

Social Support on the Professional Quality of Life among Nurses in a Government Hospital

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ABSTRACT

Social support improves job satisfaction, stress, and burnout. It protects against work-related stress, improving mental and physical health. Strong social support can boost resilience, empowerment, and stress management. How social support impacts professional quality of life among nurses has not been widely studied at the local level. This quantitative research utilized the descriptive, correlational design to assess the interrelationship among personal characteristics, perceived social support, and professional quality of life of the nurses in a government hospital in Lanao del Sur for the first quarter of 2025. Findings of the study revealed that majority of the respondents belonged to the 29 to 59 years old and were females. Over one third were equally distributed from Islam and Roman Catholics. There was an equal number of singles and married and majority had bachelor's degree and were regular employees. Half were holding with Nurse II positions and majority had served for one to three years. Overall, the perceived social support for nurses was very high specifically in terms of the significant other and friends. Overall, the professional quality of life of the respondents was average. Compassion satisfaction, compassion fatigue, burnout, and secondary traumatic stress were average. Age, sex, religion, marital status, highest educational attainment, employment status, position, and years of employment were not correlated with perceived social support. Religion was correlated with compassion satisfaction. Age, sex, religion, marital status, highest educational attainment, employment status, position, and years of employment were not correlated with compassion fatigue. Age, sex, religion, marital status, highest educational attainment, employment status, position, and years of employment were not correlated with professional quality of life. Perceived social support was correlated with professional quality of life. In order to address the findings of the study, a professional quality of life enhancement plan is proposed.

Keywords: Descriptive, Correlational Design; Nurses; Perceived Social Support; Professional quality of Life.

INTRODUCTION

It is important that nurses gain high levels of professional quality of life. It means that they need to gain higher levels of satisfaction towards serving their patients and having low levels of burnout and stress. To achieve this, nurses a great deal of social support as well. Gaining support from family, friends and significant others is pivotal in achieving high levels of professional quality of life. According to NovoPsych (2023) Professional Quality of Life is the quality one feels in relation to one's work as a helper. Both the positive and negative aspects of doing one's job influence one's professional quality of life. Professional quality of life has three aspects: (a) Compassion satisfaction (pleasure you derive from being able to do your work well); (b) Burnout (exhaustion, frustration, anger and depression related to work); and (c) Secondary Traumatic Stress (feeling fear in relation to work-related primary or secondary trauma). Gaining high levels of professional quality of life allows the individual to self-monitor their satisfaction and as a prompt for self-care and tracking professional quality of life over time to help inform workload, leave and support decisions.

In one study among nurses, scores were slightly moderate on the compassion satisfaction, burnout, and secondary traumatic stress levels. Compassion satisfaction was statistically significantly and negatively associated with burnout. A statistically significant relationship was reported between compassion satisfaction and secondary

traumatic stress. Further, there was a statistically significant association between burnout and secondary traumatic stress. In regression, only the secondary traumatic stress model was statistically significant (Bahari et al., 2022).

Somehow, this experience of compassion satisfaction, burnout, and secondary traumatic stress levels may be influenced by having a good support system. How nurses experience these variables may be mediated by the presence of a strong social support. The concept of social support is multidimensional and can be incorporated into a larger context termed social capital, where social support and social networks are parts (Rostila, 2011 as cited in Eriksson, 2021). Social support and social networks are described in different ways; mainly these can be presented as (1) structurally and functionally and (2) formally and informally (Kent de Grey et al., 2018 as cited in Eriksson, 2021). Nursing care can, for example, be a formal support to people who have no close friends.

The structural aspect of social support refers to the existence and size of a social network, and the extent to which the person is connected within a social network, like the number of social ties (quantity of the relationships) and the characteristics of the social exchanges between individuals (e.g., social support activities, frequency of interactions). Relationships with family, friends, and members in organizations might contribute to social integration (Kent de Grey et al., 2018 as cited in Eriksson, 2021; 3]. The functionally/qualitative aspect of social support refers to a person's appraisals of the social support he or she experience, or how integrated a person is within his or her social network; that is, the quality or depth of the relationships (Kent de Grey et al., 2018 as cited in Eriksson, 2021; Taylor, 2011 as cited in Eriksson, 2021). Furthermore, the specific functions that members in a social network can provide such as emotional (i.e., reassurance of worth, empathy, affection), instrumental (i.e., material aid), and informational (i.e., advice, guidance, feedback) (Kent de Grey et al., 2018 as cited in Eriksson, 2021; Cutrona & Russel, 1987 as cited in Eriksson, 2021; Sarason et al., 1990 as cited in Eriksson, 2021) are also vital aspects of social support. Thus, social support refers to the cognitive/functional qualitative aspects of human relationships, such as the content and availability of relationships with significant others, whereas social network refers to the quantitative and structural aspects of these relationships (Kent de Grey et al., 2018 as cited in Eriksson, 2021; Sarason et al., 1990 as cited in Eriksson, 2021).

In the study of Chang and Cho (2021), it was revealed that social support reduces the negative results of emotional labor. Greater social support from colleagues was associated with better health on all measures. However, greater social support from supervisors was associated with a higher incidence of burnout, stress, and sleeping troubles. Nurses' high emotional demands must be managed actively by hospitals to maintain and promote their health. Providing appropriate social support with consideration of the nurse's unit experience would help decrease the effects of emotional demands. Enhancing social support from nursing colleagues is a powerful way to manage the negative effects of nurses' emotional demands.

In the observation of one of the researchers, nurses are indeed exposed to high levels of burnout in the hospital but this was just some sort of the verbalizations made by nurses. There is really no supporting data in terms of the levels of burnout that the nurses are exposed to. It is certain that there is burnout but the levels is uncertain. Further, nurses also expressed their satisfaction on helping patients. They always say that it is priceless when patients thank them for caring for them especially when they are about to be discharged. |But again, there had been no baseline information about this. Further, the amount of support they received from their families, friends and significant others are also not established. For others they have very supportive families and friends on them working in a profession that is characterized by stress and burnout. It is clear that there is a knowledge gap.

And as a methodological gap, the study tries to assess whether the perceived social support influences professional quality of life. The study will further look into this phenomenon. And, similarly, there had been no previous studies conducted in the hospital before about this. The study is primarily conducted to establish baseline information and one good way to address these gaps is to produce an output—professional quality of life enhancement plan. This plan will greatly help nurses gain high levels of professional quality of life along with strengthening social support among nurses. This will benefit the patients as recipients of care being taken cared of nurses who have high levels of professional quality of life and high levels of social support. In the end, the study will greatly help in achieving the third sustainable developmental goal of good health and well-being.

