Burnout and psychological capital among nurses in selected hospitals in Batangas City

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Abstract

Nursing profession involves a lot of challenges which surfaced during COVID-19 pandemic. The study delved on assessing the psychological capital (PsyCap) and burnout experiences of 84 nurses from selected hospitals in Batangas City through quantitative research design. The researcher used the Psychological Capital Questionnaire (PCQ-24) and the Copenhagen Burnout Inventory (CBI). The result yielded that the respondents manifested moderately high to high levels of PsyCap, and moderate level of burnout. Additionally, the specific dimensions of PsyCap such as resilience varies in terms of hospital, sex, and workstation; optimism significantly differentiate in terms of hospital, workstation, and length of services; efficacy varies depending on the level of care extended to the patients; however, hope did not differ significantly among the demographic profile. Specific dimensions of burnout also differ significantly in between hospital and personal burnout, workstation and client-related burnout, length of service and work-related burnout. The researcher proposed a plan of action for the nursing service of the hospitals involved. It is concluded that PsyCap as a positive psychological resource help the respondents to mitigate the negative consequences of burnout.

Keywords: job burnout, psychological capital, nursing services

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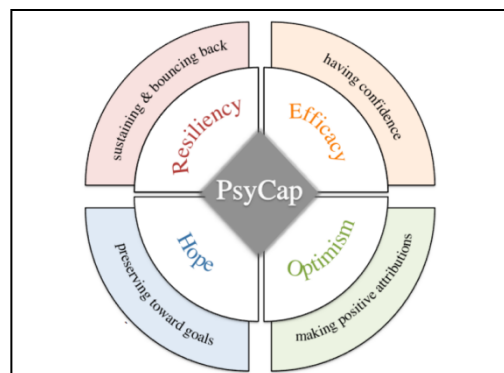
1. Introduction

The recent pandemic surfaced variety of issues on health care system in the Philippines, and among the most affected are the nurses. However, long before the pandemic, it has been recorded that among workplace challenges experienced by Filipino nurses were job burnout (Reyes & George, 2017), lower level of job satisfaction, and evident psychological stress which commonly resulted to turnover intentions (Labrague et al., 2020). Among the varied health care professionals, nurses are the most vulnerable to developing job burnout due to the intense nature of work, workload demands, and relational aspects of work, aside from the fact that, nurses provide at least 50% of health services, and in some countries, nurses handle 80% of health affairs (Specchia et al., 2021). Job burnout is a subset of work-related stress characterized by physical or emotional exhaustion, as well as a sense of diminished accomplishment and loss of personal identity (Mayo Clinic, 2021).

Interestingly, a positive psychological state of development called Psychological Capital (PsyCap) have been found to positively influence health outcomes and well-being. As claimed by the researchers on PsyCap, a person who possesses high levels of hope, efficacy, resiliency, and optimism, which are the dimensions of PsyCap, is more likely to survive in a dynamic organization or challenging personal environment. Workers with high levels of PsyCap, are less likely to engage in counterproductive work behaviors. The researcher, being a COVID Nurse in Batangas Medical Center (BatMC) observed that despite some limitations and difficulties, most of the nursing staff of this healthcare institution remained motivated to work. This inspired the researcher to propose a study to provide data on how to strengthen support to the nurses and cultivate healthier working conditions in health care institutions.

Objectives of the Study - This study determined the correlation between burnout and psychological capital among nurses in selected hospitals in Batangas City. Specifically, identified the demographic profile of the respondents in terms of generation according to age range, sex, position, educational attainment, workstation, work area, level of care, and length of service; assess the level of burnout among nurses; assess the psychological capital of nurses; determine the significant relationship between the demographic profile of the respondents and burnout; determine the significant relationship between the demographic profile and psychological capital; determine the significance relationship between burnout and psychological capital and burnout; and finally to propose a plan of action that will enhance the existing staff management plan for Nursing Service.

Theoretical Framework - The researcher used the Psychological Capital (PsyCap) Theory to explain the dynamics of work behavior in nursing profession. Psychological Capital (PsyCap) theory is a positive psychology framework developed by Fred Luthans and his colleagues. It is based on the idea that individuals possess positive psychological resources that can be developed and nurtured to enhance their well-being, performance, and resilience.

Figure 1. The Psychological Capital Theory

PsyCap theory includes four constructs: hope, optimism, self-efficacy, and resilience. Hope is the belief in one's ability to set and achieve goals, even in the face of challenges and obstacles. Optimism is the tendency to view life in a positive way and to believe that good things will happen. Self-efficacy is the belief in one's ability to successfully complete tasks and overcome challenges. Resilience is the ability to bounce back from adversity and to maintain positive functioning in the face of stress.

According to PsyCap theory, these four constructs are interrelated and can be developed through various interventions such as training, coaching, and mentoring. By increasing their levels of hope, optimism, self-efficacy, and resilience, individuals can improve their well-being, job satisfaction, and performance. This, in turn, can lead to better outcomes for organizations, including increased productivity, reduced turnover, and improved employee engagement. PsyCap theory has been applied in a variety of settings, including the workplace, education, and healthcare. For example, in the workplace, interventions based on PsyCap theory have been shown to improve employee performance, job satisfaction, and organizational commitment. In education, PsyCap interventions have been used to improve academic achievement and reduce dropout rates. In healthcare, PsyCap interventions have been used to improve patient outcomes and reduce burnout among healthcare providers. Overall, PsyCap theory provides a valuable framework for understanding and promoting positive psychological resources that can enhance individual and organizational well-being.

