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Caring behavior, organizational commitment and resilience among psychiatric nurses

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Abstract

This study aimed to describe and explore the relationship among caring behavior, organizational commitment, and resilience of mental health nurses, as well as their lived experiences. Specifically, it investigated the respondents' profiles in terms of sex, age, marital status, length of mental health work experience, and type of patients handled; assessed the levels of caring behavior, organizational commitment, and resilience; examined differences across profile variables; analyzed interrelationships among the three variables; and identified their effects on professional functioning. Utilizing a descriptive-correlational design and qualitative inquiry, data were collected from 101 mental health nurses in a government psychiatric facility through convenience sampling. Findings indicated that most of the respondents were female, aged 26–35, either married or single and had more than 11 years of experience in mental health nursing. The levels of caring behavior, organizational commitment and resilience were both medium to high. Most profile variables did not demonstrate any significant difference across the three constructs, but marital status did, under a subscale "respect" in caring behavior and two subscales of resilience, "having an anchor" and "response to novelty". Organizational commitment was only meaningfully affected by length of experience under the normative subscale. In general, high rates of caring behavior, commitment, and resilience were perceived to have a positive effect on nurses' motivation, actions and decision-making and their competence and reliability in the mental health field. These results functioned as a basis for suggesting a Psychological Health Module to be used to support and to improve the well-being and the professional behavior of mental health nurses.

Keywords: caring behavior, organizational commitment, resilience, psychiatric nurses

Caring behavior, organizational commitment and resilience among psychiatric nurses

1. Introduction

Psychiatric nurses play a crucial role in supporting patients with mental health disorders through a combination of clinical expertise, emotional understanding, and compassionate care. Their ability to maintain empathy and resilience under stress allows them to deliver high-quality service despite the emotionally taxing nature of their roles (Happell et al., 2019). These nurses are responsible for identifying patient needs, implementing therapeutic interventions, and administering medications while developing emotional resilience through collaboration with healthcare teams. Caring behavior is central to patient healing, helping reduce stigma and building trust (Pereira et al., 2021). Studies show that caring actions—like empathy, active listening, and advocacy—not only improve patient outcomes but also reinforce professional standards in mental health nursing.

Research further highlights the impact of various factors such as technical competence, patient privacy, and ethical practice on how nurses demonstrate care (Alikari et al., 2022; Afrasiabifar et al., 2021). These caring behaviors are supported and enhanced by strong organizational commitment, where nurses align with institutional values and goals (Boamah et al., 2022). Resilience, as noted by Kim et al. (2020), enables nurses to manage the emotional strain of mental health care without losing their capacity for compassion. When supported by a positive workplace culture and professional development opportunities, resilient nurses demonstrate stronger commitment to their organizations and are less likely to suffer burnout (Bui et al., 2023). The synergy among caring behavior, resilience, and commitment creates a foundation for sustained, high-quality nursing care in mental health settings.

Despite growing awareness, many studies still examine these elements separately, missing their interconnected influence on nursing outcomes. With increasing demands in mental health services, understanding the interplay between these factors is essential. High stress levels, extended work hours, and exposure to difficult patient behaviors—such as psychosis or suicidality—can reduce nurse effectiveness and job satisfaction. Addressing these challenges requires targeted strategies that enhance physical, mental, and emotional capacities among nurses (Delgado et al., 2022; Hasan et al., 2024). As the Philippines works to normalize discussions around mental health through policies like the Mental Health Act (Hontiveros, 2018), the role of psychiatric nurses becomes even more vital. They must be well-prepared to lead in this advocacy, and research into their resilience, commitment, and caring behavior can shape better support systems to ensure their continued effectiveness and well-being (Labrague et al., 2021; Othman et al., 2022).

This study aims to investigate the interconnections between caring behavior, organizational commitment, and resilience among mental health nurses, recognizing their critical role in delivering compassionate and effective care. Given the emotional and psychological challenges unique to mental health nursing, the research stems from a deep appreciation for nurses' dedication and seeks to find ways to support their well-being and professional growth. The researcher is particularly interested in how these nurses maintain their caring attitude despite the intense pressures of their role and how improvements in their work environment can foster better nurse wellness and patient outcomes.

By examining the relationship among caring behaviors, commitment to the organization, and resilience, the study underscores the importance of supportive workplaces in sustaining both nurse satisfaction and quality healthcare delivery. The findings emphasize that enhancing these three areas can lead to higher job satisfaction, lower nurse turnover, and improved patient care. The research further suggests that mental health institutions can benefit from developing targeted interventions, such as mental wellness programs and workplace culture improvements, to reinforce these factors. It also illustrates how personal stories of mental health nurses enrich the statistical data, offering deeper insight into their challenges and the support systems they rely on.

The study will be conducted in a mental health institution within the Greater Manila Area, involving nurses assigned to psychiatric wards and facilities. These professionals face additional responsibilities in caring for patients with diverse mental health needs. The research aims not only to gather data but also to use the findings to develop a specialized Psychological Health module tailored for mental health nurses. This module will be designed to enhance their coping mechanisms by addressing the specific challenges they encounter in their roles, ultimately aiming to support both their mental well-being and sustained delivery of high-quality mental health services.

Objectives of the Study - The aim of the study is to describe and explore relationship among caring behavior, organizational commitment and resilience of psychiatric nurses as well as their lived experiences towards the development of a Psychological Health module intended for the respondents. Specifically, it seeks to describe the respondents profile in terms of their sex, age, marital status, length of mental health work experience, and number of patients handled; determine the level of caring behavior, organizational commitment and resilience of the respondents, compare if the profile of the respondents have significant difference in terms of their profile; test if there is significant relationship among the three variables of the study; identify the effects of caring behavior, organizational commitment and resilience of the respondents; and propose a psychological health module that addresses the results of the study.

2. Methodology

Research Design - The research design used in this study was based on explanatory-sequential mixed-methods design was utilized to examine mental health nurses' behaviors of care and their organization commitment and resilience rates. The research design contains two separate steps: first it calculates numerical data statistics then it conducts qualitative studies to delve into statistical findings by gathering participant perspectives. The sampling strategies for both phases contain the following components to match the research goals and the design's sequential order.

Phase 1: Quantitative Sampling. The researcher applied purposive sampling which included elements based on stratification. A community of registered mental health nurses practicing in a psychiatric hospital from Greater Manila Area forms the research population. The study recruited 101 mental health nurses based on power analysis findings for correlational or regression analysis that focuses on power level 0.80 and alpha 0.05 with medium effect size. This design provides enough statistical strength to identify relationships that exist between caring behavior and organizational commitment and resilience.

Inclusion Criteria: Full-time healthcare nurses who directly provide patient care. The participants demonstrate readiness to interact with standardized questionnaires for self-reporting purposes. The research sample will be stratified based on key demographic groups which include age, sex, marital status, work experience durations and actual patients handled. The research tools comprise of three standardized instruments: Caring Behaviors Inventory(CBI), Organizational Commitment Scale(OCS), and Resilience Scale for Nurses for variable assessment.

