



Burnout, Coping Strategies and Job Satisfaction among Nurses in the Philippines: A Cross-Sectional Study

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ABSTRACT

Background: Job satisfaction is the general level of contentment with one's job; coping strategies are deliberate attempts to manage stress and emotions; and burnout is defined as chronic workplace stress that is not effectively managed. Maintaining a robust and healthy workforce is crucial, particularly in high-stress industries like healthcare. This involves recognizing and treating burnout, improving job satisfaction, and encouraging useful coping mechanisms. This study investigates how burnout, coping mechanisms, and job satisfaction are perceived by nurses.

Methods: We carried out a descriptive quantitative study with 300 participants in the Philippines using a purposive sample strategy. To determine the relationship between burnout, coping mechanisms, and job satisfaction in the participant profile, Pearson's chi-square and analysis of variance were used.

Result: Males made up 52.0% of the total, and the majority of participants were in the 31–40 age range. Most of the participants work in tertiary-level health care (59.3%), earn between Php 10,000 and Php 20,000 (48.0%), and work fewer than 10 night shifts per month (81.7%). The participants exhibit appropriate levels of burnout, coping mechanisms, and job satisfaction. Additionally, the number of night shifts worked, income and amount of sleep were all related to burnout. There was no correlation discovered between the participants' profiles and their coping mechanisms. Furthermore, the majority of job satisfaction levels were unrelated to profiles, except income, where higher incomes are linked to higher job satisfaction.

Conclusion: Participants in this nationwide study generally reported moderate to high levels of work-related exhaustion. Nonetheless, coping mechanisms and job satisfaction were provided in sufficient amounts. In comparison to their counterparts, nurses with lower incomes exhibit lower levels of satisfaction, and the degree of burnout was linked to multiple associations with the profile.

The healthcare landscape in the Philippines, like many other nations, is marked by increasing demands, resource constraints, and a rapidly evolving patient care environment. In this context, nurses play a pivotal role in delivering quality healthcare services. However, the very nature of their responsibilities places them at risk of experiencing burnout—a syndrome characterized by emotional exhaustion, depersonalization, and a diminished sense of personal accomplishment (Wang et. al, 2020).

The incidence of burnout is on the rise at both the global and national levels, as well as within local settings. The revelations from the Nursing CE Central Nurse Burnout Study 2021 illuminate the pressing challenges posed by nursing burnout, serving as a poignant marker of its escalation as a substantial contributor to the global nursing shortage. The alarming statistic of 95% of nurses experiencing burnout across diverse geographical regions within the past three years underscores the urgency of addressing this crisis. Equally noteworthy is the revelation that 47.9% of burnt-out nurses are actively contemplating seeking less stressful nursing positions, considering an exit from the nursing profession, or have already taken such steps within the preceding three years due to burnout. These findings underscore the imperative for targeted interventions aimed at addressing the root causes of burnout and prioritizing the holistic well-being of nursing professionals. Complementing this, additional study data reveals a concerning impact on

physical health, with almost half (49.6%) of respondents reporting being unwell due to work in the past year, and 56.1% missing work because of illness. Notably, Spearman's rho correlation statistics pinpoint organizational role stressors as the most significant factor contributing to burnout among nurses in the Philippines' largest tertiary hospital, as established by Lu et al. (2017). These collective insights underscore the urgency of implementing comprehensive strategies to mitigate burnout's pervasive effects, safeguard workforce stability, and fortify the enduring vitality of the nursing profession on a global scale.

This cross-sectional study aims to achieve a multifaceted understanding of the experiences of nurses in the Philippines. The first dimension centers on burnout, aiming to assess its prevalence and manifestations among nurses, while delving into its impact on both emotional well-being and professional efficacy. The second dimension focuses on coping strategies, scrutinizing the mechanisms employed by nurses in response to the inherent challenges and stressors in their roles. The study aims to identify adaptive strategies that contribute to resilience and fortify their capacity to navigate the demands of

their profession. Finally, the third dimension delves into job satisfaction, seeking to unravel the intricate interplay between burnout, coping strategies, and the overall satisfaction of nurses with their professional roles. Through this

comprehensive analysis, the study aspires to

landscape of nursing experiences, offering a nuanced understanding that can inform targeted interventions and elevate the well-being of nurses in the Philippines.