Conceptual Framework - The researcher collected the necessary data as represented by the variables of the study, these are the demographic profile of the respondents, the scores of the respondents in the survey questionnaires on psychological capital, and job burnout. These undergone statistical analyses to obtain the objectives of the study. The output of the study is the suggested nursing management plan for the Nursing Office of selected hospital in Batangas City.
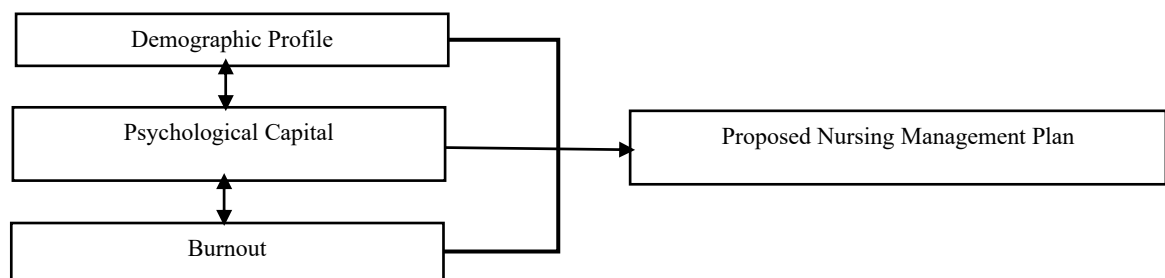

Figure 2. Conceptual Framework

2. Methods

Research Design - The quantitative research design was utilized in this study which implies statistical analyses of the collected data as represented by different variables of the study. Firstly, the researcher used survey questionnaire for data gathering designed to collect the respondents' demographic profile, scores on the standardized survey instruments on psychological capital, and job burnout. Different statistical treatment is expected to be used such as descriptive and inferential statistics. The result of the study is instrumental in formulating and design a nursing management plan to be proposed for the Nursing Office of selected hospital in Batangas City.

Setting and Participants - The respondents of the study were 84 nursing staff of selected hospital in Batangas City. In hospital A, all nurses participated completing 45 responses, and in hospital B, 37 out of 49 participated. The researcher secured the permission and consent of the management of targeted hospitals to conduct this study. Through the use of Raosoft sampling calculator, the appropriate number of participants was determined with 5% margin of error and 95% level of confidence. The data collection started once the permission was granted by the hospitals and provided their consent for the study. The researcher requested for the list of employed personnel to accomplish the data sampling technique. The conduct of the data gathering started with establishing rapport to the targeted respondents and discussion of consent form. The respondents

must have signed the consent form prior to the collection of their responses.

Data Gathering Instrument - The data gathering instrument of the study was composed of four (4) parts. The first part is the informed consent form which discussed the purpose of the study, how the respondents were chosen, the perceived risk and benefits of participating in the survey, the confidentiality and data privacy clause, the responsibilities of the researchers and respondents, and other ethical considerations. The second part is the collection of demographic profile of the respondents, this includes age sex, position, educational attainment, workstation, level of care, and length of service. The third part is the Psychological Capital Questionnaire (PCQ). Compared to other questionnaires measuring the same group of constructs, PCQ-24 is the only instrument known to assess the levels of hope, efficacy, resiliency, and optimism as a group of higher constructs of positive psychological well-being. Also, PCQ-24 was originally developed for employees in the workplace which corresponds to the objectives of the study. It is composed of 24 items using six-point scale (1=strongly disagree; 6=strongly agree) to rate the level of agreement with each item. Luthans et al., (2007) performed a meta-analysis on the reliability and validity of PsyCap and found that in 28 of 29 studies examined, one had internal consistency reliability above the 0.70 level.

The last part is the Copenhagen Burnout Inventory (CBI) which is designed to determine the type of burnout that may be dominantly experienced by the respondents as this 19-item survey aims to measure burnout in any occupational group. It covers three areas of burnout: personal burnout that measures the degree of physical and psychological fatigue and exhaustion, work-related burnout that measures the degree of physical and psychological fatigue and exhaustion related to work, and client-related burnout, which measures the degree of physical and psychological fatigue and exhaustion caused any person with direct contact with the employee during working hours (Kristensen, et al., 2005). It uses five-point scales (1=always; 5=never) to rate the mentioned subscales analyses indicate very satisfactory reliability and validity for the CBI instrument which already used and translated into different countries and languages. Studies have shown that the internal stability of the scale is high, ranging from 0.85 to 0.87 as measured by Cronbach's alpha.

Data Gathering Procedures - The researcher first secured the permission to conduct the survey to the hospital management, only when the permission is secured, the researcher proceeded to the next steps. Once permitted, the researcher requested the list of nursing staff from the Human Resource Management Office of the institution to serve as a reference to the actual number of employed nurse staff and as reference for the stratified random sampling. The respondents of the study were acquired through convenience sampling. With this sampling technique, all willing and available participants were included in the study. The researcher employs this technique since generating a master list of nursing staff conflicts with data privacy act, and at the same time, nurses during the data gathering were busy and they can just allot their time after their duty. The investigator was assisted by the Chief Nurses in the conduct of data gathering. The role of chief nurse was to encourage and endorse participation in the study. In hospital A, all nurses participated completing 45 responses, and in hospital B, 37 out of 49 participated. The researcher conducted the data gathering individually, guided by the nursing office of the concerned hospital. After collection of the appropriate number of respondents, the researcher proceeded to the statistical treatment of data through consultations to the statistician.

