any unforeseen expenses e.g. more people will come, a sudden requirement of some other equipment or things suddenly change at the last moment.
Total	₱675,000	A well planned and thorough budget that aims at achieving a high quality and effective seminar.

Program

TIME	SESSION TITLE	DESCRIPTION
8:00 AM – 8:45 AM	Registration and Welcoming Breakfast	You were also greeted very well at the entrance to the venue by the courtesy of the staff of the event. They were requested to sign in and they were given their seminar kits as well as a light but healthy breakfast which contained local Filipino delicacies. This was also a period to get into instant networking.
8:45 AM – 9:00 AM	Opening Remarks	A short motivating message by one of the higher echelons of leadership. The speaker emphasized how important the well-being of the staff is to the organisation and put the stage on self-care and professional development.
9:00 AM – 10:30 AM	Keynote: "Understanding Burnout & Compassion Fatigue in the Philippine Context"	Dr. Evardo-Deala gave a very interesting keynote. She framed her presentation in a manner that appealed to the local culture and issues that were affecting the health practitioners in the Philippines. She demystified burnout and compassion fatigue by using case studies we could relate to and scientific data that gave a background to the information to follow the day.
10:30 AM – 10:45 AM	Morning Coffee and Networking Break	A time off where the attendees can have a stretch and refreshment break and interact with peers.
10:45 AM – 12:15 PM	Workshop 1: "Mindfulness and Stress Reduction Techniques"	This workshop session presented practical tools to the attendees. They were led through easy, 5-minute mindfulness trainings, practiced breathing exercises, and learned how they could employ these elements to calm down pressurized events.
12:15 PM – 1:15 PM	Lunch Break	A full, (paid) lunch was provided and this was a selection of healthy, delicious Filipino food. This was an essential moment that attendees needed to relax and freely interact with other employees who work in other departments.

1:15 PM – 2:45 PM	Workshop 2: "Time Management, Boundaries and Saying 'No'"	This was a very practical workshop Participants were given the drills on how to prioritize, establish firm but diplomatic barriers between them and the patients and their co-workers, and how to avoid over commitment and say the word no. The session would help the attendants feel that they have a say in their career.
2:45 PM – 3:00 PM	Afternoon Coffee and Snack Break	A little breaks with snacks and beverages so that the attendees can revitalize themselves before the final session.
3:00 PM – 4:30 PM	Panel Discussion: "Building a Resilient Community"	Our own panel, made up of three judged-respectable health professionals in the area, talked about their personal struggles and the ways they coped to prevent burnout. This session served as an open space to exchange experiences and a Q&A where the client can engage and communicate with and pose questions to his peers to gain a sense of shared experience and belonging.
4:30 PM – 5:00 PM	Closing Remarks, Action Planning and Evaluation	The seminar ended with an overview of the most important lesson of this day. People were requested to complete a personal Wellness Action Plan form and a detailed assessment form. Attendance certificates were issued to them to show they were present and determined to take care of themselves.

Suggested Speaker



Dr. Ronadora Evardo-Deala, Ph.D, RPsy, RGC, Rpm, LPT

Dr. Deala was a leading and very senior clinical psychologist and had 18 years' experience. She provided a broad scope of services such as online and face to face counselling, psychotherapy and psychological assessment. She knew the systemic and cultural strains that were distinct among Filipino medical professionals because of her experience. She was a so-called evidence-based practitioner; her style had been both empathetic, as well as culturally sensitive in her presentation of the information which qualified her to be a very effective, as well as respectable speaker in the area of consultation. She had in the past done such successful seminars and workshops with some of the high profile hospitals in the area thus having received very good reviews besides gaining a good reputation of giving fruitful workshops and seminars that passive and useful.

<https://www.cdc.gov/niosh/healthcare/risk-factors/stress-burnout.html>

<https://www.therapyroute.com/therapist/ronadora-evardo-deala-davao-city-ph>

APPENDIX D

CERTIFICATE OF STATISTICAL TREATMENT

This is to certify the study entitled

**BALANCING THE SCALE: UNDERSTANDING THE
CORRELATION BETWEEN WORK BURNOUT AND
JOB SATISFACTION IN NURSING PRACTICE**

Prepared by

JESSIE JAMES R. LLANES

Name of Student Researcher

has undergone statistical treatment



Mr. Kim B. Gallano

Statistician/PRC License No. 2263074

Name of Certified Statistician

July 6, 2025

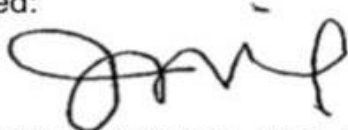
Date

APPENDIX E

GRAMMARIAN'S CERTIFICATION

This is to certify that the undersigned has reviewed each page of this study entitled: **BALANCING THE SCALE: UNDERSTANDING THE CORRELATION BETWEEN WORK BURNOUT AND JOB SATISFACTION IN NURSING PRACTICE** by **JESSIE JAMES LLANES** as against the sets of instructional rules that govern the composition of sentences, phrases, and words in the English language.

Signed:



JEROME S. TORRIL, LPT, Ed.D.
GRAMMARIAN

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Date: AUGUST 4, 2025