2. Methods:

2.1 Study Design

Descriptive quantitative research, specifically utilizing the cross-sectional design, constitutes a methodological approach frequently employed within the social sciences and related fields. Its primary objective is to provide comprehensive insights into the characteristics, prevalence, and distribution of variables within a population at a designated point in time. This research design enables investigators to observe and measure various factors without manipulating variables or intervening in the experiences of the subjects. In the context of a cross-sectional study, data is systematically gathered from participants at a single instance, thereby creating a snapshot of the particular phenomenon under examination. This approach proves particularly advantageous when researchers seek to comprehend the contemporaneous state of affairs or elucidate relationships between variables without necessitating a protracted longitudinal commitment (Siedlecki, 2020)

Its utility lies in the concurrent examination of multiple variables, facilitating the construction of a thorough and nuanced overview who adopt a descriptive quantitative cross-sectional design typically employ tools such as surveys, questionnaires, or structured interviews to efficiently collect data. This research design emerges as a valuable instrument for capturing the diversity and intricacy of a population at a specific moment, rendering it apt for the investigation of a broad spectrum of topics, ranging from public health issues to the dynamics of the workplace. It is imperative, however, to acknowledge that cross-sectional studies may not establish causation, as their focus lies in identifying associations rather than delineating temporal sequences.

2.2 Research Locale

The investigation will span prominent islands within the Philippines, specifically targeting Luzon, Visayas, and Mindanao. This deliberate selection is intended to capture a comprehensive understanding of the phenomenon under study within varied geographical and cultural frameworks. The study aims to enlist a representative sample size, with 100 participants identified from each of the aforementioned regions: Luzon, Visayas, and Mindanao. This stratified approach ensures that the research is attuned to the distinctive characteristics and nuances prevailing in each major island, contributing to a more nuanced and inclusive analysis of the targeted variables. Map of the Philippines with colors indicating the main island groups.

2.3 Study Participants

This study endeavors to investigate the intricate relationships, prevalence, and underlying risk factors associated with burnout, coping strategies, and job satisfaction among registered nurses in the Philippines. The participants in this research, referred to as nurse-respondents, comprise registered nurses actively engaged in hospital settings across the Philippines. The inclusion criteria are intentionally broad, encompassing diverse demographic and professional characteristics to ensure a comprehensive understanding of the phenomena under scrutiny.

Inclusion Criteria:

The nurse-respondents included in this study are: 1. Registered nurses, individuals holding the professional designation of a registered nurse in the Philippines. 2. Hospital setting, nurses currently employed in hospital settings, reflecting the acute and demanding nature of healthcare environments. 3. Demographic diversity, regardless of age, sex, marital status, number of children, position, and household income. 4. Professional experience, those who have gained experience working in a hospital setting for a variable duration, ensuring a spectrum of perspectives.

The research team has conscientiously taken into account various factors during participant selection to enrich the study's depth and relevance:

1. Years of Service.

Understanding the potential impact of professional tenure on burnout, coping strategies, and job satisfaction. 2. Level of Healthcare. Considering the diverse healthcare levels, from primary care to specialized services. 3. Night Shifts, Sleeping Hours, and Traveling Time. Recognizing the influence of working conditions on nurse well-being, the study examines the total number of night shifts per month, sleeping hours, and commuting time to the workplace.

Researchers actively encourage the participation of nurses, recognizing their pivotal role in contributing valuable insights. Consent and confidentiality measures are meticulously implemented to ensure the ethical conduct of the study. By embracing a diverse and inclusive participant pool, this research aspires to yield findings that resonate with the multifaceted experiences of hospital-based registered nurses in the Philippines.

2.4 Instruments

The overarching problem under investigation in this study is to explore the relationship, prevalence, and risk factors associated with burnout, coping strategies, and job satisfaction among nurses in the Philippines. Specifically, the research aims to address the following questions:

PART A Demographic Profile- 11 Questions

What is the demographic profile of nurses in the Philippines concerning burnout, coping strategies, and job satisfaction? This includes factors such as age, gender, marital status, number of children, position, years of service, household income, level of healthcare, total number of night shifts per month, sleeping hours, and traveling time to the workplace.