Research Objectives

The main purpose of the study was to assess the interrelationship among personal characteristics, perceived social support, and professional quality of life of the nurses in a government hospital in Lanao del Sur for the first quarter of 2025.

The study specifically answered the following queries:

1. What were the personal characteristics of the nurses in terms of age; sex; religion; marital status; highest educational attainment; employment status; position; and years of employment?
2. What was the perceived social support of the nurses in terms of significant other; family; and friends?
3. What was the professional quality of life among nurses in terms of compassion satisfaction and compassion fatigue in terms of burnout and secondary traumatic stress?
4. Was there a significant relationship between personal characteristics and perceived social support?
5. Was there a significant relationship between personal characteristics and professional quality of life?
6. Was there a significant relationship between perceived social support and professional quality of life?
7. What professional quality of life enhancement plan was proposed based on the findings of the study?

Statement of Null Hypotheses

Ho1: There is no significant relationship between personal characteristics and perceived social support of the nurses.

Ho2: There is no significant relationship between personal characteristics and professional quality of life of the nurses.

Ho3: There is no significant relationship between perceived social support and professional quality of life of the nurses.

REVIEW OF RELATED LITERATURE AND STUDIES

Social Support. Review literature results from 10 articles stating that social support is significantly and positively influential with nursing work satisfaction, social support to moderate work satisfaction against psychological pressure, as well as social support and job satisfaction affecting the desire of nurses to not abandon their work (turnover). Social support can affect the jobs satisfaction of nurses, unresolved dissatisfaction can reduce the quality of nursing services and will have an impact on increasing the mortality rate (Istichomah et al., 2021). Findings in the study of Zhang et al. (2023) showed that social support mediates the relationship between empathy and compassion fatigue among clinical nurses. This finding suggests that increasing nurses' social support can decrease the prevalence of compassion fatigue. Nursing managers should provide training related to flexibly adjusting empathy and educating nurses to establish effective social networks with family, friends, and colleagues to prevent compassion fatigue.

There is evidence that nurses in clinical settings value and are benefited by various forms of support from their supervisors. They also report lower distress when they have supportive personal relationships outside of work, although support from managers remains key. Support needs have been examined in different cultures and findings indicate that nursing in some parts of the world can be fraught because of cultural beliefs about the profession and about appropriate ways of enacting support (Donovan & Greenwell, 2021). The following attributes of social support were found: (a) structural (social integration and social support network); (b) educational (academic support and support of a role model); (c) psychosocial (emotional, positive appraisal, and self-esteem supports); and (d) instrumental (informational and material supports). Furthermore, social support was found to have the following antecedents: (a) stress and crisis, (b) personal need, (c) social network, and (d) social climate. The consequences of social support were as follows: (a) improved mental health and (b) quality of life (Choi et al., 2024).

The results of an empirical study verified an integrative model of social support. In addition, no gender difference was found in these associations. These findings suggest that self-compassion and professional self-concept accounted for the association between perceived social support and psychological well-being, and self-compassion was a significant predictor of professional self-concept (Zhou et al., 2022). In the study of Galanis et al. (2023), it revealed that the study population included mean age of 37.9 years. Nurses experienced moderate levels of resilience and high levels of social support. Multivariable linear regression analysis identified that increased significant others support and increased friends support were associated with increased resilience. A positive relationship between social support and resilience among nurses. Understanding of factors that influence nurses' resilience can add invaluable knowledge to develop and establish tailored programs. Peer support is essential to improve nurses' resilience and promote patient healthcare.

The results in the study of Nazari et al. (2024) showed that received social support and perceived social support are able to explain changes in the dimension of seeking social support. Received social support and perceived social support are able to explain changes after positive reappraisal, but only received social support could explain changes in accepting responsibility. This study showed that received and perceived social support have a significant correlation with ways of coping, but only able to explain the changes in social support seeking dimensions, positive reappraisal, accepting responsibility. Both types of social support are necessary, but that received social support covered more adaptive coping strategies.

Overall, the findings of the study of Nasurdin et al. (2020) revealed that all three forms of social support are imperative in motivating employees to work and exert more effort in their job tasks. This highlights the importance of supporting our nurses so that both health care organizations and health care personnel can gain a win-win situation that will benefit both parties in the long run. Through thematic analysis, the current study found that these nurses interacted with the crisis situation to evaluate their social support needs and the plausibility of fulfilling these needs. They focused on the support that was available or at least perceived to be available and let go of certain needs that could not plausibly be addressed in that moment. Peer-to-peer support was critical during this process, and nurses avoided sharing concerns with their families as they enacted protective buffering. The findings also highlight the complex and dynamic nature of social support as nurses interact with their peers and evaluate the support they receive. Peers helped with haptic support like providing hugs to coworkers, and at times even became surrogates for coworkers' family members as they participated in communal coping (Sahay & Wei, 2022).

In the study of Sohaib et al. (2023), descriptive statistics showed that there is high support from friends/family, Moderate support from Co-workers and low support from supervisor. The result in the study of Entrata & Nicomedes (2024) showed a high level of emotional intelligence and perceived social support among the respondents. Furthermore, it was also found that nurses have an average level of psychological well-being. In the study of Lin et al. (2024) revealed that respondents had a moderate level of perceived social support and lack of occupational coping self-efficacy. In the study of Samson (2020) revealed that most respondents perceived high-level social support from family, friends and significant others.

Profile of the Nurses. According to Bettencourt (2024), in the ever-evolving world of healthcare, embracing diversity in all its forms is essential for providing exceptional patient care and cultivating a lively workplace. Age diversity, in particular, plays a major role in promoting professional growth and personal fulfillment. According to Suryadana (2023), the educational pathway for aspiring nurses in the Philippines involves completing a Bachelor of Science in Nursing (BSN) degree from an accredited nursing school or university. This four-year program provides comprehensive training in nursing disciplines and includes practical clinical experience in healthcare settings. After the BSN degree, graduates take the Nursing Licensure Examination to become licensed nurses. Alternative routes offer flexibility for nursing career seekers. The educational pathway equips nurses to deliver quality care and impact health positively. According to Lindquist (2023), healthcare institutions are dealing with unprecedented turnover rates across all clinical roles, but nurse turnover in particular is reaching catastrophic proportions. According to a survey conducted by NSI, a national nurse recruitment firm, the average turnover rate for staff registered nurses in 2021 was 27.1 percent.