Data Analysis - The data analysis involved the use of descriptive and inferential statistics. Frequency and percentage distribution were used to describe the demographic profile of the respondents. Mean and rank were used to assess the psychological capital and burnout among nurses. The result of Shapiro-Wilk Test showed that p-values of all variables were greater than 0.05 which means that the data set was normally distributed. Therefore, Independent t- test for two groups and ANOVA test for more than two groups were used as part of the parametric tests to determine the significant differences. As the result of the test of homogeneity of variances all the obtained values were based on equal variances assumed. Likewise, Pearson r was used to test the significant relationship. All analyzes were performed using SPSS version 28.

Ethical Consideration - The researcher observed the ethical principles in conducting research. Prior to data

gathering, the researcher sought approval from the Ethics Review Committee of the LPU to conduct the data gathering. This ensured the ethical soundness of the objectives of the study and data gathering procedures involved. After acquiring ethics approval, the researcher sought the consent of the selected hospital to conduct the study in the institution. In the form of a letter, the researcher discussed the details of the study. Once permitted for data gathering, the respondents were asked to participate in the study by signifying their willingness by signing the informed consent. The informed consent contains complete discussion on data privacy, perceived risks or harm, their rights and obligation as respondents, explanation of the purpose of the study, and potential benefit. The researcher provided the respondent with tokens for their participation in the study. The collected data were coded in the Microsoft excel for data interpretation with encrypted password. After the final defense or submission of research paper, the questionnaires were shredded and disposed appropriately.

3. Results and discussion

Table 1 presents the demographic profile distribution of the respondents. It can be seen that most of the respondents were from Hospital A which composed of 53.6%, and Hospital B with 46.4% of the total sample (n=84). In terms of age, range of generational cohort was used. Majority of the respondents belong to Millennial population, those aged 27 to 42 years old with 89.3% or frequency of 75, this was followed by Generation Z with the age 11 to 26 years old, with 7.1% or frequency of 6, and Generation X with the age of 43 to 58 years old, with 3.6% or 3.

Generation X, Millennials, and Generation Z are three generations that make up the current workforce. While there are many similarities between these generations, there are also some notable differences in their attitudes and behaviors towards work. One key difference is their approach to work-life balance. Generation X tends to prioritize work and values a strong work ethic, while also valuing personal time and family life (Twenge, Campbell, Hoffman, & Lance, 2010). Millennials, on the other hand, are known for seeking work-life balance and prioritizing personal fulfillment over career advancement (Ng & Feldman, 2012). Generation Z, the youngest generation in the workforce, is still developing their attitudes towards work, but they are often characterized as seeking flexible work arrangements and valuing work that aligns with their personal values (Cennamo & Gardner, 2008). Another difference between these generations is their use of technology in the workplace. Generation X grew up without widespread access to technology and tends to prefer more traditional forms of communication, such as face-to-face interactions (Twenge et al., 2010). Millennials, on the other hand, have grown up with technology and are often considered digital natives. They are comfortable using technology to communicate and collaborate with colleagues (Ng & Feldman, 2012). Generation Z, similarly, has grown up in a world dominated by technology and tends to be highly skilled in using digital tools for work (Cennamo & Gardner, 2008). Finally, there are differences in the ways that these generations approach career development. Generation X tends to be more focused on career advancement and may prioritize loyalty to their employer (Twenge et al., 2010). Millennials, however, are known for seeking new opportunities and valuing career growth over long-term job security (Ng & Feldman, 2012). Generation Z, while still developing their career goals, is often characterized as valuing meaningful work and seeking experiences that align with their personal values (Cennamo & Gardner, 2008).

In conclusion, there are significant differences in the attitudes and behaviors of Generation X, Millennials, and Generation Z in the context of work. These differences should be taken into consideration by organizations seeking to attract and retain talent across multiple generations. The study was also comprised of 75% or 63 females and 25% or 21 males. This implies that nursing profession has continually dominated by female. In the Philippines, the nursing industry is dominated by female nurses. According to the data from the Philippine Overseas Employment Administration (POEA), out of the total number of registered nurses deployed for overseas work in 2020, only 1.98% were male nurses (POEA, 2021).

This gender disparity in the nursing industry can be attributed to cultural and societal norms that associate caregiving roles with women (Moylan & Kwok, 2016). Additionally, nursing has been historically viewed as a

female-dominated profession, leading to a lack of encouragement and support for men who wish to pursue a career in nursing (Kouta & Kaite, 2011).

Table 1

The Demographic Profile of the Respondents

Profile Variables	Frequency	Percentage
Hospital		
Hospital A	45	53.6
Hospital B	39	46.4
Generation		
Generation Z	6	7.1
Millennials	75	89.3
Generation X	3	3.6
Sex		
Male	21	25.0
Female	63	75.0
Position		
Staff Nurse	68	81.0
Charge Nurse	1	1.2
Head Nurse	5	6.0
Training Nurse	1	1.2
Infection and Prevention Control Nurse	2	2.4
Nursing Supervisor	7	8.3
Educational Attainment		
Bachelor's Degree	75	89.3
Master's Degree	8	9.5
Doctorate Degree	1	1.2
Workstation		
Nursing Service Department	8	9.5
Ward	18	21.4
Emergency Department	17	20.2
Operating Room	12	14.3
Intensive Care Unit	13	15.5
Pediatrics/Neonatal Intensive Care Unit	11	13.1
Infection and Prevention Control Committee	1	1.2
Hemodialysis Unit	4	4.8
Work Area		
COVID	20	23.8
NON-COVID	64	76.2
Level of Care		
Level 0 (Independent)	25	29.8
Level 1 (Minimum Assist)	6	7.1
Level 2 (Stand-by Assist)	4	4.8
Level 3 (Hands-on Assist)	5	6.0
Level 4 (Total Assist)	44	52.4
Length of Service		
Less than 1 year	12	14.3
>1 year to 3 years	22	26.2
>3 years to 6 years	19	22.6
>6 years to 9 years	21	25.0
Above 9 years	10	11.9