Phase 2: Qualitative Sampling. A purposive sampling technique selected the participants from the Phase 1 group. The study focused on a small group of participants from the quantitative phase who showed specific measurement results, allowing for a deeper dive into the quantitative findings. Data collection will wrap up once saturation was reached, which is expected to happen with 15 to 20 mental health nurses taking part in the interviews. In qualitative research, it's common to work with fewer participants to ensure a more in-depth exploration. The researcher selected participants through purposive methods using Phase 1 results to ensure participation from nurses across various experience levels. The study includes mental health nurse participants at all levels of caring behavior, organizational commitment, and resilience measurement. The researcher chose outlier observations and unexpected results to study environmental circumstances surrounding blending high personal resilience with weak organizational commitment. The research includes participants from diverse

workplace environments and with different levels of work experience because it seeks multiple perspectives.

Inclusion Criteria: The participants from Phase 1 who agreed to continued interaction in the study. The participants show willingness for a 45-60 minute interview operated using semi-structured methodology. The research tools for data collection consist of semi-structured interviews following an interview protocol that emerges from Phase 1 results. The researcher guided interviews through two specific questions about organizational influences on caring actions and individual perceptions regarding their ability to balance work dedication with resilience levels.

Integration of Sampling Across Phases. The quantitative analysis establishes general connections between caring practices and organizational involvement and work-related resilience yet the qualitative assessment intentionally selects subjects for comprehensive explanations about these relationships and their related environmental aspects (e.g., workload, organizational support).The sampling process integrates at phase 2 through the connection of qualitative participants to their matching phase 1 information which allows quantitative and qualitative analysis to develop from each other.

Participants of the Study - The participants in this study were 101 nurses working in mental health setting in one government psychiatric facility in the country since it has an authorized bed capacity of 4,200 inpatients and served an average of 56,000 outpatients per year and obviously needs most numbers of nurses. Respondents of the study was chosen using the convenience sampling technique based on the availability and accessibility of the respondents to the researcher.

Measures

Caring Behavior Inventory (CBI). This will be the test to be used in measuring the caring behaviour of the respondents. It was developed by Zane Wolf based on Jean Watson's theory and literature. Wu et al (2006) researches on Caring Behavior Inventory, a reduction of the 42-item inventory was employed from which only 24 items were considered. The standardized measure has 4 sub-groups and is evaluated on a 6-point Likert type scale from 1 to 5 with verbal descriptions of never, almost never, sometimes, usually, often and always. CBI four sub-scales of caring are: (a) assurance of human presence, which deals with patients' needs and security (b) knowledge and skills, related to nurses skills and educated persons (c) respectfulness deference to the other, dealing with how nurses show interest for the patients (d) positive connectedness, corresponding to the need for nurses to be ready to help the patients. The convergent validity and good test-retest reliability of CBI-24 is 0.82 for nurses (Wu et al.,2006). There is high internal consistency as indicated in previous researches with Cronbach alpha of 0.93 and 0.94.

Organizational Commitment Scale (OCS). This will be the tool to be used in determining respondents' organizational commitment. It was developed by Meyer et al. (1991) consisting of 18 items. It measures three types of commitment which are affective, continuance and normative. The items were measured using five point Likert scale as strongly agree, undecided, disagree and strongly disagree respectively. The three forms of organizational commitment (affective, continuance, and normative), Meyer et al. (1990) addressed the question of interest of nurses commitment in an organization. There is high internal consistency with cronbach's αlpha coefficient of 0.917 of the total organizational commitment scale (Cao et. al, 2019).

Resilience Scale for Nurses. This is the scale that will be employed in obtaining data from the respondents as to their resilience. Resilience Scale for Nurses was originated in Japan. Ihara et. al. (2010) who made a research study regarding Development and Psychometric Validation of the Resilience Scale for Nurses and constructed a 32 item questionnaire. The study mentioned that all of the four factors solution namely: 'Positivity in nursing', 'Interpersonal skill', 'Having an anchor in personal life',and 'Response to novelty', are reflected characteristics of resilience and had already been indicated by previous studies: personal competence and acceptance of self and life; optimism; future orientation; and 'belief in others; novelty seeking; and positive future orientation supporting the construct validity of the RSN. The 32 Item Resilience Scale for Nurses used the

five point Likert Scale from agree, somewhat agree, neither agree nor disagree, somewhat disagree and disagree. The estimated predicted reliability is.77 using the Spearman-Brown prediction formula and the levels of Cronbach's alpha for the overall RSN presents good internal consistency of.84 (Ihara et.al., 2010).

For the qualitative part, an interview guide will be the main tool used in this research in obtaining responses from the respondents who work in mental healthcare setting involving topics on their caring behavior, organizational commitment and resilience. The said questions underwent a validity check from their Research Professor which were then approved for her Proposal Defense. Also, the said questions were also content validated by the chief nursing service of the mental institution were the study will be conducted.

Data Gathering Procedure - The research strategy known as explanatory-sequential design applies quantitative analysis in its first phase before moving on to qualitative examination. The research design starts with a quantitative data-driven phase that collects numerically-based information. The further investigation of quantitative outcomes happens in the following qualitative research phase. Through this combination researchers gain deeper insights about their research issue. The quantitative phase of research would include data collection for assessing variables regarding caring behavior and organizational commitment and resilience of mental health nurses. After conducting quantitative analysis the researcher would execute qualitative data collection by performing interviews and holding focus groups or conducting observations. This research effort strives to reveal essential reasons from numerical data while investigating environmental elements that shape the situation. The qualitative discussions will elaborate how nurses benefit from their resilience capabilities to maintain compassionate care delivery regardless of mental health burnout in healthcare. The quantitative data serves as a guide for the following qualitative analysis to take place. Tests show that nurses with heavy patient loads who score low in resilience would be studied further within the qualitative phase.

Phase 1: Quantitative Phase. In this initial phase, researchers gather numerical data through standardized scales to measure: Caring Behavior (independent variable), Organizational Commitment(mediator), and Resilience (outcome variable). The researcher then apply statistical analyses, like regression and mediation analysis, to spot significant patterns, relationships, or outliers—think nurses who show high caring behaviors but struggle with resilience. These insights lay the groundwork for further exploration. Transition to Phase 2. The findings from Phase 1 guide the sampling and focus for the qualitative phase. For example, researchers might pinpoint groups of nurses with surprising variable combinations(like high caring but low resilience)and choose them for interviews or focus groups to dig deeper into why these trends occur.

Phase 2: Qualitative Phase. In this phase, researchers conduct interviews or focus groups to collect rich, narrative data that reveals: Personal experiences of care, Perceived organizational support or the lack of it, Factors that lead to burnout or resilience, and the significance of purpose and meaning in their work. These stories help clarify the mechanisms behind the quantitative findings and add valuable context. Integration: Mixed-Methods Insights. Finally, the data from both phases come together to create a comprehensive understanding: Quantitative data highlights general patterns and measurable relationships; Qualitative data sheds light on the "why" and "how" behind those patterns, enriching the overall narrative. By merging these two types of data, researchers can develop a fuller, more actionable understanding of how caring behaviors, organizational elements, and resilience interact in the day-to-day realities of nursing practice.