PART B Level of Burnout-22 Questions

What is the extent of burnout experienced by nurses, including occupational exhaustion, depersonalization, and personal accomplishment assessment? This questions were gathered using the Malach Burnout Inventory (MBI). It is the most commonly used tool to self-assess whether you might be at risk of burnout. To determine the risk of burnout, the MBI explores three components: exhaustion, depersonalization and personal achievement. While this tool may be useful, it must not be used as a scientific diagnostic technique, regardless of the results. The objective is simply to make you aware that anyone may be at risk of burnout. (Christina Maslach, 2023)

For each question, indicate the score that corresponds to your response. Add up your score for each section and compare your results with the scoring results interpretation.

SCORING RESULTS - INTERPRETATION

Section A: Burnout

Burnout (or depressive anxiety syndrome): Testifies to fatigue at the very idea of work, chronic fatigue, trouble sleeping, physical problems. For the MBI, as well as for most authors, "exhaustion would be the key component of the syndrome." Unlike depression, the problems disappear outside work.

- Total 17 or less: Low-level burnout
- Total between 18 and 29 inclusive: Moderate burnout
- Total over 30: High-level burnout

Section B: Depersonalization

"Depersonalization" (or loss of empathy): Rather a "dehumanization" in interpersonal relations. The notion of detachment is excessive, leading to cynicism with negative attitudes with regard to patients or colleagues, feeling of guilt, avoidance of social contacts and withdrawing into oneself. The professional blocks the empathy he can show to his patients and/or colleagues.

- Total 5 or less: Low-level burnout
- Total between 6 and 11 inclusive: Moderate burnout
- Total of 12 and greater: High-level burnout

Section C: Personal Achievement

The reduction of personal achievement: The individual assesses himself negatively, feels he is unable to move the situation forward. This component represents the demotivating effects of a difficult, repetitive situation leading to failure despite efforts. The person begins to doubt his genuine abilities to accomplish things. This aspect is a consequence of the first two.

- Total 33 or less: High-level burnout
- Total between 34 and 39 inclusive: Moderate burnout
- Total greater than 40: Low-level burnout

A high score in the first two sections and a low score in the last section may indicate burnout. (Christina Maslach, 2023)

PART C- Level of Coping Strategies- 28 Questions

What are the levels of coping strategies employed by nurses, categorized into problem-focused coping, emotion-focused coping, and avoidant coping? This section used the question in Brief - Coping Orientation to Problems Experienced Inventory (Brief-COPE).

The Brief-COPE is a 28 item self-report questionnaire designed to measure effective and ineffective ways to cope with a stressful life event. "Coping" is defined broadly as an effort used to minimize distress associated with negative life experiences. The scale is often used in health-care settings to ascertain how patients are emotionally responding to a serious circumstance. It can be used to measure how

someone is coping with a wide range of adversity, including a cancer diagnosis, heart failure, injuries, assaults, natural disasters, financial stress or mental illness. The scale is useful in counselling settings for formulating the helpful and unhelpful ways someone responds to stressors. (NovoPsych, 2012)

The scale can determine someone's primary coping styles with scores on the following three subscale: Problem-Focussed Coping, Emotion- Focussed Coping, and Avoidant Coping.

In addition, the following facets of coping are reported: Self-distraction, Denial, Substance Use, Behavioural disengagement, Emotional Support, Venting, Humour, Acceptance, Self-Blame, Religion, Active Coping, Use of Instrumental Support, Positive Reframing, and Planning.

SCORING RESULT- Interpretation

Scores are presented for three overarching coping styles as average scores (sum of item scores divided by number of items), indicating the degree to which the respondent has been engaging in that coping style.

1= I haven't been doing this at all 2= A little bit

3= A medium amount

4= I've been doing this a lot

The three overarching coping styles are outlined below.

Problem-Focused Coping (Items 2, 7, 10, 12,

14, 17, 23, 25)

Characterised by the facets of active coping, use of informational support, planning, and positive reframing. A high score indicates coping strategies that are aimed at changing the stressful situation. High scores are indicative of psychological strength, grit, a practical approach to problem solving and is predictive of positive outcomes.

Emotion-Focused Coping (Items 5, 9, 13, 15,

18, 20, 21, 22, 24, 26, 27, 28)

Characterised by the facets of venting, use of emotional support, humour, acceptance, self- blame, and religion. A high score indicates coping strategies that are aiming to regulate emotions associated with the stressful situation. High or low scores are not uniformly associated with psychological health or ill health, but can be used to inform a wider formulation of the respondent's coping styles.