Most of the participants were staff nurses with 81% or 68, nursing supervisor with 8.3% or 7, head nurses with 6% or 5, infection and prevention control nurses with 2.4% or 2, and charged nurse and training nurse with 1.2% or 1 each. The respondents were dominated by nurses with bachelor's degree which composed of 89.3% or 75 which is a minimum educational qualification for nurses, followed by 9.5% or 8 with master's degree in nursing, and lastly 1.2% or 1 with doctorate degree. In the Philippines, the educational attainment of nurses varies depending on their level of training and specialization. According to the data from the Professional Regulation Commission (PRC), the regulatory body for nurses in the country, as of 2020, most registered nurses in the Philippines hold a Bachelor of Science in Nursing (BSN) degree (PRC, 2021). In addition to the BSN degree, there are also other nursing programs offered in the Philippines, such as diploma programs, associate

degree programs, and graduate degree programs in nursing. These programs provide nurses with varying levels of education and training, which can lead to different career opportunities and salary levels. In recent years, there has been an increasing demand for higher levels of education and specialization in the nursing profession in the Philippines, with more nurses pursuing advanced degrees such as Master of Science in Nursing (MSN) or Doctor of Nursing Practice (DNP) degrees (Morris, 2024).

In conclusion, while most registered nurses in the Philippines hold a BSN degree, there is also a growing trend towards pursuing higher levels of education and specialization in the nursing profession. The respondents were also assigned in various stations such as Nursing Service Department with 21.4%, Emergency Department with 20.2%, Intensive Care Unit with 15.5%, Operating Room with 14.3%, Pediatrics/Neonatal Intensive Care Unit with 13.1%, Ward with 9.5%, Hemodialysis with 4.8%, and lastly, Infection and Prevention Control Committee with 1.2%. The respondents' work area is both COVID (n=20) and non-COVID (n=64). In the Philippines, nurses working in hospitals are assigned to various departments and units depending on the needs of the institution. According to a study by Ramos and Calidgid (2018), the nurse-to-patient ratio in public hospitals in Metro Manila varied widely across different types of wards. The study found that the average nurse-to-patient ratio in medical-surgical wards was 1:17, while in intensive care units, it was 1:2. Common workstations for nurses in hospitals in the Philippines include medical-surgical wards, intensive care units, emergency departments, and operating rooms.

In terms of level of care extended to the patients, most of the respondents were from Level 4 or those providing total care assistance to the patients, with 52.4% or 44, this is followed by Level 0 or nurses dealing with patients who are independent to the services of the nurses with 29.8% or 25, then Level 1 or those nurses handling patients needing minimum assistance with 7.1% or 6, while Level 3 or those nurses with patients who need hand-on assistance with 6%, and Level 2 with 4.8%. Nursing care can be categorized into different levels depending on the complexity and intensity of the care required. The following are the different levels of nursing care, as defined by the American Nurses Association:

Level 0 - Self-Care: at this level, the patient can perform all self-care activities, and no nursing intervention is required. Level 1 - Basic Nursing Care: This level involves basic nursing interventions to help maintain the patient's health and prevent complications. It includes activities such as monitoring vital signs, aiding with activities of daily living, and administering medications as prescribed. Level 2 - Specialized Non-Critical Care: This level involves care for patients with stable conditions who require specialized nursing interventions. This includes patients who require complex wound care, post-operative care, or management of chronic illnesses. Level 3 - Critical Care: at this level, patients require intensive nursing care due to life-threatening conditions or medical emergencies. This includes patients in intensive care units (ICUs) who require continuous monitoring and support, such as those on mechanical ventilation or hemodialysis. Level 4 - Specialty Care: This level involves highly specialized nursing care for patients with complex medical conditions or those who require advanced medical interventions. This includes patients with cancer, organ failure, or those undergoing transplant surgery.

Furthermore, in terms of length of service, majority of the respondents worked from 1 year to 3 years with 26.2% or 22, followed by 6 years to 9 years with 25% or 21, 3 years to 6 years with 22.6% or 19 or 19, less than 1 year with 14.3% or 12, and above 9 years with 11.9% or 10. A study conducted by Perrin et al (2007) found that the mean length of service of nurses in public hospitals in the Philippines was 10.5 years, with a range of 0 to 34 years. The study also found that nurses who had been working in the hospital for a longer period had higher job satisfaction. Another study by Vujanic et al (2022) examined the turnover intention of nurses in private hospitals. The study found that the mean length of service of the nurses was 6.2 years, with a range of 1 to 29 years. The study also found that factors such as low salary, heavy workload, and lack of career development opportunities contributed to the nurses' intention to leave their current employment.