In conducting this research study, the researcher began by reading various literature and studies on psychology, particularly those related to the caring behavior, commitment, and resilience of nurses. From this academic endeavor, she decided to develop this paper and subsequently presented it to her research adviser for approval. Upon the approval of the proposed manuscript, she will also seek permission from her adviser and panel to use the adopted instruments for obtaining the necessary data on caring behavior, commitment, and resilience of the participants. The researcher will discuss and request approval from the healthcare facility’s chief nurse to conduct the study and involve the institution's nursing staff.

Once permission is granted, the paper will be presented to a panel of examiners for their comments,

suggestions, and validation of the tools to be used. During the data collection phase, the researcher will distribute the questionnaires to the participants, ensuring confidentiality and protection of their information through the use of informed consent forms. When participants are identified, data collection will begin, and they will be reassured that their responses will be treated with the utmost privacy, with accurate results intended to benefit their facility or institution. An in-depth interview with five participants will also be conducted using a convenience sampling technique for the qualitative portion of the study.

To ensure the rigor of the data gathered, the researcher will conduct collateral interviews if needed, followed by interpretation and analysis. Validity checking will be done during the interpretation of the protocols and transcripts, which will be reviewed by two registered psychologists. The results from both the quantitative and qualitative data will be compared and correlated to arrive at the study's findings. First phase of this mixed-method research involves the quantitative method, where the primary tools used were adopted from previous validated studies. The researcher will carefully consider the selection of instruments to ensure they appropriately address the categories of caring behavior, commitment, and resilience of nurses in healthcare settings.

Data Analysis - Data obtained in this study will be treated statistically through different statistical tools as suggested by the assigned statistician. Frequency will be utilized in describing the profile of the respondents as to sex, age, length of mental health work experience, and type of patients handled while mean will be utilized in identifying the personality, and work values of the respondents as well in determining their caring behavior, organizational commitment and resilience. In testing significant differences among the three variables of the study with the profile of the respondents, analysis of variance(ANOVA)will be used. Lastly, Pearson r will be used as statistical tool in testing correlations among caring behavior, organizational commitment and resilience. Lastly for the qualitative analysis, the Interpretative Phenomenological Analysis (IPA) will be used. With this, the researcher will be able to understand the life experiences of the respondents and how these affect them in their everyday life. Data will be gathered through in-depth-interview with the use of simple questions with the 5 selected respondents. After answering the questionnaires. The qualitative data were also organized into conceptual categories called codes. These codes serve as a label for the compiled descriptive information which are the words or phrases from the interview with the respondents by transcribing the significant responses of the respondents per variable which will then be translated as to emerging concepts, sub-categories, categories and last to the formulation of themes.

Ethical Considerations - Ethics is an essential part of every research study. In this study, the researchers took into consideration the General Ethical Standards and Procedures-Standard III.J of the 2017 Code of Ethics by the Psychological Association of the Philippines states. Stipulated in the said ethical code that respondent should have read and understood the consent form and accepted the terms of the study before participating. Confidentiality of the participants' personal information and their answers to the questionnaire and interview were given utmost importance. Researchers did not force any of the participants to answer questions they do not want to. Ethical consideration was also applied in the related literature gathered in this study by citing their appropriate sources.

3. Results and discussions

Table 1 presents the profiles of the respondents consisting of age, sex, marital status, mental health experience and number of patients handled. The age distribution among mental health nurses respondents shows that age group 20-25 years old, which is the youngest group, has the least number of respondents with only a total of 7(5.9%).The age group 26-30 years old has a total of 33(33.7%)of the total respondents. The 31-35 age group has a total of 30 (29.7%).The 36-40 years old group has 12 or (11.9%) of the nurses in this study. The 41 and above age group is registered 19 (18.8%) of the total respondents. The majority of nurses fall under the age 26-35 years old.

Table 1
Profiles of Respondents

Age	20-25 years old	26-30 years old	31-35 years old	36-40 years old	41 years old and above		Total
Frequency	7	33	30	12	19		101
Percentage	5.9	33.7	29.7	11.9	18.8		100%
Sex	Male		Female				Total
Frequency	35		66				101
Percentage	34.7		65.3				100%
Marital Status	Single	Married	Separated	Widowed			Total
Frequency	52	48	1				101
Percentage	51.5	47.5	1	0			100%
Mental Health Experience(Years)	Less than a year	1-2 years	3-4 years	5-6 years	7-10 years	11 years above	Total
Frequency	10	15	20	18	16	22	101
Percentage	9	14.9	19.8		17.8	15.8	100%
No of Patients Handle	1-5	6-10	11-20	21-30	31-50	51-70	71-100	Total
Frequency	0	13	17	15	15	20	14	101
Percentage	0	12.9	16.8	14.9	14.9	19.8	13.9	100%

The result is almost identical with the findings of Aydin et al.,(2019) whereas the age of participants was between 18-65 years. The majority (50%) were in the age between 26 and 35 years old. Abrigo et al.,(2019) also noted that the average age of nurses in the Philippines is 29 years old. In 1990,the median age of professional nurses were 31-years. By 2015, these have gone down to 28-years, as a direct result of the increasing number of new board passers, who are generally younger, in these fields. This is despite the increasing trend in the number of new-hire temporary Filipino health care migrant workers, particularly among professional nurses. Table 1 describes the sex distribution of the respondents. Male respondents are numbered at 35 which is 34.7%of the total number of nurse respondents while female nurses totaled 66 or 65.3%of the total nurse respondents. The results coincide with the notion that nursing profession in the Philippines has a long-standing reputation for being predominantly female. According to the Philippine Statistics Authority, data on education and workforce demographics indicate that most health workers, including nurses, are women.

In the Philippines, a qualitative study by Cortiguiera et al. (2024) focused on mental health nurses at the National Psychiatric Referral Hospital (NPRH).Out of the nine participants, five were women, making up 55.6% of the group. This shows a slight female majority, even within such a small sample size. The predominance of women in nursing in the Philippines, particularly in mental health, can be linked to various cultural and historical influences. Nursing is often seen as a “caring profession, “which fits neatly into the traditional gender roles prevalent in Filipino culture. A comprehensive review by Rubio (2020) explored how the Filipino perspective on mental illness and the attitudes of nurses reflect these gender dynamics, revealing that societal expectations have historically nudged women toward nursing as a natural extension of their caregiving responsibilities at home. This cultural viewpoint likely plays a significant role in the gender distribution within mental health nursing as well. The table above also illustrates the marital status of the respondents. The total number of married respondents is 48 (7.5%),while single respondents is 52 (51.5%).There are no widows in this group while there is only one accounted with separated status. The number of *married* and *single* respondents indicates that there is an equal distribution of married and single nurses among mental institutions in greater Manila area.