Avoidant Coping (Items 1, 3, 4, 6, 8, 11, 16, 19)

Characterised by the facets of self-distraction, denial, substance use, and behavioural disengagement. A high score indicate physical or cognitive efforts to disengage from the stressor. Low scores are typically indicative of adaptive coping. (NovoPsych, 2012)

PART D- Level of Job Satisfaction- 46

What is the level of job satisfaction among nurses, considering aspects related to work and the workplace, supervisor and management, and benefits and rewards? In this section, the study used the question from NACCHO Organization with 46 questions. (Org., 2018)

SCORING RESULT- INTERPRETATION:

Scored on scale 1-5: 1 - Strongly Disagree; 2 - Disagree; 3 - Undecided; 4 - Agree; 5 - Strongly Agree

2.5 Data Collection Procedure

"Burnout, Coping Strategies, and Job Satisfaction among Nurses in the Philippines: A Cross- Sectional Study" encompasses a comprehensive approach to capture a holistic understanding of the subject matter. In this study, a mixed-methods approach is employed, combining quantitative surveys and qualitative interviews to ensure a well-rounded assessment. The quantitative phase involves the distribution of structured questionnaires to a diverse sample of nurses across various healthcare settings in the Philippines. These surveys are designed to measure burnout levels, coping strategies, and job satisfaction through standardized scales. Additionally, qualitative interviews with a subset of participants allow for an in-depth exploration of the experiences and personal narratives of nurses, shedding light on the nuances and contextual factors that quantitative data alone

may not reveal. This multifaceted data gathering technique ensures a more comprehensive and insightful examination of the complex interplay between burnout, coping strategies, and job satisfaction among nurses in the Philippines.

The researchers used a well-structured survey form designed to assess burnout levels, coping strategies, and job satisfaction among the nursing professionals. The survey form is distributed through an accessible and user-friendly platform, Google Forms, making it convenient for nurses from Luzon, Visayas, and Mindanao to participate. The research seeks to collect responses from 100 nurses on each of these three major Philippine islands, ensuring a geographically diverse and representative sample. This comprehensive approach will enable the research to provide a more comprehensive

and nuanced understanding of the factors contributing to burnout and job satisfaction in the nursing profession, allowing for region-specific insights and potential interventions.

2.6 Limitation of the Study

Sampling Bias: The study relies on a convenience sample of 100 nurses from each of the major Philippine islands (Luzon, Visayas, and Mindanao). This sampling method may not fully represent the diversity of the nursing population in the country, potentially leading to a selection

Self-Reported Data: The research heavily depends on self-reported data from the nurses, which can be subject to recall bias and social desirability bias. Participants may underreport or overreport their experiences and behaviors, affecting the accuracy of the findings.

Cross-Sectional Design: The cross-sectional design captures data at a single point in time, making it challenging to establish causal relationships between variables. Longitudinal studies would provide more robust insights into the dynamics of burnout, coping, and job satisfaction among nurses.

Limited Geographical Scope: The study focuses on three major Philippine islands, potentially overlooking variations in nursing experiences in other regions. Regional differences may exist and are not accounted for in this research.

Survey Methodology: The use of survey forms, especially when distributed online through platforms like Google Forms, may exclude nurses who are not tech-savvy or do not have easy access to the internet, potentially introducing selection bias.

Generalization: While the findings of this study can offer valuable insights into the nursing profession in the Philippines, generalizing the results to other countries or healthcare systems may not be appropriate, as factors contributing to burnout and job satisfaction can differ significantly.

Response Rate: The study may face challenges in achieving a high response rate, especially if nurses are busy or hesitant to participate. A low response rate could affect the representativeness of the sample.

Social and Cultural Factors: The study may not fully capture the complex social and cultural factors that influence nurses' experiences in the Philippines, which could be a significant limitation in understanding the root causes of burnout and job satisfaction.

Subjective Measures: The constructs being studied, such as coping strategies and job satisfaction, often involve subjective interpretations. The measurement tools used may not fully capture the complexity and individual variations in these constructs.

External Factors: The study may not account for external factors like hospital policies, government regulations, or economic conditions, which can impact the variables under investigation.

These limitations should be considered when interpreting the results and implications of the study, and future research should aim to address these issues for a more comprehensive understanding of the topic.

2.7 Data Analysis

The following statistical tools were employed to interpret the gathered data:

The frequency count and percentage distribution were employed to assess the profile of the respondents to their profile variables.