Professional Quality of Life. In the study of Niu et al. (2022), the scores of compassion satisfaction (CS), burnout (BO) and secondary traumatic stress (STS) were 38.09, 21.77, and 20.75, respectively. The STS and CS scores were higher than the critical value. None of the nurses reported a low level of CS or a high level of BO and STS. The survey indicated that the majority reported average levels of compassion satisfaction, burnout, and secondary traumatic stress (Ayed et al., 2024). The findings revealed varying levels of professional quality of life. Specifically, majority of the participants exhibited low compassion satisfaction, while over half and another over half experienced average levels of burnout and secondary traumatic stress, respectively. As the finding of this study indicates, there is a positive correlation between compassion satisfaction and job satisfaction in nursing. (Saliya et al., 2024).

The ProQOL scores for compassion satisfaction was 35.9, compassion fatigue (burnout) was 21.8, and compassion fatigue (secondary traumatic stress) was 23.5. A significant mean difference were found in the ProQOL level based on environmental factors related to pediatrics and family (Balakhdar & Alharbi, 2023). Finally, professional quality of life showed a positive relationship with life satisfaction. (Sansó et al., 2020). Majority of the nurses experienced high levels of burnout, while the respective percentage for the other HCWs was over three quarters (Galanis et al., 2023). Over half of the nurses reported suffering from a high level of burnout. In the multivariate logistic regression analysis, night duty shift, excessive workload, staff shortage, persistent interpersonal conflict, and nurses' poor health status demonstrated a statistical significant association with the professional burnout (Feleke et al., 2022).

Personal Characteristics and Social Support. Interaction analyses showed that parents with a migration background and a low educational level were particularly susceptible to perceiving lower levels of support. Fathers, parents with a low educational level, parents with a low income, unemployed parents, parents of older children, and parents with both a migration background and a low educational level are at increased risk of perceiving lower levels of social support (Fierloos et al., 2022). Regression analysis showed that social support and professional self-concept influenced SWB. There were statistically significant differences in age, title, working years, social support and professional self-concept among nurses in the different well-being categories. Ordered logistic regression analysis showed that social support and professional self-concept are associated with different SWB profiles (Miao et al., 2024).

Personal Characteristics and Professional Quality of Life. In the study of Borges et al. (2021), nine studies report a positive association between spirituality or religiousness (S/R) and health-related quality of life (HRQoL). In the study of Adolfo (2021), age is significantly associated with the burnout subscale and with secondary traumatic stress. Monthly salary is significantly associated with the compassion satisfaction subscale and STS. Meanwhile, the working hours' figure is significantly associated with compassion satisfaction subscale. Finally, the practice environment of nurses shown is significantly associated with compassion satisfaction subscale and secondary traumatic stress. Most of the participants showed an average level of compassion satisfaction, burnout, and secondary traumatic stress. The study revealed a significant mean difference between demographic characteristics (marital status and having children at home) and three professional quality of life subscales. Similarly, the study did not yield significant mean differences between the work-related variables and three professional quality-of-life subscales (Shresta et al., 2023).

The main demographic variables that influenced professional quality of life were years of work experience, nurses' education with specific reference to a bachelor's degree and nurse-patient ratio (Ndlovu et al., 2022). There was a statistically significant and negative relationship between total job stress scores with quality of life and caring behaviors. Univariate linear regression showed that job stress alone could predict 27.9 percent of the changes in the total quality of life score and 4.9 percent of the changes in the total score of caring behaviors (Babapour ewt al., 2022).

Social Support and Professional Quality of Life. In the study of Ruiz-Fernandez et al. (2021), perceived social support was found to be significantly related to all three dimensions of professional quality of life, but it had the greatest influence on the occurrence of burnout. According to the results obtained from the study, correlation analysis indicated that the score of EE, DP and PAs were negative associated with the score of SS. The univariate

analysis and multivariate analysis results also revealed that the SS score negative associated with DP score and positively associated with PAs score after controlling for age, gender, marital status, working years, income, educational level and job title. SS have a significantly influences on depersonalization in hospitals nurse. This study also suggests that we should pay more attention to the relationship between burnout and reduced personal accomplishment in future studies (Nie et al., 2015).

Secondary Traumatic Stress (STS) had a significant and positive correlation with burnout; social support from family, friends, and significant others were each significantly and negatively associated with STS and burnout. STS had a significant effect on social support and burnout. Social support had a significant and partial effect on the relationship between STS and burnout (Shaqiqi & Abou El-Soud, 2024). Most of the review results showed a significant relationship between social support and burnout among nurses. Furthermore, social support and burnout factors include workload, interpersonal relationships, work environment, availability of resources, demographic factors, perceptions of support, mental and emotional health, and social and cultural factors (Sukmayanti et al., 2024). The findings in the study of Wu et al. (12023) revealed that the relationships among workplace social support, nurses' stressors, and job burnout were all substantial. The direct effect of nurse stress on job burnout was 0.551, comprising 90.7 percent of the cumulative effect. In contrast, the indirect effect of nurse stress on job burnout, considering workplace social support, amounted to 9.3 percent of the total effect.

Perceived stress was correlated positively and significantly with emotional exhaustion and personal accomplishment. Social support correlated significantly with and reduced personal accomplishments. Age, poor interpersonal relationships, perceived stress, and social support were all independent factors associated with neonatal nurse burnout (Huang et al., 2023). Burnout was reported, to a greater or lesser extent, in all the articles analyzed, and the SS received by nurses in the workplace from supervisors and coworkers was found to play a fundamental role in preventing the syndrome. However, to date the bibliography on this issue is scant, and there is little consensus as to the degree of SS received (Velando-soriano et al., 2019). Social support was found to mediate the negative effects of burnout on health regardless of gender. Differences across the three dimensions of burnout and health are further discussed, along with their implications for designing effective burnout interventions for health care professionals (Ruisoto et al., 2021).

RESEARCH METHODOLOGY

Design. The quantitative research made use of the descriptive, correlational research design. In application to the study, the descriptive design was used in determining the personal characteristics of the nurses, the perceived social support, and the professional quality of life of the nurses. The correlational design was used to assess the interrelationship among personal characteristics, perceived social support, and professional quality of life.

Environment. The study was conducted in the Nursing Department of X Hospital. X Hospital is located in Wao Lanao del Sur, a remote area of autonomous region in Muslim Mindanao, a second municipality in the province of Lanao del sur, Philippines. X Hospital is a level 1 licensed hospital with authorized 25 bed capacity but actual implementing bed capacity of 80. The health care services have increased and have improved significantly since it had started admitting patients. The nursing department is one of the largest department in the hospital providing nursing care to patients 24/7 in all special areas and wards of the hospital. Having an active role in patient care, it is also right to assess the social support and their q2uality of life as this also has an indirect effect to patient care. Thus, the choice of the environment.