This table also highlights the distribution of respondents according to their years of service as mental health nurses. Data collected show 10 respondents with less than a year of experience,15 who have been in the field for 1 to 2 years, and 20 with 3 to 4 years of mental health experience. Additionally, 18 respondents have 5 to 6 years of experience, while 16 fall into the 7 to 10 years category. The biggest group, with 16 respondents, includes those boasting 11 years or more of experience, representing the most experienced professionals in the sample. The numbers indicate that the respondents number in terms of years of service are almost equally distributed. This implies that mental health nurses chose to continue their service even after some years working at the mental institution.

The years of service distribution for mental health nurses in Table 1 aligns with trends found in broader workforce analyses. This is consistent with the current findings, where 16 respondents reported 11 or more years, making it the largest group alongside those with 7 to 10 years. This indicates a strong dedication to the profession, which is in line with the present observation that mental health nurses tend to remain in their roles for a longer period of time. Evidently, in this study, there is a considerable sense of job satisfaction for mental health nurses as shown by the bigger number of experienced nurses in this field. The table above also presents the results for the number of patients handled by the respondents. There were no respondent credited for the number of patients 5 or less. Those who handled 6-10 patients were 13 (12.9%). Respondents who took care of 11-20 patients totaled 17(16.8%). Nurses who handled 21-30 patients had a total of 15 (14.9%) as well as those who handled 31-50 patients. Those who handled 71-100 patients were 14 (13.9%) and those respondents who handled 101 and above were totaled 7 (6.9%).

Table 2
Psychiatric Nurses' Level of Caring Behavior

Sub-scales	N	Minimum	Maximum	Mean	Standard Deviation
Assurance	101	4.38	6.00	5.5121	0.43398
Knowledge	101	4.20	6.00	5.6000	0.45255
Respect	101	4.00	6.00	5.5571	0.47869
General Mean:5.5564			Average SD:0.4551		

Table 2 presents the level of mental health nurses caring behavior indicated by three sub-scales: assurance, knowledge and respect. The factor of assurance in caring manifests through actions which promote confidence and comfort and dependable behavior towards others. The survey data showed that study participants strongly rated assurance as part of caring behavior with their mean score at 5.51 and low standard deviation at 0.43. Data shows that mental health nurses report a high level of certainty in the way they act towards patients, as expressed by a mean score of 5.51 and a low standard deviation of 0.43. Hence, nurses always take actions that bring about confidence, comfort and dependability, all of which play a key role in trusting and therapeutic relationships in mental health care. Because the responses are similar, this shows that the finding is reliable and repeated among most of the subjects. Confidence in their abilities is a main strength of mental health nurses, most likely leaking to good experiences and outcomes for patients.

Alikari et al. (2022).documented patient and nurse perceptions of caring behaviors. Caring Behaviors Inventory (CBI) incorporated the Assurance sub-scale that consists of actions which create confidence and comfort through empathy and active listening. Survey data from 310 participants indicated that nurses gave more favorable evaluations than patients did in measuring assurance behaviors which strongly impacts patient perception of care. This research corroborates with the current findings even though the specific mean scores and standard deviations differed slightly (5.51 with 0.43 SD).The low variability in patient and nurse responses shows the importance of assurance as a caring factor. Similarly, Wang et al.(2022) analyzed data from 748 respondents using Caring Behaviors Scale for Healthcare Students and Providers (CBS-HSP). The research scale contained a factor "Gratifying Needs and Responsiveness" which matched assurance principles of dependable and comforting action (such as responding when someone needs it). The validity of this factor was supported by both research methods as the factor analysis results showed excellent internal consistency (Cronbach's alpha>0.8)and mean scores exceeding 5 points on a 9-point Likert-type response scale for associated items. The standard deviation value of 0.43 in the current study matched the past research that shows a tight clustering of responses at high mean levels which indicates participants strongly support assurance as a caring behavior.

The rating indicates that knowledge appears to be essential for caring behavior possibly through competent and understanding actions of caregivers. Among the three components of caring behavior "knowledge" resulted in the highest mean score of 5.60 which indicates a significant role of knowledge in caring practices while maintaining moderate stability between researchers (SD=0.45). Tsegay et al. (2024) conducted a research project to evaluate what knowledge and abilities family caregivers need to provide good home care for elderly people in Ethiopia. Caregivers who acquired better knowledge about healthcare functions showed improved competence

alongside better understanding of their responsibilities. The study reported no specific mean scores but declared knowledge as essential for practical care giving activities and this validation supports the significance of knowledge as shown in the current data (mean=5.60). The moderate SD value of 0.45 in the present study findings matches the research observations that show caregivers possess varying levels of knowledge because they have different educational pathways. Empowered caregivers relied on knowledge across disease information and care practices and resource details to deliver competent nursing actions. The caregivers who actively sought knowledge displayed higher confidence in dealing with complicated care duties which corresponds to the current observation of a high mean score (5.60) regarding knowledge in caring behavior. The data indicates that care providers acquire power to deliver effective compassionate treatment through their knowledge acquisition.

"Respect" in nursing care as it means both dignifying patients through respect and respecting their autonomy. The rating score of 5.56 shows respect in caring behavior receives similar acknowledgment from patients but the wider SD value (0.48)indicates patients view this aspect differently. Fuseini et al. (2022) studied patient accounts regarding dignity experiences and dignified healthcare services in acute hospital settings. Patient dignity maintenance depends heavily on healthcare providers' respect which includes the care given by nurses while autonomy functions as a major related factor. Patients consistently appreciated respectful healthcare experiences but revealed dynamic service quality because hospitals limited their choices and privacy access. Variable patient perspectives reveal different personal viewpoints according to the standard deviation measurement of 0.48. Vasiloglou et al. (2022) evaluated patients alongside nurses caring behaviors through Caring Behaviors Inventory (CBI-16). Study participants showed strong positive views about respect-related interactions by giving scores above 5 on a 6-point rating scale that matched the current 5.56 figure. Patients in the study showed different priorities from nurses because they valued technical expertise and protection above all else but nurses made dignity and privacy their main concerns.

Data indicators demonstrate a strong and steady perception of caring behavior through these three dimensions which exceeds 5.5 on a 6-point rating scale. The observed ratings seem to indicate a caring environment and talented people displaying these characteristics. Statistics evaluate the caring behavior by measuring three essential elements which define assurance and knowledge together with respect. These qualities exist consistently and reliably in an environment where caring demands are essential based on both high average scores and low score variations.

Table 3 shows the emergence of the theme expressions of love. Based on the interviews conducted, it is quite clear that the respondents are well aware about their duties and responsibilities as mental health nurses and on how they should deliver the caring services that mental health patients need. The respondents' level of caring behavior is high and notably surpassed the level of caring behavior that other mental health nurses possess. Basic nurse functions such as giving of medications, monitoring of patients' activities and assessing the physical and emotional state of the patients are mentioned by respondents as being an important part of their duty. However, respondents agreed to the idea that mental patients need a strong support system in order to survive and recover. The respondents fairly believed that most of their patients were neglected by their own families thus it is very important for the mental health nurses to provide at least the basic care services they could give and let them feel that someone cares. These basic care includes training the mentally challenged patients to care for themselves and help them to become highly functional individuals.