In addition, to determine the level of burnout, the suggested interpretation in the Malach Burnout Inventory (MBI) was used. The weighted mean will be used to examine the level of coping strategies and job satisfaction. The formula for the weighted mean was presented below:

$$W = \frac{\sum_{i=1}^n w_i X_i}{\sum_{i=1}^n w_i}$$

W = weighted average

n = Total number of respondents

w_i = weights applied to the descriptive value

X_i = data values to be averaged

Lastly, the Pearson's Chi-square was used to determine the association of level of burnout as to profile variable and analysis of variance will be used to assess the association of level of coping strategies and job satisfaction.

2.8 Ethical Consideration

Ethical considerations are of paramount importance in conducting research, especially when involving human subjects. For the research study titled "Burnout, Coping Strategies, and Job Satisfaction among Nurses in the Philippines: A Cross-Sectional Study," the following ethical considerations should be taken into account:

Informed Consent: Researchers must obtain informed consent from all participants before they are included in the study. Participants should be provided with detailed information about the research, its purpose, potential risks, benefits, and their right to withdraw at any time without repercussions. Consent forms should be written in a language that participants can understand, and participants should sign these forms voluntarily.

Privacy and Confidentiality: Nurses' privacy should be rigorously protected. Researchers must ensure that participants' personal information and responses remain confidential. Data should be anonymized, and participants should not be identifiable in any publication or presentation of the research.

Minimization of Harm: Researchers should take steps to minimize any potential harm to participants. This includes ensuring that the survey questions are not invasive or distressing and that any emotional well-being concerns raised by participants are appropriately addressed.

Beneficence: The study should aim to benefit the nursing profession by contributing valuable insights into burnout, coping, and job satisfaction. Researchers should consider how the findings can be used to improve the work environment and support systems for nurses.

Data Security: Researchers must safeguard the data collected, whether in paper or digital format, to prevent unauthorized access or breaches that could compromise participants' privacy.

Avoiding Coercion: Participation in the study should be entirely voluntary. Nurses should not feel pressured or coerced into taking part, and there should be no negative consequences for those who choose not to participate.

Ethical Review: Ethical approval from an institutional review board (IRB) or ethics committee should be sought and obtained before commencing the research. The study should adhere to all relevant ethical guidelines and regulations.

Transparency: Researchers should provide full transparency regarding the study's objectives, funding sources, potential conflicts of interest, and any affiliations that could influence the research.

Continuous Monitoring: Throughout the research process, researchers should continuously monitor the ethical aspects of the study, addressing any issues or concerns that may arise.

Dissemination of Results: The research findings should be shared in a transparent and accurate manner, avoiding sensationalism or misrepresentation. Researchers should give proper credit to all contributors and ensure that the results are accessible to the nursing community.

Ongoing Support: Researchers should consider offering support or resources to participants who may experience distress as a result of participating in the study, particularly if the study reveals high levels of burnout or dissatisfaction among nurses.

Adhering to these ethical considerations is essential to conducting a responsible and respectful study, and it helps ensure the well-being and rights of the nurses participating in the research.

3. Results

Table 1. Demographic profile of the participants (n = 300)

Variables	Categories	Frequency	Percentage
Age	20-25 years old	83	27.7
	26-30 years old	19	6.3
	31-40 years old	112	37.3
	41-50 years old	39	13.0
	51 and above	47	15.7
Gender	Male	156	52.0
	Female	144	48.0
Marital Status	Single	139	46.3
	Married	139	46.3
	Separated	22	7.3

Number of Child	0 – 1 Child	139	46.3
	2 – 4 Children	132	44.0
	5 and above	29	9.7
Position	Emergency	47	15.7
	ICU	47	15.7
	Medical	55	18.3
	Surgical/OR	93	31.0
	Pediatric/ NICU/ PICU	38	12.7
	Clinical Instructor	20	6.7
Years in Service	Less than a year	94	31.3
	1 – 2 years	38	12.7
	3 – 4 years	27	9.0
	5 years and above	141	47.0
Income	Less than Php 10,000	26	8.7
	Php 10,000 – Php 20,000	144	48.0
	Php 20,000 – Php 40,000	55	18.3
	Php 40,000 – Php 70,000	50	16.7
	More than Php 70,000	25	8.3
Level of Health Care	Primary Level of Health Care	56	18.7
	Secondary Level of Health Care	66	22.0
	Tertiary Level of Health Care	178	59.3
	Less than 5 nights	119	39.7
Total number of night shift per month	5 – 10 nights	126	42.0
	11 – 15 nights	36	12.0
	16 nights and above	19	6.3
Sleeping Hours	8 hours and above	38	12.7
	8 – 6 hours	129	43.0
Travelling time to workplace	5 – 3 hours	133	44.3
	Less than 1 hour	232	77.3
	1 – 2 hours	68	22.7