Respondents. The nurses working at the hospital were the ones who are taking part in the study. The hospital is home to forty registered nurses working there.

Sampling Design. A complete enumeration was instituted therefore there was no sampling. By complete enumeration, all those who qualified based on the inclusion and exclusion criteria were invited to participate in the study.

Inclusion Criteria. The following were the inclusion criteria for the study: All nurses working in the hospital regardless of age, gender, religious affiliation, marital status, educational attainment, or employment classification. As long as they had already been employed for a period of three months, job orders and contractals were included. They were required to have a current license and should be actively involved in the management of patients. Last but not least, nurses should be willing to provide their agreement to participate in the study on a voluntary basis.

Exclusion Criteria. Those individuals who had been hired for a period of time that was less than three months were not included in the study since it was necessary for them to have previously been fully established in the care of patients where social support and professional quality of life had been already established. Additionally, nurses who had already submitted their resignation and retirement intentions were excluded in the study since it was possible that they would provide responses that were skewed as a result of their perceived prejudice. Individuals who occupied administrative positions, such as supervisors and the chief nurse, were excluded.

Instruments. The study made use of a three-part instrument. Part two and three of the instrument were adopted from previous studies. Part one of the study determined the personal characteristics. Part two was the standard instrument—The Multidimensional Scale of Perceived Social Support (Zimet et al., 1988). It is a 12-item measure of perceived adequacy of social support from three sources: family, friends, & significant other; using a 5-point Likert scale (1 = very strongly disagree, 7 = very strongly agree). To calculate mean scores: Significant Other Subscale: Sum across items 1, 2, 5, & 10, then divide by 4. Family Subscale: Sum across items 3, 4, 8, & 11, then divide by 4. Friends Subscale: Sum across items 6, 7, 9, & 12, then divide by 4. Total Scale: Sum across all 12 items, then divide by 12. Cronbach's coefficient alpha, a measure of internal reliability, was obtained for the scale as a whole as well as for each subscale. For the significant other, family, and friends subscales, the values were .91, .87, and .85, respectively. Part three of the instrument was the ProQol Version 5 by Stamm (2009). It is composed of 30 items with 2 major subscales of Compassion Satisfaction Scale (items 3, 6, 12, 16, 18, 20, 24, 27, and 30) and Compassion Fatigue. Compassion Fatigue has two subscales, namely: Burnout (items 1, 4, 8, 10, 15, 17, 19, 21, 26, and 29) and Secondary Traumatic Stress (items 2, 5, 7, 9, 11, 13, 14, 23, 25, and 28). It should be noted that items 1, 4, 15, 17, and 29 of burnout are to be reversely scored. In scoring each of the subscale, the assigned scores for the scale are summed up. In interpreting the scores for the compassion satisfaction, a score of 22 or less is interpreted as low; a score between 23 and 41 is average; and a score of 42 or more is high. Alpha scale reliability for Compassion satisfaction was .88; Burnout was .75; and Secondary Traumatic Stress was .81 (Stamm, 2009).

Data Gathering Procedures. In the beginning, the research project began with the submission of three different research titles for approval. Immediately following the approval of a title, an advisor was chosen. Transmittal letters were processed to seek approval from the Dean of the College of Allied Health Sciences and the Chief of the hospital. An expert panel was present at the design hearing that was conducted for the study to check for technical and ethical soundness of the paper. Following this step was the processing of the ethical approval. Once a notice to proceed had been issued, this signified the beginning of the recruitment process for the first respondent. Given that the individuals who were responding to the questions were the nurses working at the hospital, the researcher personally distributed the questionnaires by face-to-face intercept method. The completion of this task took place either before their shifts, during their break periods, or after their shifts at a location where they were able to maintain their privacy. After they had completed the questionnaire, they had the choice of having it retrieved at a later time or immediately after they had answered it. Checks were made to ensure that the surveys were complete once they had been received. When a questionnaire was incompletely filled-out, it was returned for completion. Until all of the nurses had been recruited, this procedure was performed repeatedly. Every piece of information was compiled in Excel format, and then it was sent to the statistician so that it can be subjected to pertinent statistical analysis. Tables were used to present the data, along with interpretations, implications, and studies and literature that support the findings. When the manuscript was done, the study was presented for a final defense before the same panel of experts that attended the design hearing. All of the questionnaires that had been filled out were destroyed or shredded after the final defense.

Statistical Treatment of Data. The following descriptive and inferential statistics were used to treat the data: (a)

Frequency Distribution and Simple Percentage were used to present the personal characteristics of the nurses. (a) Mean score and Standard Deviation were used to determine the perceived social support and professional quality of life of the respondents. (b) Chi Square and Cramer's V were used to assess the significant relationship between personal characteristics and perceived social support and personal characteristics and professional quality of life. The Cramer's V was used to assess the strength of the relationship should there be a relationship in the chi square. Pearson r was used to assess whether perceived social support was significantly correlated with professional quality of life of the respondents.

Ethical Considerations. The research study was submitted to the ethics committee of both the university and the hospital. Ethical approval was sought prior to the start of data gathering to make sure that the welfare of the respondents were protected.

Presentation, Analysis, And Interpretation of Data

Table 1 Personal Characteristics of the Nurses

Personal characteristics	f	%
Age		
18 to 28 years old (Generation Z)	15	37.50
29 to 59 years old (Generation Y)	25	62.50
Sex		
Male	7	17.50
Female	33	82.50
Religion		
Roman Catholic	17	42.50
Islam	18	45.00
Others (Protestant, Seventh Day Adventist, Apostolic Minister for Christ, IFI, and Baptist)	5	12.50
Marital Status		
Single	20	50.00
Married	20	50.00
Highest Educational Attainment		
Bachelor's Degree	34	85.00
Master's Degree	6	15.00
Employment Status		
Regular	35	87.50
Job Order	5	12.50
Position		

Nurse	5	12.50
Nurse I	13	32.50
Nurse II	20	50.00
Nurse III and Nurse IV	2	5.00
Years of employment		
1 to 3 years	25	62.50
4 to 6 years	5	12.50
7 to 9 years	1	2.50
10 years and above	9	22.50

Note: $n=40$.

The table shows that majority of the respondents were belonging to the 29 to 59 years old while the remaining over one third were belonging to the 18 to 28 years old. Majority of the respondents were females while few were males. Over one third of them were Islam and also Roman Catholics while few were belonging to the religious group of Protestants, Seventh Day Adventist, Apostolic Minister for Christ, IFI, and Baptists. There was an equal number of singles and married. These data implies the diversity of nurses employed in healthcare institutions. They come from different walks of life having different age groups, coming from different genders, religion, and different civil status. According to Bettencourt (2024), in the ever-evolving world of healthcare, embracing diversity in all its forms is essential for providing exceptional patient care and cultivating a lively workplace. Age diversity, in particular, plays a major role in promoting professional growth and personal fulfillment.