Compassion, love and care for those individuals suffering from mental disorders emerged as one of the guiding principles for the respondents caring behavior. The nurse respondents feel there must have an element of love and compassion in providing care for the patients because the patients positively respond to this emotion and fully cooperate with the nurses in the process of their recovery. Consequently, the patients acknowledge the kind of love and care that the nurses give and somehow create a bond between the nurse and the patient. Recent studies highlight the crucial role mental health nurses play in providing both clinical and emotional support to their patients. For instance, Coffey et al. (2019) point out that nurses in these environments prioritize

person-centered care. This involves not just administering medications and monitoring patient activities, but also assessing both physical and emotional well-being—key responsibilities you mentioned. The research underscores that while nurses see these tasks as essential,t hey also acknowledge the importance of collaborative, recovery-oriented approaches that empower patients and support their journey to recovery.

Table 3
Emergence of the Theme: Expression of Love

Respondent ID	Significant Statements	Emerging Concepts	Level	Category	Theme
R1	"Kung maipakita mo sa kanila na may love,tapos may care,susunod sila"	Compassion	High	Caring Behavior	Expression of Love
R2	"Ang pinaka-basic ay tender loving care..kasi neglected sila by their family"	Compassion	High	Caring Behavior	Expression of Love
R3	"Different approaches dapat ang i-aplay kasi iba iba ang kaso ng mga patients e"	Caring Creativity	High	Caring Behavior	Expression of Love
R4	"Once na 232aming232 ang pagbibigay mo ng care sa kanila,wala silang masabi sa'yo at tatandaan pa nila ang pangalan mo"	Sincerity	High	Caring Behavior	Expression of Love
R5	"Most important yung basic selfcare nila...kailangan lang na i-train sila hanggang maging independent sila".	Empowerment	High	Caring Behavior	Expression of Love

In a similar vein, a study by Hartley et al.(2020) delves into the importance of the therapeutic alliance in nursing. It highlights that nurses demonstrate a high level of caring behavior when they establish trust and actively involve patients in their treatment plans, which aligns with your observation about respondents exceeding typical levels of care. The study emphasizes that behaviors like listening, empathizing, and providing support are vital for patients who may feel overlooked, reinforcing the notion that nurses often step in to bridge the gaps left by absent family support. Another aspect of caring behavior that the respondents never fail to observe especially in psychological wards is familiarity with the patients. This part of caring behavior thwarts numerous upcoming problems that may arise inside the wards. The ability to recognize each patient's individuality, that includes their moments of mood swings, misbehavior, manipulative tendencies and other behavior related to their psychological conditions, aid the nurses in keeping each ward in order. Recent studies underscore just how crucial familiarity is in building strong therapeutic relationships and boosting patient outcomes in psychiatric care.

There were numerous challenges in the aspect of caring behavior that were discussed by the respondents during this qualitative inquiry. One of the respondents said that it was very challenging to deal with patients because they have different attitudes and each has different needs. However, everyone agreed that nurse to patient ratio seemed to be the biggest challenge for mental health nurses. This problem arises from the lack of community knowledge and mental health stigma and of course the lack of facility and manpower for mental institutions. Shortage for mental health doctors and mental health nurses is a perennial problem in the Philippines which is worsen by the growing numbers of mental health disorders that many Filipinos are suffering today. In reality, the respondents estimated that for every one mental health nurse, he/she has to take care at least one hundred patients. Surprisingly, the respondents accepted such gigantic task positively and still believe that they can do their job as caregivers effectively.

The study of Alibudbud (2023) demonstrates that Philippine healthcare facilities experience a critical shortage of nurses which affects both general and mental health care settings. The article explains how long-term understaffing which combines with poor pay and heavy schedules drives nurse burnout. Although the research study does not indicate specific nurse-to-patient ratios for mental health care staff it shows that general ward nurse staffing surpasses Department of Health established 1:20 guideline rates reaching 1:50 during COVID-19 pandemic high-demand periods. The severe conditions of understaffed mental health facilities support the validity of under-staffed nurses'estimates. This research supports policy changes through more staff retention measures and better workplace conditions as effective solutions for the mentioned difficulties.

Likewise, Cortiguiera, et al. (2024) conducts qualitative research with mental health nurses in 2024.The increased nurse-to-patient ratio stands as the main obstacle against compassionate care delivery because staff members state they cannot adequately address patient intelligence because their workload consumes their time. The nurses displayed both resilience and dedicated service toward comprehensive patient care which mirrors what your participant respondents noticed in their positive encounters. The research findings confirm that both empathy and autonomy in nursing care practices continue to guide nursing practice throughout challenging circumstances. The respondents also believe that in order to deliver caring services effectively, it is very important that a nurse is prepared physically, mentally emotionally, and spiritually. Years of experience and training taught the respondents the best caring service they could give especially therapeutic approach.

The integration of research findings by Delgado et al.(2020) assessed emotional labor practices in mental health nursing contexts. Research proved that nurses with proper mental preparation through training and experience demonstrated better therapeutic communication skills regardless of stressful situations. Participation in preparation methods decreased burnout while improving patient care standards indicating the participants 'focus on complete readiness models for delivering care services. According to Thompson et al. (2021) organizational methods that support nurse welfare in physical and mental together with emotional and spiritual domains deliver better healthcare outcomes following COVID-19. Research showed that nurses receiving structured support frameworks which integrate spiritual care education become more resilient while delivering better therapy outcomes. The respondents validate their position that experienced-based preparation linking all dimensions remains essential for delivering optimal care services.

The Information In Table 3 is consistent with the numbers in Table 2. Both analyses demonstrate that mental health nurses demonstrate a high degree of care for their patients. The qualitative data's emphasis on Compassion, Creativity, Sincerity, and Skills Development Support, unified by the theme Expression of Love, aligns with the quantitative data's high scores in Assurance, Knowledge, and Respect. The qualitative descriptions enrich the quantitative findings by providing nuanced insights into how caring behavior is expressed, while the quantitative data confirms the prevalence and consistency of these behaviors across a larger sample. This means both data sets enhance each other and are in agreement, without any evidence of conflict.

Table 4
Mental Health Nurses' Level of Organizational Commitment

Variables	N	Minimum	Maximum	Mean	Standard Deviation
Affective	101	2.00	4.33	3.1538	.447762
Continuance	101	1.33	4.67	3.2495	.68288
Normative	101	2.17	4.50	3.3715	.56233
General Mean:3.2583			Average SD:**0.5643**		

Table 4 shows the level of mental health nurses organizational commitment in various sub-scales.The emotional attachment level lies moderately high at 3.1538 according to the scale midpoint. Mental health nurses exhibit moderate bond feelings toward the organization but not with deep intensity. Workers build affective commitment when they emotionally tie themselves to their organization mainly through the organizational values match and personal job satisfaction and organizational connection. None of the participants rated their workplace commitment at the highest or lowest scores on the scale(1 or 5)implying moderate distribution of ratings throughout the range (2.00 to 4.33). The 0.44762 standard deviation indicates uniformity in employee responses since participants have comparable levels of emotional organization connection with minimal extreme variation.