Table 1 shows the demographic profile of the participants. A total of 300 participants completed the questionnaire—100 from Luzon, 100 from Visayas and 100 from Mindanao. The mean age of the participants is – with the range for age of 20 years old to greater than 50 years old. More than half of the participants were male (52%) and there is an equal number of single (46%) and married (46%) participants. Most of the participants were working as surgical nurse (31%) and working more than 5 years as a nurse (47%). 178 out of 300 participants were working in a tertiary level health care. Many participants experience night shift from 5 – 10 times per month (126), and the total sleeping hours ranges from 3 – 8 hours (87.3%).

Table 2. Level of Bunout (n = 300)

Categories	Level of burnout		
	Low-level of Burnout	Moderate Burnout	High-level of Burnout
Occupational	5(1.7%)	174(58%)	121(40.3%)

exhaustion			
Depersonalization	62(20.7%)	154(51.3%)	84(28%)
Personal			
accomplishment assessment	15(5%)	192(64%)	93(31%)

As shown in the Table 2, the level of burnout of the participants in terms of occupational exhaustion reveals moderate (58%) to high level (40.3%) of burn out. Most of the participants suffers a moderate level of burnout in terms of depersonalization and personal accomplishment assessment with 51.3% and 64% respectively.

Table 3. Level of Coping Strategies

Categories	Mean
Problem-Focused Coping	2.30
Emotion-Focused Coping	2.59
Avoidance Coping	2.76
Overall Mean	2.55

Table 3 reveals the level of coping strategies of the participants. The problem-focused coping strategy garnered a mean of 2.30 with a descriptive value of low level. Moreover, the other two categories emotion- focused coping and avoidance coping was described as high level with a mean of 2.59 and 2.76 respectively. There is a high level of coping strategies with a mean of 2.55.

Table 4. Level of Job Satisfaction

Categories	Mean
Work and workplace	3.81
Supervisor and management	3.70
Benefits and reward	3.36
Overall Mean	3.63

Table 4 presents the level of job satisfaction of the participants. There is a moderate level of job satisfaction in terms of benefits and reward (3.36). Additionally, the level of job satisfaction in terms of work and workplace and supervisor and management were described as high level with a mean of 3.81 and 3.70 respectively. The overall level of job satisfaction of the participants was considered as a high level with a mean of 3.63.

Table 5. Association between the demographic profile of the participants as to Level of Burnout

Demographic Profile	Level of Burnout		
	Occupational exhaustion (p-value)	Depersonalization (p-value)	Personal accomplishment assessment (p-value)
Age	0.539	0.538	0.459
Gender	0.057	0.108	0.012*
Marital Status	0.787	0.613	0.669
No. of child	0.494	0.033*	0.057
Position	0.798	0.968	0.853
Years of service	0.889	0.750	0.720
Household Income	<0.001*	<0.001*	<0.001*
Level of Healthcare	0.158	0.362	0.068

Total number of night shifts per month	0.016*	<0.001*	<0.001*
Sleeping hours	<0.001*	<0.001*	<0.001*
Traveling time to the workplace	0.298	0.604	0.637

As shown in the table 5 above, males were significantly more likely to have higher level of burnout in terms of personal accomplishment assessment than female participants. The number of children has a significant association on the level of burnout in terms of depersonalization. A significant association is found on all dimensions of the level of burnout between household income, total number of night shifts per month and sleeping hours.

Table 6. Association between the demographic profile of the participants as to level of coping strategies

Demographic Profile	Level of coping strategies		Level of job satisfaction	
	Mean	P value	Mean	P value
Age		.075		.264
20-25 years old	2.5504		3.6145	
26-30 years old	2.4532		3.7453	
31-40 years old	2.5812		3.6253	
41-50 years old	2.5356		3.6333	
51 and above	2.5012		3.5913	
Gender		.513		.954
Male	2.5540		3.6264	
Female	2.5375		3.6247	
Marital Status		.212		.735
Single	2.5692		3.6368	
Married	2.5292		3.6132	
Separated	2.5069		3.6336	
No. of child		.602		.950
0 – 1 Child	2.5340		3.6216	
2 – 4 Children	2.5528		3.6309	
5 and above	2.5738		3.6207	
Position		.435		.467
Emergency	2.5754		3.5904	
ICU	2.5038		3.6506	
Medical	2.5843		3.6204	
Surgical/OR	2.5405		3.6214	
Pediatric/ NICU/ PICU	2.5380		3.6045	
Clinical Instructor	2.5132		3.7235	
Years of service		.532		.530