Majority of the nurses had bachelor's degree while very few had master's degree. To become a nurse in the Philippines is to just get a bachelor's degree and pass the licensure examination. However, if one is a nurse supervisor, masteral units are required. According to Suryadana (2023), the educational pathway for aspiring nurses in the Philippines involves completing a Bachelor of Science in Nursing (BSN) degree from an accredited nursing school or university. This four-year program provides comprehensive training in nursing disciplines and includes practical clinical experience in healthcare settings. After the BSN degree, graduates take the Nursing Licensure Examination to become licensed nurses. Alternative routes offer flexibility for nursing career seekers. The educational pathway equips nurses to deliver quality care and impact health positively.

Majority of the nurses were regular employees while a few of the were job orders. Half of the respondents were with Nurse II positions while over one third were Nurse I. Few of the nurses were unranked and very few were Nurse III and IV. This can be explained in relation to the next data on the number of years the nurses had been with the organization. Considering that they are relatively new, they take the Nurse II positions. Majority of the respondents had served for one to three years while almost a quarter had served for ten years of more. Few had served for four to six year while very few had served for seven to nine years. The influx of new nurses can be explained from the fact, that there is a fast turnover among nurses. According to Lindquist (2023), healthcare institutions are dealing with unprecedented turnover rates across all clinical roles, but nurse turnover in particular is reaching catastrophic proportions. According to a survey conducted by NSI, a national nurse recruitment firm, the average turnover rate for staff registered nurses in 2021 was 27.1 percent.

Table 2 Perceived Social Support of Nurses

Dimensions	Mean score	SD	Interpretation
Significant other	5.99	.972	Very high

Family	6.17	.656	Extremely high
Friends	5.99	.758	Very high
Grand mean	6.05	.630	Very high

Note: $n=40$.

Legend: A score of 1.00 – 1.86 was extremely low (very strongly disagree), 1.87 – 2.72 was very low (strongly disagree), 2.73 – 3.58 is low (disagree), 3.59 – 4.44 is neutral (neither agree nor disagree), 4.45 – 5.30 was high, 5.31 – 6.16 was very high (strongly agree), 6.17 – 7.00 was extremely high (very strongly agree).

Overall, the perceived social support for nurses was very high. This implies that when someone has a very high perceived social support, it indicates that they have a strong belief that they have a network of people who are reliable and helpful, who care about them, who respect them, and who are willing to provide assistance and resources whenever they are required. This idea involves the sensation of being connected to other people and having their particular social requirements satisfied. Supporting the findings, the result in the study of Entrata & Nicomedes (2024) showed a high level of emotional intelligence and perceived social support among the respondents. Furthermore, it was also found that nurses have an average level of psychological well-being.

In terms of the significant other providing social support, this was rated as very high. They strongly agreed that there was a special person who was around when they were in need, that there was a special person with whom they shared their joys and sorrows, they had a special person who was a real source of comfort to them, and there was a special person in their lives who care about their feelings. This implies that when a person has a strong belief that they are cared for, respected, and that their spouse fulfills their social requirements, they are said to have a high perception of social support from their significant other. Even though it is a subjective experience, this perception is associated with a number of favorable consequences, including improved mental and physical outcomes. This shows that the partnership is robust and supportive, and that the individual feels valued and connected to the relationship. Contrary to the findings, in the study of Lin et al. (2024) revealed that respondents had a moderate level of perceived social support and lack of occupational coping self-efficacy.

Additionally, the family providing social support was extremely high. The respondents very strongly agreed that their family really tried to help them and that they got the emotional help and support they needed from their family. Moreover, they strongly agreed that they were able to talk about their problems with their family and that their family was willing to help them make decisions. This implies that when an individual has a very high perceived social support from their family, it indicates that they have a strong belief that their family will provide them with comfort, assistance, and care when experiencing difficult circumstances. A sense of well-being is fostered as a result of this notion, which leads to feelings of connection and respect, as well as the fulfillment of social requirements. Supporting this finding, in the study of Muhammad Sohaib et al. (2023), descriptive statistics showed that there is high support from friends/family, Moderate support from Co-workers and low support from supervisor.

Lastly, on they received a very high social support from friends. They strongly agreed that their friends really tried to help them, they can be counted on when things went wrong, they had friends with whom they shared their joys and sorrows, and they were able to talk about their problems with their friends. This implies that having a strong feeling that one's social requirements are being satisfied by friends and that friends are accessible to provide help during times of need is indicated by having a very high perceived level of social support from friends. This sense of support is essential for psychological health and resiliency, serving as a buffer against the negative effects of stress and adversity. Confirming the findings, in the study of Samson (2020) revealed that most respondents perceived high-level social support from family, friends and significant others.

It is essential for nurses to have high levels of perceived social support since these levels have a direct influence on their overall performance, as well as their well-being and job overall satisfaction. Studies have shown that receiving

social support from coworkers, bosses, and family members can reduce feelings of stress and burnout, as well as intentions to leave a job, while simultaneously increasing job satisfaction. In the end, this helps to improve the quality of care provided to patients and creates a more stable nursing staff.

Table 3 Professional Quality of Life among Nurses

Dimensions	Average Score	<i>f</i>	%
Compassion Satisfaction			
Low	0.00	0	0.00
Average	35.88	34	85.00
High	42.67	6	15.00
Average Score	36.90	Average	
Burnout			
Low	0.00	0	0.00
Average	33.86	37	92.50
High	45.67	3	7.50
Average Score	34.75	Average	
Secondary Traumatic Stress			
Low	19.33	3	7.50
Average	29.21	28	70.00
High	46.33	9	22.50
Average Score	32.33	Average	
Overall Compassion Fatigue			
Low	41.00	1	2.50
Average	63.58	33	82.50
High	90.67	6	15.00
Average Score	67.08	Average	
Professional Quality of Life			
Low	0.00	0	0.00
Average	100.47	36	90.00
High	135.5	4	10.00
Average Score	103.98	Average	

Note: $n=40$.