Recent research into nurses' emotional commitment sheds light on current findings. For example, a 2023 study by Shen and colleagues looked into how benevolent leadership relates to affective commitment and work engagement among nurses in China. They found a moderate level of affective commitment, with a mean score of 3.42 and a standard deviation of 0.81 on a 5-point scale. This is quite similar to your mean of 3.1538,suggesting that both studies reflect a comparable emotional connection. While their standard deviation shows a bit more variation than your 0.44762,it still points to a fairly consistent response among participants. The study also

highlighted that affective commitment is linked to leadership support and work engagement, which resonates with your observations about how organizational values and job satisfaction can foster emotional connections.

Employees often stick with an organization out of continuance commitment ,feeling they have no choice due to high costs associated with leaving, such as losing benefits, facing financial instability, or having limited job options. Interestingly, it seems that employees have slightly stronger practical reasons for staying compared to emotional ones, as reflected in an average score of 3.2495. However, perceptions of continuance commitment can vary widely, ranging from 1.33 to 4.67 on the scale, indicating different levels of attachment to the organization based on necessity or the absence of pressure to stay. The measurement deviation of 0.68288 suggests a broad spectrum of feelings of being "stuck" compared to other types of employee commitment. This significant internal variation indicates that many workers remain in their jobs primarily out of necessity rather than personal desire, while the levels of group maintenance can differ greatly. Organizations should keep an eye on high levels of continuance commitment, as strong attachment could lead to retention issues when appealing alternatives arise outside the organization.

A review by McGowan et al (2020) examined the practices of mental health nurses in historical contexts (1800–1960), providing a solid foundation for understanding how the profession has evolved. However, we can also draw parallels to current workforce dynamics. The review points out ongoing staffing challenges, a theme that continues to appear in modern research, suggesting that the lack of employment options—a major factor in continuance commitment—remains a pressing issue for mental health nurses today. The notion of compliance through normative commitment leads employees to remain in a role because it is proper for them to stay based on feelings of loyalty and their moral responsibilities alongside social expectations (such as maintaining relationships with colleagues or fulfilling organizational investments).

The current participants demonstrate the strongest commitment driver through duty as exhibited by their mean score of 3.3715. These scores span the middle area (2.17 to 4.50)which means that employees do not experience complete freedom of leaving the organization (2) and also avoid feeling absolute obligation (5). Dependent on the SD of 0.56233,employee duty perception shows moderate uniformity although not as pronounced as continuance commitment perception. Nurses demonstrates a fairly strong commitment to staying at the organization that potentially results from employee loyalty initiatives as well as internal team bonding and organizational cultural norms. The commitment of employees towards organizational retention might strengthen retention because it is focused more on internal values than external limitations.

Table 5 shows the emergence of the theme positive work engagement. There were various indicators of organizational commitment reflected in the interview with the respondents. Obviously, their level of organizational commitment is high. Firstly, when the respondents were asked if they were happy with their profession, they responded positively. Most of the respondents interviewed were working in the mental facility for more than 10 years. This span of years of experience are indicative of their willingness to stay in the organization for good which the nurses confirmed during the interviews. The respondents asserted that it is their sense of duty to others that they thought as the most significant reason to stay.

Table 5
Emergence of the Theme: Positive Work Engagement

Respondent	Significant Statements	Emerging Concepts	Level	Category	Theme
R1	"Masaya kami kasi every day is learning"	Growth mindset	High	Organizational Commitment	Positive Work Engagement
R2	"Kahit kulang yung sahod mo ok lang kasi mahal mo ang trabaho mo"	Contentment	High	Organizational Commitment	Positive Work Engagement
R3	"Every day is a learning experience dito sa wards kaya we treasure each day and learn from	Lifelong learning	High	Organizational Commitment	Positive Work Engagement

	it“				
R4	“Proud kami sa ginagawa 235aming kasi alam naming na nakakatulong kami”	Pride in Someone’s Work	High	Organizational Commitment	Positive Work Engagement
R5	“Dito na kami hanggang magretire kami,I don’t see myself having another career”	Loyalty	High	Organizational Commitment	Positive Work Engagement

Study results from Cao et al. (2019)showed nurses who experienced positive feelings towards their work field demonstrated better emotional commitment to their organizations due to intrinsic motivations stemming from a sense of calling. The positive feedback regarding their profession shows that personal professional contentment strengthens their dedication to their work. The majority of the respondents when asked if they would leave the organization had been given a chance to move to greener pasture, many of the respondents negate the idea and expressed their willingness to stay in the country and serve fellow Filipinos. Though the salary of mental health nurses in the Philippines is only a fraction of what mental health nurses received in developed countries, the respondents expressed that devotion to close family relationships made them refuse opportunities abroad. In the same vein, good relationship with friends and colleagues strengthened the nurses commitment to their mental health organization. In fact, many of the nurses expressed their commitment to the profession until the time of retirement.

Rubio (2021) conducted a study investigating how Filipino nurses viewed their mental patient care responsibilities while demonstrating their dedication to assisting Filipino individuals despite better job prospects in industrialized nations. Professional Filipino healthcare providers base their work commitment on elements that exceed financial rewards. This strong commitment exists because culture teaches Filipinos about “bayanihan” which means community spirit and people want to care for healthcare needs especially among under-served mental health patients. The study conducted by Lorenzo et al.(2019) revealed Filipino healthcare workers have dual motives to work within or outside their homeland because economic factors lead many abroad but nurses often choose to stay due to their desire to serve their nation. Mental health nurses need to work in the Philippines because the national scarcity of mental health resources emphasizes the importance of their specialized skills. The findings demonstrate that your respondents chose to remain in the Philippines instead of selecting “greener pastures” for the purpose of assisting Filipino people directly.

Regarding satisfaction with the compensation and benefits that they receive, the respondents agreed that they are receiving barely enough. However, some nurses are creative enough to make both ends meet by doing side jobs and small business during off duty hours. The majority of respondents said that working as a mental health nurse is their bread and butter, thus they believe they should love their work and dedicate their lives towards the improvement of their craft as mental health nurses. Gjergji et al. (2022) conducted a study to investigate employee compensations and benefits through pre-and post-COVID-19 periods and discovered that although medical insurance and bonuses exist among benefits the overall satisfaction level regarding compensation packages is low because staff members think their earnings only cover basic necessities. The data matches the nurse respondents’ opinions about financial stress thus confirming its enduring nature which compels them to supplement their income through outside sources. Numerous healthcare professionals continue working due to intrinsic work pleasures instead of monetary compensation even though the research indicates relationship between proper pay rates and employee satisfaction and workplace retention (Gjergji et al.,2022).