Table 2

Mean Score on Burnout Among Nurses

Indicators	Mean Score	Verbal Interpretation	Rank
Personal Burnout	3.02	Moderate	1
Work-related Burnout	3.04	Moderate	2
Client-related Burnout	3.13	Moderate	3
Overall Mean Score	3.06	Moderate	

Legend:4.01 - 5.00=Low;3.01-4.00=Moderate;2.01-3.00=High;1.00-2.00=Severe

Table 2 presents the mean score on burnout among nurses. As reflected in the table, the over-all mean score is 3.06 which indicates that there is a moderate level of burnout among nurses. Furthermore, it can be seen in the table that the indicators of burnout namely personal, work-related, and client-related were rated as moderate with mean scores of 3.02, 3.04, 3.14 respectively. This means that the nurses experience reasonable levels of prolonged physical and psychological exhaustion related to personal, work, and their interpersonal relationship towards clients. The findings of this study can be elaborated by Clarke (2022) suggesting that nurse burnout includes emotional and physical exhaustion that comes with the stressful responsibilities required for nursing. While the study of Kronos, 2017 as cited by Clarke (2022) suggests that 63% -- that is nearly two-thirds -- of nurses in hospitals reported experiencing burnout.

Table 3

Mean Score on Psychological Capital Among Nurses

Indicators	Mean Score	Verbal Interpretation	Rank
Efficacy	4.83	High	1
Hope	4.80	High	2
Resilience	4.22	Moderately High	3
Optimism	4.03	Moderately High	4
Overall Mean Score	4.47	High	

Legend:5.15 - 6=Very High; 4.32-5.14=High;3.49-4.31=Moderately High;2.66-3.48=Moderately Low;
1.82-2.65=Low;1-1.81=Very Low

Table 3 describes the mean score on psychological capital among nurses. As seen in the table, the overall mean score is 4.47 indicating that there is a high level of psychological capital (PsyCap) among nurses. High level of psychological capital associates with fewer counterproductive work behaviors and tends to be less cynical (Avey et al., 2010 as cited in Arcega et al., 2019). It is said that an individual who possesses a high level of PsyCap is most likely to manifest desirable behaviors in the organization. It can be concluded that, on average, the nurses involved in the study are generally characterized as hopeful, efficacious, resilient, and optimistic individuals. Among the cited indicators, efficacy and hope were rated as high level with mean scores of 4.83 and 4.80 respectively. A high level of efficacy is associated with the character that perseveres in times of adversity. This implies that nurses who experience difficulties at work or even personal life display toughness and stay motivated and engaged despite challenges. Moreover, according to Luthans et al. (2014), individuals with high level of efficacy are less likely to experience mental health problems like depression, anxiety, and stress among others.

Additionally, the nurses scored a high level in the assessment of their hope, which implies that to a great extent, they have a strong sense of developing and planning goals or targets to accomplish their deliverables. The study of Avey (2014) suggested that a person with high level of hope find ways to perform their tasks in a given situation. It can be inferred that high levels of hope and efficacy among nurses make them perform the challenging tasks assigned to them. Their efficacy helps them to maintain their motivation and belief that they accomplish, while their hope helps them to plan to achieve their targets or goals. However, such PsyCap indicators, resilience with a mean score of 4.22, and optimism with mean score of 4.03 were rated as moderately high level. A moderately high level of resilience means the tendency of the individual to recover well after adversity, conflict, or failure (Luthans et al., 2014). This implies that nurses involved in the study can bounce

back after adversities. However, this condition may be affected by extreme life events, thus it is moderately high. Optimism level is the lowest among the dimensions of PsyCap with verbal interpretation of moderately high. This means that the respondents have the ability to attribute positive circumstances at work and expect that good things will happen.

According to Luthans et al. (2014), those with high levels of optimism avoid depression guilt, self-blame, rumination, and despair while they can distance their personal shortcomings from negative events. Moderately high levels of resilience and optimism implies that nurses may be affected by negative experiences at work, but they can resist or mitigate its effects and attribute these negative experiences not to themselves but to the circumstances.

Table 4

Significant Relationship Between the Demographic Profile of the Respondents and Burnout

Profile Variables	t/F-test	p-value	Interpretation
Hospital			
Personal Burnout	2.029	0.046	Significant
Work-related Burnout	1.575	0.119	Not Significant
Client-related Burnout	-0.678	0.500	Not Significant
Generation			
Personal Burnout	0.943	0.394	Not Significant
Work-related Burnout	1.626	0.203	Not Significant
Client-related Burnout	1.061	0.351	Not Significant
Sex			
Personal Burnout	-1.095	0.277	Not Significant
Work-related Burnout	-1.628	0.107	Not Significant
Client-related Burnout	-1.382	0.171	Not Significant
Position			
Personal Burnout	0.680	0.640	Not Significant
Work-related Burnout	0.093	0.993	Not Significant
Client-related Burnout	1.736	0.136	Not Significant
Educational Attainment			
Personal Burnout	1.493	0.231	Not Significant
Work-related Burnout	1.561	0.216	Not Significant
Client-related Burnout	1.119	0.332	Not Significant
Workstation			
Personal Burnout	0.624	0.735	Not Significant
Work-related Burnout	0.751	0.630	Not Significant
Client-related Burnout	2.941	0.009	Significant
Work Area			
Personal Burnout	-0.336	0.738	Not Significant
Work-related Burnout	0.191	0.849	Not Significant
Client-related Burnout	-0.659	0.512	Not Significant
Level of Care			
Personal Burnout	2.015	0.100	Not Significant
Work-related Burnout	0.911	0.462	Not Significant
Client-related Burnout	0.745	0.564	Not Significant
Length of Service			
Personal Burnout	1.245	0.299	Not Significant
Work-related Burnout	2.954	0.025	Significant
Client-related Burnout	1.639	0.173	Not Significant

Legend: Significant at p-value<0.05

Table 4 shows the significant relationship between the demographic profile of the respondents and burnout. There was statistically significant difference of responses on personal burnout when grouped according to hospital since the obtained p-value was less than 0.05. It shows that those respondents who belong to Hospital A have lesser level of personal burnout as compared to Hospital B.