Legend: In interpreting the scores for the compassion satisfaction, a score of 22 or less is interpreted as low; a score between 23 and 41 is average; and a score of 42 or more is high. For burnout, a score of 22 or less is low; a score of 23 to 41 is average; and a score of 42 or more is high. For secondary traumatic stress, a score of 22 or less is low; a score between 23 and 41 is average; and a score of 42 or more 57 is high. For the overall compassion fatigue: a

score of 44 or less is low, 45 to 83 is average, and 84 or more is high. For the overall professional quality of life, a score of 66 or less is low, 67 to 123 is average, and 124 or more is high.

Overall, the professional quality of life of the respondents was average. Majority of them had an average professional quality of life while few had high professional quality of life. The finding represents a healthy equilibrium between the pleasant and negative experiences that are associated with the nurses' employment, particularly in the context of a "helper" vocation for example. A notion that encompasses both the happiness that comes from performing well and the possibility of experiencing burnout and subsequent traumatic stress is referred to as burnout resilience.

Supporting the findings, the survey indicated that the majority reported average levels of compassion satisfaction, burnout, and secondary traumatic stress. The analysis showed that a moderately positive practice environment was significantly associated with lower levels of burnout and higher levels of compassion satisfaction (Ayed et al., 2024).

The table shows that in terms of compassion satisfaction; this was rated as average. Supporting this finding, majority of the respondents had average compassion satisfaction while few had a high compassion satisfaction. This implies that nurses sometimes get satisfaction from being able to help people, feel invigorated after working with those they help, and like their work as a helper. Moreover, they sometimes were pleased with how they were able to keep up with helping techniques and protocols, their work making them feel satisfied, sometimes have happy thoughts and feelings about those they help and how they could help them. Lastly, they sometimes were proud of what they can do to help, have thoughts that they were a "success" as a helper, and were happy that they chose to do their work. This implies that there is a usual amount of enjoyment and fulfillment that can be received from helping other people, or a general sense of well-being that can be achieved by providing care for those who are in need, as shown by an average score on a compassion satisfaction scale. When it comes to the satisfaction that comes from employment that combines empathy and caring, it shows that the experience is balanced, meaning that it is neither significantly high nor notably low.

In support to the findings, the ProQOL scores for compassion satisfaction was average, compassion fatigue (burnout) was low, and compassion fatigue (secondary traumatic stress) was low (Balakhdar & Alharbi, 2023).

Overall, the compassion fatigue was average. Supporting this finding, majority of the respondents had average compassion fatigue while few had a high compassion fatigue. An "average" level of compassion fatigue indicates that nurses are experiencing a moderate degree of emotional, bodily, and/or spiritual tiredness as a result of continuous exposure to patient suffering and stress in the job. This exhaustion can manifest in a variety of ways, including emotional exhaustion, physical exhaustion, etc. The difference between this and low or severe levels is that nurses may exhibit minimal or major symptoms, depending on the severity of the condition. The ability of a nurse to give compassionate care can be negatively impacted by compassion fatigue, which can result in emotional detachment, burnout, and potential adverse effects on the well-being of patients. Supporting the findings, revealed over half and another over half experienced average levels of burnout and secondary traumatic stress, respectively (Saliya et al., 2024).

There was an average burnout. This implies that sometimes they were happy, felt connected to others, were not as productive at work because they were losing sleep over traumatic experiences of a person they help. Additionally, they sometimes felt trapped by their job as a helper, had beliefs that sustain them, were the person they always wanted to be, and fell worn out because of their work as a helper. Lastly, they sometimes felt overwhelmed because their case workload seems endless, felt "bogged down" by the system, and were very caring person. This implies that the burnout experienced by nurses is one that is manageable. Nurses are so accustomed to being stressed considering the helping nature of their work. Stress is common among nurses because the lack of manpower. Nurses are confronted with working or covering for more patient than they can handle and this has long been in existence already.

Contrary to the findings, majority of the nurses experienced high levels of burnout, while the respective percentage

for the other HCWs was over three quarters (Galanis et al., 2023). Moreover, over half of the nurses reported suffering from a high level of burnout. In the multivariate logistic regression analysis, night duty shift, excessive workload, staff shortage, persistent interpersonal conflict, and nurses' poor health status demonstrated a statistical significant association with the professional burnout (Feleke et al., 2022).

The secondary traumatic stress was average. This implies that respondents sometimes were preoccupied with more than one person they helped, jumped or startled by unexpected sounds, and find it difficult to separate their personal life from their life as a helper. Additionally, they sometimes thought that they might have been affected by the traumatic stress of those they helped, because of them helping, they had felt "on edge" about various things, and felt depressed because of the traumatic experiences of the people they help. Moreover, they sometimes felt as though they were experiencing the trauma of someone they had helped, believed they can make a difference through their work, avoided certain activities or situations because they remind them of frightening experiences of the people they helped. Lastly, they sometimes had intrusive, frightening thoughts as a result of them helping and sometimes cannot recall important parts of their work with trauma victims. This implies that despite the fact that it is not a formal diagnostic word, the term "average" secondary traumatic stress refers to the typical and anticipated stress reactions that can take place in those who are emotionally related to or work closely with someone who has been through a horrific experience. The symptoms of this stress can be comparable to those of post-traumatic stress disorder (PTSD), including anxiety, sadness, avoidance behaviors, and hyperarousal; however, it is not a direct result of the individual having personally experienced the event.

Most of the participants showed an average level of compassion satisfaction, burnout, and secondary traumatic stress. Nurses in tertiary care hospitals exhibited moderate to high levels of compassion satisfaction while experiencing moderate to low levels of burnout and secondary traumatic stress (Shresta et al., 2023).

This could be a central tendency bias, individuals have a tendency to drift toward the center or average option when making assessments or ratings, and they frequently avoid the extreme ends of a scale. This cognitive bias is known as the central tendency bias. As a result, individuals are more likely to select options that are relatively close to the mean as opposed to the options that are the most extreme.

Table 4 Relationship between Personal Characteristics and Perceived Social Support

Personal characteristics vs. Mental Health Help-Seeking Intentions	chi value	p value	Cramer's V value	Decision	Interpretation
Age	27.911	.112	--	Failed to reject Ho	Not significant
Sex	16.335	.696	--	Failed to reject Ho	Not significant
Religion	39.867	.476	--	Failed to reject Ho	Not significant
Marital status	21.667	.359	--	Failed to reject Ho	Not significant
Highest educational attainment	16.471	.687	--	Failed to reject Ho	Not significant
Employment status	24.000	.242	--	Failed to reject Ho	Not significant
Position	51.769	.766	--	Failed to reject Ho	Not significant
Years of employment	60.444	.460	--	Failed to reject Ho	Not significant

Legend: Significant if p value is < .05. Dependent variable: Perceived Social Support. Cramer's V values: A value of >0.25 is very strong, >0.15 is strong, >0.10 is moderate, >0.05 is weak, and >0 is no association.