A significant number of mental health nurses maintain dedication to their vocation although they face financial hurdles because they consider their work both their main source of income and a life purpose. According to Hartley et al. (2020) nurses maintain their dedication through therapeutic alliances with patients which bring intrinsic job satisfaction in mental health care. The statements match how your participants believe work should be a beloved profession and service area where one strives to reach mastery. When it comes to career growth and development, there is little information shared by the respondents on the organization’s effort to better their career development. Nonetheless, the respondents confirmed that they are receiving various training for the different aspects of mental health nursing and they feel that these training are very important for

them to carry out their duties excellently.

Mlambo et al. (2021) analyzed nurses' CPD experiences by synthesizing qualitative research results in 2021. Nurses recognize targeted training as an essential part of CPD for staying knowledge and skill current to deliver high-quality patient care. The evaluation of clinically focused training by mental health nurses demonstrated its essential role for daily practice since this sort of training improves their duty performance excellence. The research discovered inconsistent organizational support for nurses' long-term career development despite noting that training advancement (above immediate training) would beneficially impact their professional progression. The study published by Howard et al. (2023) demonstrated that mental health nurses believed training specifically about physical health care integration would improve their practice performance alongside patient results. Staff members presented strong appreciation for these learning opportunities because they enhanced their job competence as well as self-confidence. The research revealed one main challenge but the study showed organizations do not have structured career paths which causes nurses to explore professional growth opportunities on their own. The current situation demonstrates a favorable attitude toward education yet exhibits weakness in comprehensive growth opportunities.

Different contradictions appear in both types of data. Based on the figures, average organizational commitment is moderate, with the highest number for normative commitment and the lowest for affective. Alternatively, the qualitative observations reveal a strong emotional commitment from all five participants, as they all reported being strongly loyal and engaged with the organization. The discrepancy likely arises from sample size where the few numbers in the sample (only 5 vs.101) may mean that those interviewed were more committed nurses. Additionally, data analysis can indicate various commitments, but positive experiences are stressed more in qualitative disclosure. This analysis could mean that even if someone has a high commitment score in qualitative terms, it does not mean their rating is truly high in numbers.

Table 6
Mental Health Nurses' Level of Resilience

Variables	N	Minimum	Maximum	Mean	STD.Deviation
Positivity	101	3.25	5.00	4.4274	.44548
Interpersonal	101	2.80	5.00	4.0277	.50042
Anchor	101	2.20	5.00	3.9168	.46927
Response to novelty	101	2.50	5.00	3.7104	.55310
General Mean: 4.0206			Average SD: 0.4920675		

Table 6 highlights the resilience level of mental health nurses in terms of being positive: It appears that nurses maintain optimistic attitudes when under stress. The strong positive trait of nurses appears through their 4.43 rating out of 5 which leads to a high evaluation of resilience features. Group members exhibit similar levels of the measured value as demonstrated by the small standard deviation of 0.45. The high score suggests that nurses base their resilience upon their ability to maintain interpersonal relationships or social support. These nurses display strong relationship utilization skills for resilience since their average score of 4.03 is elevated. Variation is classified as moderate because the SD measures 0.50. A stable anchor for resilience appears through personal values and sense of purpose together with established routines. Average score of 3.92 reveals that nursing professionals have an established capacity for resilience which remains solid. Subjects displayed similar levels of scoring according to 0.47 SD value. The test seems designed to assess how well nurses respond to unexpected or new situations. Adaptability serves as a central concept. The score of 3.71 represents moderate-to-high adaptability even though it stands as the lowest among four measurements. The wide range of scores indicated by SD 0.55 reveals that nurses exhibit different levels of success and difficulty when it comes to this competency.

The research shows that mental health nursing staff demonstrate elevated resilience capacities when dealing with emotional and occupational requirements including work-related stress as well as burnout and traumatic events. Interpersonal resilience and optimism are essential skills of mental health nurses because they practice these capabilities effectively in healthcare environments. The ability to adapt to new situations is an area where

some nurses need help which can be solved through specific training together with support systems. The consistent mental health nurse resilience levels have low standard deviations that indicate shared cultural or training aspects among mental health nursing professionals. Research points to adequate emotional and professional readiness among nurses to address their occupational and psychological needs. Bui et al.'s (2023) review aligns with the high positivity score in this study,as positivity often correlates with well-being and growth. The review found that mental health nurses' resilience is generally moderate to high and positively associated with psychological well-being, post-traumatic growth,a nd compassion satisfaction.

Table 7
Emergence of the Theme: Adaptability

Respondents	Significant Statements	Emerging Concepts	Level	Category	Theme
R1	"Minsan napapagod pero ganun 237aming e,itulog mo lang yan,ok kana ulit bukas"	Consistency	High	Resilience	Adaptability
R2	"Mahalaga ang day off sa amin para makarecover kami sa stress"	Recovery	High	Resilience	Adaptability
R3	"Dapat lagi kang passive,don't take everything too seriously"	Coping Mechanisms	High	Resilience	Adaptive Resilience
R4	Malaking bagay ang suporta sa min ng aming mga mahal sa buhay"	Support System	High	Resilience	Adaptive Resilience
R5	"Mahalaga din sa amin 237aming-apreciate ng nakatataas yung ginagawa 237aming,kasi na-momotivate kami"	Support System	High	Resilience	Adaptive Resilience

The respondents' level of resilience is also considered high based on reactions and statements provided by respondents. Primarily, according to the respondents, a positive mindset towards their job allows the nurses to absorb pressure and repel burn out tendency. Sporadic acts of violence and verbal abuses are common in the psychological wards however, the respondents believe that an open mind keeps them afloat and they consider these things as part of the challenges in their workplace. Being passive and not overreacting with the patients' actions also help them to cope up with daily pressure. Interestingly, the respondents believed that days off from work provides them opportunity to regain energy and composure to face future challenges. Bui et al. (2023) established that nurses must develop positive thinking supported by professional dedication to confront adversity effectively. Nurses who understood patient aggression as a part of their duties demonstrated stronger abilities to manage emotional stability while managing stress in their work similarly to the idea of an open mind keeping them "afloat."

Research demonstrates that family support serves as a primary coping strategy for mental health nurses because nurses consider their work as essential for family support leading to professional devotion and career evolution. A review authored by Labrague (2021) examined how social support from families along with other caregivers strongly improved health worker psychological resilience particularly within nursing professions during the COVID-19 pandemic. Family support worked as a protective factor in workplace stress which allowed nurses to handle their emotional workload. Analysis supports the notion that family support serves as a critical stress management tool for mental health nurses because it stabilizes emotions and ties their purpose to family duties.

The research conducted by Zhou et al. (2023) validated the importance of family-based external backing for nurse resilience development. The research focused on generic nursing staff but its results indicate that family-backed support enhances emotional management and resilience mechanisms which mental health nurses may also benefit from. Moreover, organizational support from the institution's higher authorities and colleagues through a systematic and the harmonious relationship also uplifts the respondents' motivation towards their job. Some of the respondents mentioned honesty to one's self and dignity as their wall to shield them from emotional exhaustion and intrigues in the work place. These values auto-generate moral boost for the nurses and aid them to stay confident and self-assured.