It can be inferred that nurses in hospital A have lower levels of prolonged physical and psychological

exhaustion. Now that the COVID-19 pandemic has started to wean, health care workers resume to ordinary hospital operations which can contribute to lesser burnout. However, in the study of Mauder et al. (2022), nurses scored highest in terms of burnout among other health care professionals and clinical staff. Further, Dall'Ora et al. (2020) suggested that among the adverse job characteristics that are associated in nursing burnout are high workload, low staffing levels, long shifts, and low control. Moreover, there was statistically significant difference of responses on client-related burnout when grouped according to workstation since the obtained p-value was less than 0.05. However, the post hoc test is not performed in client-related because there was one respondent belongs to infection and prevention control committee.

Also, there was statistically significant difference of responses on work-related burnout when grouped according to length of service since the obtained p-value was less than 0.05. However, Scheffe post hoc test showed no significant mean difference between the groups. When grouped by age, sex, position, educational attainment, work area and level of care, the table depicts the similar responses on burnout. There was no statistically significant difference because all the computed p-values were more than 0.05. This shows that the responses are not that different.

The table 5 depicts the significant relationship between the demographic profile of the respondents and psychological capital. As reflected in the table, there was statistically significant difference of responses on resilience when grouped according to hospital, sex, and workstation since all the obtained p-values were less than 0.05. In terms of hospital, it shows that those respondents belong to Hospital B have higher level of resilience compared to Hospital A. It also shows that the female respondents have higher level of resilience compared to male respondents. Regarding the workstation, the post hoc test is not performed in resilience because there was only one respondent belongs to infection and prevention control committee. Comparing the two hospitals involved in the study, hospital A is a relatively new hospital, which has been in operation for almost 10 years, with new facilities and is strategically located compared to hospital B. These comparisons may be one of the reasons for the difference in resilience of nursing staff. The hospitals who gained mastery in their operations may display higher resiliency on its daily functions. It can be inferred from the results that female nurses are likely more resilient than male. In various studies on gender differences about resilience, it is usually male nurses that manifest higher scores on resilience than their female counterparts, such as Ghahramani et al. (2023), and Naz et al. (2017).

Lastly, when it comes to workstations, it can be inferred that there are stations which may require more emotional toughness and resilience of the part of nurses. The more demanding the job is, the higher level of resilience is required from the worker. This is affirmed by the study of Schilbach et al. (2021) stating that not all jobs are equal, wherein challenge and hindrance demands differently relate to physiological and psychological resilience. This study further emphasized that the moderate levels of challenge demands may develop employees' resilience.

There was statistically significant difference of responses on optimism when grouped according to hospital, workstation and length of service since the obtained p-values were less than 0.05. Those respondents working at Hospital B have a higher level of optimism compared to Hospital A. Regarding the workstation, post hoc test is not performed in optimism because there was only one respondent belongs to infection and prevention control committee. In the case of length of service, based on Scheffe post hoc test there was no significant mean difference between the groups. It can be inferred from the results that nurses in hospital B are more optimistic than hospital A. Since hospital B is more established than the latter, it is theorized that a more established system can aid the nurses to foster positive outlook in life and acquire effective coping skills in dynamic environment. The findings also affirmed the study of Cruz et al. (2018) which suggested that individuals with higher levels of optimism can conduct a better coping style and control at work.

Table 5

Significant Relationship Between the Demographic Profile of the Respondents and Psychological Capital

Profile Variables	t/F-test	p-value	Interpretation
Hospital			
Efficacy	0.520	0.604	Not Significant
Hope	1.194	0.236	Not Significant
Resilience	-2.884	0.005	Significant
Optimism	-2.111	0.038	Significant
Age			
Efficacy	0.872	0.422	Not Significant
Hope	0.512	0.601	Not Significant
Resilience	0.589	0.557	Not Significant
Optimism	0.290	0.749	Not Significant
Sex			
Efficacy	-0.193	0.848	Not Significant
Hope	-1.288	0.201	Not Significant
Resilience	-2.137	0.036	Significant
Optimism	-1.957	0.054	Not Significant
Position			
Efficacy	2.251	0.057	Not Significant
Hope	1.616	0.166	Not Significant
Resilience	1.623	0.164	Not Significant
Optimism	1.993	0.089	Not Significant
Educational Attainment			
Efficacy	3.050	0.053	Not Significant
Hope	1.094	0.340	Not Significant
Resilience	0.011	0.989	Not Significant
Optimism	0.438	0.647	Not Significant
Workstation			
Efficacy	1.439	0.202	Not Significant
Hope	1.136	0.350	Not Significant
Resilience	2.588	0.019	Significant
Optimism	2.236	0.040	Significant
Work Area			
Efficacy	-1.875	0.064	Not Significant
Hope	-0.449	0.654	Not Significant
Resilience	-0.614	0.541	Not Significant
Optimism	-1.966	0.053	Not Significant
Level of Care			
Efficacy	9.336	0.000	Highly Significant
Hope	3.114	0.020	Significant
Resilience	1.689	0.161	Not Significant
Optimism	1.743	0.149	Not Significant
Length of Service			
Efficacy	1.359	0.256	Not Significant
Hope	1.208	0.314	Not Significant
Resilience	1.066	0.379	Not Significant
Optimism	3.025	0.022	Significant