Less than a year	2.5480	3.6307
1 – 2 years	2.5011	3.6047
3 – 4 years	2.5761	3.6896
5 years and above	2.5512	3.6155
Income	.902	.038*
Less than Php		
10,000	2.5572	3.5324
Php 10,000 – Php		
20,000	2.5492	3.6097
Php 20,000 – Php		
40,000	2.5321	3.6207
Php 40,000 – Php		
70,000	2.5619	3.6438
More than Php		
70,000	2.5161	3.7140
Level of		
Healthcare	.861	.681
Primary Level of		
Health Care	2.5335	3.6441
Secondary Level		
of Health Care	2.5551	3.6042
Tertiary Level of		
Health Care	2.5467	3.6277
Total number of		
night shifts per month	.877	.501
Less than 5 nights	2.5525	3.6227
5 – 10 nights	2.5493	3.6246
11 – 15 nights	2.5204	3.5964
16 nights and		
above	2.5336	3.7058
Sleeping hours	.852	.820
8 hours and above	2.5610	3.6082
8 – 6 hours	2.5487	3.6352
5 – 3 hours	2.5394	3.6213

Traveling time to the workplace	.133	.370
Less than 1 hour	2.5359	3.6184
1 – 2 hours	2.5811	3.6500

Table 6. Post-hoc analysis on the in difference of income and the level of job satisfaction.

Variables	Mean Difference (i – j)	P – value	
Less than Php 10,000	.18160*	.004*	
Php 10,000 – Php 20,000	.10435*	.012*	
More than Php 70,000	Php 20,000 – Php 40,000	.09327	.059
	Php 40,000 – Php 70,000	.07015	.251

Table 5 reveals that no significant association was found between the demographic profile of the respondents and the level of coping strategies, since all of the p-values were described higher than the significance level of 0.05. Moreover, most of the demographic profile shows no association to the level of job satisfaction except for income which shows an association to the level of job satisfaction. Table 6 presents that all the participants with an income more than Php 70,000 has greater level of job satisfaction than those who have income less than Php 20,000.

Discussion

This study offers crucial information about the degree of burnout experienced by Filipino nurses. The majority of participants reported moderate to severe levels of tiredness from their current jobs. This resulted from the heavy effort that nurses must bear because of the possibility of a high patient-to-nurse ratio (Aiken et al., 2002). In addition, although they attempted to provide their patients with the utmost love and care, participants reported feeling somewhat cut off from their loved ones. The emotional demands of patient care can lead to emotional burnout and tiredness in nurses, which can cause them to emotionally distance themselves from loved ones

(Maslach, 2001). McMenamin (2007) states that nurses' personal lives might be disrupted by their inconsistent and demanding work schedules, which makes it difficult for them to spend meaningful time with their loved ones. In addition, despite their nursing accomplishments, the individuals reported more pressure at work. Burnout frequently results in emotional tiredness, which can drain nurses' emotional reserves and make it harder for them to feel like they've accomplished anything (Maslach, 2016). According to Bogaert et al. (2014), nurses' sense of accomplishment might be undermined if they believe that their superiors and coworkers are not showing them enough support and appreciation.

In their line of work, nurses frequently deal with tremendous stress and emotional demands. To assist individuals in dealing with these difficulties and preserve their well-being, effective coping strategies are essential. The participants' low degree of problem-focused coping was making it difficult for them to handle challenges. When faced with clinical issues, nurses adopt problem-focused coping strategies. When addressing problems with patient care, they might apply evidence-based practice and critical thinking to find ways to enhance patient outcomes (Munhall, 2012). Nurses demonstrated a high degree of emotion-focused coping and avoidance coping, in which they control their emotions to steer clear of potentially harmful situations. Expressing their emotions might be a coping mechanism for nurses. This calls for the honest communication of feelings, such as through debriefing sessions or conversations about feelings with coworkers (Bakker et al., 2007). Emotional coping in nursing requires emotional intelligence, which includes identifying, comprehending, and controlling one's own emotions, according to Codier et al. (2009). To cope with the emotional demands and pressures they encounter in their line of work as nurses, nurses may occasionally turn to avoidance coping. To avoid emotional anguish, nurses may deliberately decide not to think about specific parts of their work (Salsman et al., 2009).