The table shows that all *p* values for the correlation of variables were greater than the significant value of .05. These values were interpreted as not significant which led to the decision of failing to reject the null hypothesis. This

further means that the personal characteristics of age, sex, religion, marital status, highest educational attainment, employment status, position, and years of employment were not significantly correlated with perceived social support. A high level of perceived social support is still possible no matter what age, sex, religion, marital status, highest educational attainment, employment status, position, and years of employment.

It is not always the case that demographic criteria such as age, gender, or socioeconomic level have a direct influence on the individuals' perceptions of social support. Even while these characteristics have the potential to play a part, the perception of support is more heavily influenced by the subjective thoughts and expectations that an individual has regarding the assistance that they get. There are a number of factors that have a greater influence on how people perceive support, including their mental well-being, their stress levels, and the strength of their social ties.

Contrary to the findings, the multivariable regression model showed that fathers, parents with a low educational level, parents with a low income, unemployed parents, and parents of older children perceived lower levels of social support. Interaction analyses showed that parents with a migration background and a low educational level were particularly susceptible to perceiving lower levels of support. Fathers, parents with a low educational level, parents with a low income, unemployed parents, parents of older children, and parents with both a migration background and a low educational level are at increased risk of perceiving lower levels of social support (Fierloos et al., 2022).

It is therefore important that no matter what the demographic characteristics of the nurses, they should receive high levels of social support for them to carry out well their respective jobs and for them to keep and maintain their mental health.

Table 5 Relationship between Personal Characteristics and Professional Quality of Life

Personal characteristics vs. Mental Health Help-Seeking Intentions	chi value	p value	Cramer's V value	Decision	Interpretation
Age	24.356	.499	--	Failed to reject Ho	Not significant
Sex	24.993	.483	--	Failed to reject Ho	Not significant
Religion	48.382	.539	--	Failed to reject Ho	Not significant
Marital status	29.333	.250	--	Failed to reject Ho	Not significant
Highest educational attainment	24.314	.501	--	Failed to reject Ho	Not significant
Employment status	17.143	.877	--	Failed to reject Ho	Not significant
Position	70.846	.614	--	Failed to reject Ho	Not significant
Years of employment	67.911	.707	--	Failed to reject Ho	Not significant

Legend: Significant if p value is < .05. Dependent variable: Professional Quality of Life. Cramer's V values: A value of >0.25 is very strong, >0.15 is strong, >0.10 is moderate, >0.05 is weak, and >0 is no association.

The table shows that all *p* values for the correlation of variables were greater than the significant value of .05. These values were interpreted as not significant which led to the decision of failing to reject the null hypothesis. This further means that the personal characteristics of age, sex, religion, marital status, highest educational attainment, employment status, position, and years of employment were not significantly correlated with overall professional quality of life. A high level of professional quality of life can be made possible no matter what age, sex, religion, marital status, highest educational attainment, employment status, position, and years of employment.

Contrary to the findings, in the study of Adolfo (2021), the predictors of the professional quality of life of nurses were age, monthly salary, working hours, and their practice environment. Specifically, the higher the salary and the

shorter the working hours, the better their professional quality of life. Additionally, the poorer the practice environment, the lower the professional quality of life.

The main demographic variables that influenced professional quality of life were years of work experience, nurses' education with specific reference to a bachelor's degree and nurse-patient ratio (Ndlovu et al., 2022). No matter what personal characteristic, it is important for nurses to maintain a high level of professional quality of life as this impacts patient care.

Table 6 Relationship between Perceived Social Support and Professional Quality of Life

Variables	r value	p value	Decision	Interpretation
Perceived social support vs. Professional quality of life	-.413	.008	Reject Ho	Significant

Legend: Significant if p value is $< .05$. Dependent variable: Professional quality of life. Pearson r interpretation: A value greater than .5 is strong (positive), between .3 and .5 is moderate (positive), between 0 and .3 is weak (positive), 0 is none, between 0 and $-.3$ is weak (negative), between $-.3$ and $-.5$ is moderate (negative), and less than $-.5$ is strong (negative).

The table shows that p value for the correlation between perceived social support and professional quality of life was lesser than the significant value of .05. This value was interpreted as significant which led to the decision of rejecting the null hypothesis. Thus, perceived social support was significantly correlated with professional quality of life. The correlation was negative and moderate. A negative correlation means that as the perceived social support is decreased or low, professional quality of life increases.

Contrary to the findings where perceived social support negatively influenced professional quality of life. Through the buffering of stress, the enhancement of coping strategies, and the promotion of overall well-being, perceived social support has a substantial influence on the quality of life. When individuals have the perception that they are supported by others, they are better equipped to deal with obstacles in the workplace, maintain pleasant social interactions, and experience higher levels of job satisfaction. As a result, this adds to an overall improvement in the quality of life, which includes advantages such as improved health, decreased stress, and enhanced levels of contentment with life. In the study of Ruiz-Fernandez et al. (2021), perceived social support was found to be significantly related to all three dimensions of professional quality of life, but it had the greatest influence on the occurrence of burnout.

Based on the table the p value for the correlation between perceived social support and compassion satisfaction was greater than the significant value of .05. This value was interpreted as not significant which led to the decision of failing to reject the null hypothesis. This further means that the perceived social support is not significantly correlated with compassion satisfaction. A high level of compassion satisfaction can be still be achieve despite the low perceived social support. competence.

CONCLUSION, AND RECOMMENDATIONS

Conclusion. In conclusion, professional quality of life is influenced by perceived social support. The lower the perceived social support, the higher the professional quality of life of nurses. The findings of the study where nurses had a very high level of perceived social support were reflections of family, significant others, or friends providing support to nurses which has a effect to the professional quality of life of the nurses as reflected in the average level of professional quality of life were affirmations of the Buffering Theory on Social Support and the Professional Quality of Life (PQL) Model. In order to address the findings of the study, a professional quality of life enhancement plan is proposed.

Recommendations. The following recommendations are crafter to address the findings of the study:

Nursing Practice. The professional quality of life enhancement plan will be recommended for use in the hospital where the study was conducted following the presentation of the study to the hospital administrators. Other hospitals may also adopt the plan as they see it applicable to their organization.

Nursing Education. The study findings can add knowledge or information in relation to the social support and professional quality of life of nurses. The study may also serve as a reference material in terms of discussing research methodology in undergraduate and graduate programs not just in nursing but also in other disciplines including statistics used and the different principles observed in ethics.