Legend: Significant at p-value<0.05

Additionally, optimism can be affected by the work demands in the nurses' workstations. According to the study of Babapour et al. (2022) nursing as a job is often associated with complex job demands and involves a lot of job stressors. Given this, it can be inferred that optimism may play a great role in minimizing the experience of stress in workstations. However, the study has no sufficient statistical data to support such since there are limited respondents in the study. The same holds true in the length of service. There was statistically significant difference of responses on efficacy and hope when grouped according to level of care since the obtained p-values were less than 0.05. In terms of efficacy, Scheffe post hoc test revealed that there was significant mean difference between Level 0 and Level 2, between Level 1 and Level 2, between Level 2 and Level 3, and between Level 2 and Level 4. Those respondents who belong to Level 2 have a higher level of efficacy. However, Scheffe post hoc test showed no significant mean difference on hope between the groups. It can be theorized that the nurses

were more efficacious in delivering Level 2 patient care among other levels of care. This patient care involves stand-by assistance in the activities of daily living. Self-efficacy is a personal factor that has a direct effect on personal performance. When the nurses have high level of self-efficacy, it is more likely that they perform the job that is within their level of competency. These findings were supported by Shorey & Lopez (2021) that nurses who have low self-efficacy reduce the quality of nurse performance. When grouped by age, position, educational attainment and work area, the table depicts the similar responses on psychological capital. There was no statistically significant difference because all the computed p-values were more than 0.05. This shows that the responses are not that different.

Table 6
Significant Relationship Between Burnout and Psychological Capital

Paired Variables	r-value	p-value	Interpretation
Burnout & Psychological Capital	0.465**	0.000	Highly Significant

**. Correlation is significant at the 0.01 level

As seen in table 6, the computed r-value of 0.465 shows a moderate direct positive correlation between burnout and psychological capital. Likewise, there was statistically significant relationship exists because the obtained p-value was less than 0.01. The table further implies that the higher level of Burnout, the higher the Psycap level is. This is possible since several studies claimed that PsyCap has the ability to buffer the effects of negative work outcomes or counterproductive work behaviors. This was affirmed by the respondent in Hospital A their experience of burnout:

> *"Minsan kapag burnout na ako, iniisip ko na lang na may mga paraan pa naman para maging okay ang sitwasyon sa trabaho, saka hindi naman palaging toxic ang duty namin kaya yung mindset ko, lilipas rin yun kasi next duty, possible na mas magaan". ("Sometimes when I feel burnout, I just think that there are still ways to make the situation at work okay, then our duty is not always toxic so my mindset is, that this will pass because the next duty, maybe it will be easier").*

It can be reflected from the statement of the respondent from Hospital A that even burnout is experienced, hope by asserting ways to improve difficult situations as stated*, "may mga paraan pa naman para maging okay ang sitwasyon sa trabaho" ("I just think that there are still ways to make the situation at work okay")*, and optimism, that their current challenging situation is not permanent as stated, "*lilipas rin yun kasi next duty, possible na mas magaan" ("this will pass because the next duty, maybe it will be easier"),* are available to take balance in the challenging situations. Moreover, another respondent from Hospital B shared:

> *"May times talaga na sunod sunod talaga yung stress sa work, nakaka-burnout syempre, pero buti na lang confident ako sa skills ko, na palagi namang nakakaya ko. Talagang may pagkakataaon rin na gusto mo nang umabsent, pero sige lang, trabaho lang ulit para sa pamilya." ("There are times when the stress at work is really overwhelming and causes burnout, but fortunately I am confident in my skills, which I have always been able to handle. There are chances that I to take a leave, but I still need to work for my family").*

> *The respondent from Hospital B expressed their efficacy on their confidence in combatting the effects of burnout at work in expressing "pero buti na lang confident ako sa skills ko, na palagi namang nakakaya ko" (but fortunately I am confident in my skills, which I have always been able to handle"). Resilience is also manifested in being persistent to work given the challenges it involved as the respondent stated that, "Talagang may pagkakataaon rin na gusto mo nang umabsent, pero sige lang, trabaho lang ulit para sa pamilya." ("There are chances that I to take a leave, but I still need to work for my family").*

This is supported by the study of An et al. (2020) which states that nurses who are confident, optimistic, hopeful, and resilient which are the characteristics of an individual with high levels of PsyCap, may manifest better performance outcomes. Nurses who possess these qualities persist in terms of work engagement, especially when faced with problems or conflicts. Accordingly, PsyCap is a positive psychological state which serves as protective resources against challenges or difficulties an individual may experience (Luthans et al., 2007). Possessing certain protective resources such as PsyCap may help to mitigate the damaging effects of burnout among nurses (Spence, et. al.,2014).

As a result presents the proposed plan of action for nursing services. It can be gleaned from the table that the researcher identified the key result areas as basis for the proposed programs, projects, and activities (PPAs). It further elaborates the people involved, the time frame of implementation, and the performance indicators.

The first key result area that is targeted is the moderate level of burnout (3.06) among nurses as presented in table 2. The proposed activity is the establishment of Employee Assistance Program (EAP) for Mental Health. This is specifically designed to assure the sustainability of implementations of various mental health programs as required by the RA 11036 or the Mental Health Act of the Philippines. This act requires all agencies, companies, and organizations, whether public or private, to formulate, develop, and implement research based PPAs on mental health. There must be a presence of mental health professionals such as counselors, psychologists, psychiatrists, and other mental health workers to intervene and develop plans in facilitating PPAs for the hospital. This should be initiated by the Human Resource Management Office (HRMO) with the Nursing Office of the hospital. It is recommended to be fully operating by January 2024.