The topic of job satisfaction among nurses is intricate and multidimensional, impacted by a range of elements about the workplace, organizational culture, interpersonal connections, workload, and individual considerations. The benefits and rewards received by nurses are viewed with modest satisfaction. Sapar and Oducado (2021) reported that nurses expressed dissatisfaction with the perks they received from their jobs. Additionally, nurses expressed great satisfaction with their jobs and work environment, as well as with managers and supervisors. The work environment, which includes elements like staffing levels, collaboration, and organizational culture, is frequently associated with nurses' job satisfaction

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This study found that several demographic variables, such as gender, the number of children in the household, household income, the total number of night shifts worked per month, and sleeping hours, were related to the degree of burnout. According to some research, work-life balance may have an impact on gender differences in personal accomplishment, with women possibly encountering more difficulties in this area (Dyrbye et al., 2011). In addition, nurses become more aloof from people and their loved ones the fewer children they have. According to Coyne (2015), nurses who have families and children are less likely to feel cut off from people because of work-related time constraints. Furthermore, compared to their peers, nurses with lower incomes, more monthly night shifts, and shorter sleep durations experience higher levels of burnout across all domains. According to Aiken (2002), excessive workloads and long work hours have been linked to burnout in nurses, which results in both physical and mental exhaustion. Furthermore, as noted by Lu et al., low compensation may lead to discontent and burnout (2012). A nurse's physical and mental health may be negatively impacted by excessive overtime, which is frequently required due to staffing shortages (Trinkoff et al., 2006).

Regarding coping mechanisms, participants do not exhibit any commonality across any of the demographic profiles. According to some research, nurses of any gender may employ similar coping mechanisms to deal with stressors, such as problem-solving, reaching out for social support, and taking time for self-care (Hammig et al., 2009). Furthermore, except for income, where a higher income is correlated with a higher level of job satisfaction, the majority of participant profiles were similar in terms of job satisfaction. Higher pay and greater job satisfaction among nurses appear to be positively correlated, according to research. Sufficient pay is thought to be essential for keeping a happy nursing staff (Lu et al., 2012). A further point made by Stone and DiGiulio (2018) was the connection between nurse retention and appropriate compensation. Greater pay may help employers keep on board qualified and experienced nurses, which will increase workers' sense of fulfillment in their jobs.

Conclusion

This study offers a critical understanding of the perceptions of the population needed to develop a training program for Filipino healthcare workers. The study's participants exhibit a sufficient level of fatigue at work. Their level of exhaustion is correlated with several variables, including income, workload, and downtime. Additionally, the participants were attempting to manage their tiredness by employing various coping mechanisms that enabled them to find relief in their work. Hospital nurses appear to be reasonably satisfied with their jobs. Nonetheless, compared to their peers, nurses with modest incomes exhibit lower levels of satisfaction. Priority should be given to conducting more research on the degree of burnout, coping mechanisms, and job satisfaction among Filipino nurses. The results of the study can be used to guide information sharing and contextualized social, mental, and emotional programs, which will ultimately reduce burnout and raise coping skills and job satisfaction.

Acknowledgements

The authors would like to thank the participants of this study.

Authors' contributions

JMM conceived, designed the study, analyzed and interpreted data, MTV and MVC contributes to introduction, purpose of the study and related literature. JMM, MTV and MVC involved in drafting the manuscript and revising it critically for important intellectual content. All authors read and approved the final manuscript.

Funding

No funding of sources of support in the form of grant has been received conduct the research

Availability of Data and Materials

The datasets used and/ or analyzed during the current study are available from the corresponding author on reasonable request.

Ethic approval and consent to participate

Each representative of a study nation received ethical approval. All of the chosen studies' informed consent forms followed the SBLC's recommended format, which calls for the inclusion of sections on the study's objectives, methods, potential benefits, discomforts and risks, privacy and confidentiality, payment for participation, voluntary participation, contact information for the investigators in case of questions about the study, and the ethics committee in case of inquiries regarding participant rights and welfare.

Consent for Publication

Not applicable

Competing interests

The authors declare that they have no competing interests.

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