Nursing Policy. Policies in relation to social support and professional quality of life may be crafted making it mandatory for healthcare institutions to create policies that mandate them to include activities that would strengthen social support and achieve high levels of professional quality of life among nurses as part of the strategic or operational plan to attain high levels of mental well-being of nurses..

Nursing Research. The study will be submitted for publication in any local or international refereed journal. It will also be submitted for possible oral or poster presentation in any local or international research congress. The study abstract will be posted in social media platforms for research dissemination. The following research titles are also suggested for future researchers, to wit:

1. A validation on the negative correlation between perceived social support and professional quality of life of nurses utilizing more number of respondents;
2. Perceived social support and professional quality of life among nurses utilizing the convergent parallel method; and

Exploring the lived experience on social support influencing professional quality of life among nurses.

Professional Quality of Life Enhancement Plan

Rationale

The capacity to maintain a high degree of professional quality of life is essential for nurses because it has a direct influence on their physical and mental health, as well as their ability to do their jobs effectively and offer quality care to patients. A positive professional quality of life, which is defined by compassion satisfaction, minimizes burnout and secondary traumatic stress, which ultimately leads to enhanced work engagement and job satisfaction. In the end, this is beneficial to both the nurse and the patient, as it leads to improved results for patients and a more sustainable healthcare system. There is a substantial relationship between perceived social support and professional quality of life (PQoL). This is because perceived social support works as a buffer against stress and burnout, fosters good coping strategies, and improves overall well-being. Work engagement, job satisfaction, and resilience are all improved as a result, which eventually leads to a more pleasant and satisfying professional experience. Findings of the study revealed that respondents had an very high perceived social support while the y had an average professional quality of life. Moreover, perceived social support negatively influences professional quality of life. Thus, the creation of this professional quality of life enhancement plan.

General Objectives

The main purpose of the professional quality of life enhancement plan is further improved perceived social support and professional quality of life among nurses.

Specific Objectives

Specifically, this professional quality of life enhancement plan is aimed at achieving the following specific objectives:

- a. To further improve from very high to extremely high perceived social support among nurses;
- b. To improve the average professional quality of life among nurses; and
- c. The need to sustain a high level of perceived social support and professional quality of life

Areas of Concern	Specific Objectives	Activities	Persons responsible	Resources	Time frame	Success Indicators
The need to improve the very high level of perceived social support.	To further improve from very high to extremely high perceived social support among nurses.	<p>Personally initiated activities:</p> <ul style="list-style-type: none"> • Read or view videos about social support. • Attend or join webinars or seminars on topics relating to social support. • Strengthening connections with family, friends and significant others through bonding activities or recreational activities. • Maintain constant communication with friends, family, and significant others utilizing social media platforms. • Spending quality time with family, friends, and significant others. <p>Hospital-initiated activities:</p> <ul style="list-style-type: none"> • Conduct a seminar on the Importance of Social Support to Well-being. • Celebrate a single day--Family Day. • Conduct a seminar on Connecting and Communicating with 	<ul style="list-style-type: none"> • Staff Nurses • Nurse Supervisor • Chief Nurse • HR Director • Hospital Administrators 	<ul style="list-style-type: none"> • Internet connectivity. • Desktop, laptops, tablets or android phones. • Instrument to measure clinical cultural competence. • Budget for the family day (Php 50,000.00)/ • Budget for the recreational activity (dependent on what activity) • Budget for the seminar (Php 10,000.00 / activity). 	Third quarter of 2025 onwards	<ul style="list-style-type: none"> • Saved articles of videos. • Certificates of attendance, participation in the seminars, webinars, and trainings. • Approved family day schedule and budget. • Established support group. • Minutes of meetings. • Survey result--extremely high level of perceived social support.

		<p>Family, Friends, and Significant other.</p> <ul style="list-style-type: none"> • Create a social support group for the nursing department or availability of a social support that nurses can go to in the hospital. • Conduct periodic meetings with the nursing staff to discuss issues relating to social support. • Re-assess the level of perceived social support using the same instrument six months following the implementation of this plan. 				
The need to improve the average professional quality of life.	To improve the average to high professional quality of life among nurses.	<p>Personally initiated activities:</p> <ul style="list-style-type: none"> • Read or view videos about professional quality of life and how to attain high levels of ProQOL. • Attend or join webinars or seminars on topics relating professional quality of life. • Heighten and strictly implement the mentorship and leadership program. • Implement Wellness and Mental Health activities all throughout the year. • Implement flexible scheduling adjustment on shift rotation. • Implement Recognition and Praise Rewards System. 	<ul style="list-style-type: none"> • Staff Nurses • Nurse Supervisor • Chief Nurse • HR Director • Hospital Administrators. 	<ul style="list-style-type: none"> • Internet connectivity. • Desktop, laptops, tablets or android phones. • Budget for the seminar (Php 10,000.00 / activity). • Staff development plan. • Instrument to measure professional quality of life. 	Third quarter of 2025 onwards	<ul style="list-style-type: none"> • Saved articles of videos. • Certificates of attendance, participation in the seminars, webinars, and trainings. • Accomplished activities in the staff development plan. • Minutes of meetings. • Survey result-very high professional quality of life.

		<ul style="list-style-type: none"> • Strict implementation of the Staff Development Plan to include Teambuilding and Social Support. • Conduct seminar on Workplace Safety. • Encourage open communication and transparency. • Engagement in recreational activities to management stress or burnout or secondary traumatic stress. • Get enough sleep, eat healthy, and exercise regularly. • Engage in continuous learning through continuing professional development. <p>Hospital-initiated activities:</p> <ul style="list-style-type: none"> • Conduct a seminar on Work-Life Balance. • Conduct s seminar on Time Management. • Conduct a seminar on Achieving High Levels of Professional Quality of Life among Nurses. • Conduct a seminar on: Bunrout and Secondary Traumatic Stress Management. • Strict implementation of the 				
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		<p>staff development plan.</p> <ul style="list-style-type: none"> • Conduct periodic meetings with the nursing staff to discuss issues relating to professional quality of life. • Re-assess the professional quality of life using the same instrument six months following the implementation of this plan. 				
Negative correlation between perceived social support and professional quality of life.	The need to sustain a high level of perceived social support and professional quality of life.	Note: Activities for the first two concerns are applicable here.	<ul style="list-style-type: none"> • Staff Nurses • Nurse Supervisor • Chief Nurse • HR Director • Hospital Administrators. 	<ul style="list-style-type: none"> • Note: Resources for the first two concerns are applicable here. 	Third quarter of 2025 onwards	<ul style="list-style-type: none"> • Note: Success indicators for the first two concerns are applicable here.

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