This proposed nursing service is ideal to be facilitated every week of the month. Each of the proposed activities is allotted to be conducted alternatively in four (4) weeks. For the first week of the month the Regular Mental Health Learning Activities are offered. Still the targeted key result area is addressing the moderate level of burnout among nurses. This activity intends to educate and nurture positive mental health among the nursing staff. This activity may involve skill development in combating mental health issues like burnout, coping mechanisms, identifying triggers, and improving psychological capital. It is suggested to be implemented during the first week of the month to be spearheaded by the HRMO and Nursing Office. A 100% participation of nurses is the success indicator of this activity.

According to Gajewski et al. (2017), burnout is a pattern of complaints in individuals with emotionally demanding jobs. The second proposed activity is the conduct of *Tara, Usap Tayo!* Sessions which intend to establish regular communication between the nurses and their leaders or supervisors. This strategy is basically designed to provide feedback from, and to, the management, solicit suggestions, and address concerns or problems in various hospital units. This is also initiated by the HRMO and Nursing Office every 2nd week of the month. The success indicator is the 100% participation and support of the identified leaders and supervisors in each station.

The third activity targets the efficacy of the nurses. In table 2, the overall mean score of the respondents in terms of PsyCap is relatively high, and the highest among its dimensions is efficacy, that is the belief of an individual on their abilities to accomplish. In table 4, it is inferred that most of the nurses are more efficacious in delivering level of care 2, which is stand-by assist compared to other levels of care. While in table 1 it can be seen that most of the respondents are providing level 1 and level 4, but in comparison, they differed in terms of efficacy. This implies that there is a need to further develop and enhance the confidence of the nurses to deliver other kinds of level of care. The activity is Regular Skill and Capacity Building through Mentoring. The training can be supplemented by the HRMO and Nursing Office and recommended to implementing every third week of the month. The success indicator is the 100% participation of the nurses who must develop their skills in handling various levels of care.

The last proposed plan of activities for nursing services is resilience education and establishment of social support system. This targets the key result area as presented in the table 4, wherein it is reflected that female

nurses are more resilient than male, however, the proposed activity is not exclusive to male nurse. According to Kester et al (2018), when developing resilience, it is important to build strong relationships, thus establishing strong support system is advisable. Furthermore, the study added that resilience education is a must for nurses to identify stressors, be aware of personal triggers, and take part in the preferred self-care activities toward supporting culture of wellness. This also involves regular debriefing and processing of experiences especially those traumatic of psychologically challenging. It is recommended to be facilitated every fourth week of the month by the HRMO and Nursing Office, wherein the 100% participation on the activities provided is the indicator of performance.

4. Conclusion and recommendation

The majority of the nurses from the two hospitals are generally hopeful, efficacious, resilient, and optimistic individuals. They manifest positive behaviors at work that help them to minimize the negative effects of adversities or challenges at work. Most of the nurses show vulnerability to experiencing burnout, which is defined as physical and psychological exhaustion. This is inevitable since they are engaged in a kind of work which is exposing them to stressful events. In terms of demographic profiles, the study identified that resilience varies on the hospital, sex, and workstations. Moreover, optimism may also change depending on the hospital, workstation, and length of service. Further, the level of care, particularly those extending stand-by assistance to the patients varies on their response to efficacy. This also indicates that the nurses are more confident in providing a second level of care. Lastly, regardless of demographic profile, nurses showed similar responses to PsyCap. The personal burnout varies depending on the hospital, meaning the nurses manifest burnout symptoms in their personal life which is more observable in their hospital where they work. Client-related burnout is also a factor in terms of workstation, meaning the nurses experience client-specific burnout in terms of physical and psychological exhaustion since they handle different clients with different nursing care needs. Work-related burnout is also potentially noticeable in terms of length of service, new nurses may experience physical and psychological exhaustion at work differently compared to old ones. Findings indicated that the higher the PsyCap, the higher the burnout experience, this is because PsyCap is known to protect the individual against the negative effects of negative mental health problems like burnout. The researcher proposed a plan of action for nursing service to mitigate the effect of burnout and cultivate positive mental health among nurses. This proposed plan of action may be facilitated in a weekly basis with targeted key result areas of this study.

The study is conducted in the selected hospitals in Batangas City. Future researchers may consider replicating the study in various hospitals in the province, whether private or government hospital or combination. The next researchers may also consider using different research designs such as phenomenology to focus on in-depth analysis of different factors contributing to burnout and the way nurses cope with it. To address the comparison of responses in the study, future researchers may also gather more respondents. The respondent hospital may utilize the Proposed Plan of Action for Nursing Service to address the gaps identified in the study. The burnout experiences of nurses should be taken seriously by the management of involved hospitals. It is suggested that the proposed plan of action be implemented to aid this mental health concern and other problems at work. Hospital A should work on cultivating highly resilient and optimistic nurses since these constructs may affect nurse performance. Hospitals are also encouraged to deliver nursing services that correspond to the mandates of RA 11036 or Mental Health Act of the Philippines that is to design, formulate, and implement mental health programs and services to its stakeholders. It should be regularly conducted and monitored. Hospital management may also evaluate the system and practices of work, it is not sufficient to make the nurses mindful of their mental health, but also the management should take its part in reducing the chances of developing mental health conditions triggered by work.

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