The quantitative and qualitative data partially contradict each other regarding adaptability. The statistical findings suggest that although adaptability is positive for the nurses, it is not consistent for all with different levels (SD=0.55). However, the qualitative feedback from the 5 respondents consistently shows that their adaptability factor is "High," which relies on coping, recovery and support systems. This discrepancy likely stems from small sample size: Nurses who are highly adaptable are more likely found in the qualitative group, whereas the quantitative results include a bigger range. Another possible reason is that the qualitative part of the data covers various aspects of adaptability such as recovery and support, whereas the quantitative data examines Adjustment to Novelty. Both quantitative and qualitative results recognize resilience, but the qualitative data overstates adaptability compared to the quantitative findings, suggesting a potential over representation of positive adaptive experiences in the smaller sample.

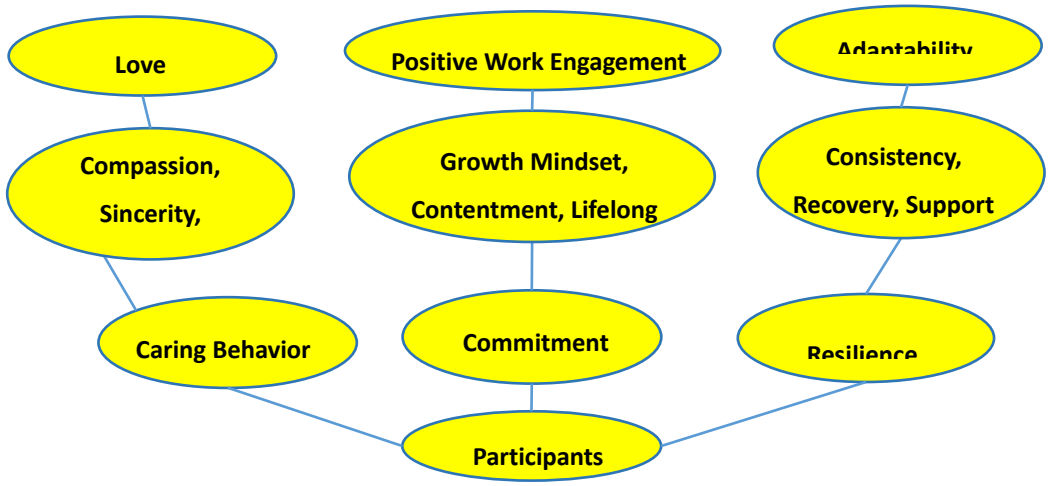

Figure 1 Psychiatric Nurses'Pathway to Excellent Care Giving

The diagram presents a hierarchical model where participants' core attributes (caring behavior, commitment, resilience) contribute to meaningful outcomes in their professional practice. It emphasizes the interplay between individual traits and broader concepts, showing how nurses' behaviors and resilience lead to compassionate, consistent care and a supportive environment. This framework aims to explain how mental health nurses' characteristics enhance their effectiveness and well-being in their roles, aligning with the study's focus on caring behavior, organizational commitment and resilience.

Table 8
Differences on the Respondent's Caring Behavior (n=101)

	Assurance		Knowledge		Respect		Connectedness	
	t/F	p–value	t/F	p–value	t/F	p–value	t/F	p–value
Age	.407	.803	.558	.694	1.177	.326	.090	.985
Sex	-2.854	.005	-1.678	.096	-1.697	.093	-.229	.819
Marital Status	-1.145	.255	.088	.930	-1.063	.290	-.928	.356
Length of Experience	.849	.519	1.702	.142	.482	.789	.411	.840
No.of Patients Handled	1.190	.318	.943	.468	1.002	.429	1.173	.327

For interpretation:Those highlighted in green is considered significant
Mean difference is significant at 0.05 alpha level

Table 8 above shows that among the profile variables,only that of sex produced significant change/difference on the respondents caring behavior specifically for the sub scale assurance with computed p-values lower than 0.05.The results imply that female nurses show higher caring assurance than their male counter parts. While, table 9 presents the differences on the respondents' organizational commitment when grouped according to.profile. Findings reveal that no significant difference were found in organizational commitment of the respondents except for the variable length of service under Normative sub-scale. Data reveals that nurses with longer years of experience tend to believe that they should stay in their organization.

Table 9

Differences on the Respondent's Organizational Commitment (n=101)

	Affective			Continuance			Normative		
	t/F	p–value	I	t/F	p–value	I	t/F	p–value	I
Age	.372	.828	NS	.396	.811	NS	1.307	.273	NS
Sex	-.108	.914	NS	-.013	.990	NS	-.308	.759	NS
Marital Status	.957	.341	NS	-.543	.588	NS	.488	.627	NS
Length of Experience	.519	.761	NS	.359	.875	NS	2.606	.030	S
No.of Patients Handled	1.116	.359	NS	.669	.675	NS	.250	.958	NS

Mean difference is significant at 0.05 alpha level

Table 10

Differences on the Respondent's Resilience (n=101)

	Positivity		Interpersonal Skills		Having an Anchor		Response to Novelty	
	t/F	p–value	t/F	p–value	t/F	p–value	t/F	p–value
Age	1.411	.236	1.379	.247	1.412	.236	2.006	.100
Sex	-1.536	.128	-.906	.367	-1.020	.310	.806	.422
Marital Status	-.691	.491	-.938	.350	-2.201	.030	-2.476	.015
Length of Experience	.869	.505	1.703	.141	1.682	.146	1.833	.114
No.of Patients Handled	1.271	.278	.527	.787	.243	.961	.214	.972

For interpretation: Those highlighted in green is considered significant
Mean difference is significant at 0.05 alpha level

Table 9 highlights the differences on the respondents' resilience when grouped according to profile. Data analysis show that only the profile variable *marital status* with the sub scales *having an anchor* and response to novelty produced a significant difference (<0.05 alpha level) among sub-scales and variable profiles of respondents. The rest of the subscales and variable profiles show no significant relationship with p-value>0.05 alpha level. This means that married respondents believe they can overcome adversities and challenges because they have long term trusted friends and colleagues that they can count on. Response to novelty shows that mental health nurses who are already married believed that they can overcome challenges and could adapt to changes and innovation implemented in their workplace possibly indicated by moral and psychological support provided by their espouses.

Yu et al. (2023) found a similar findings in their study that focused on resilience and burnout in Chinese psychiatric nurses. Their quantitative findings showed that marital status played a significant role in resilience, with married nurses scoring higher in their ability to adapt to changes at work—similar to the "response to novelty" subscale. The qualitative interviews further emphasized that support from spouses provided psychological stability, enabling these nurses to tackle new challenges like updated treatment protocols or administrative changes with more confidence.

Table 11

Correlation of Caring Behavior, Organizational Commitment and Resilience of Mental Health Nurses

Variables	CB assurance	CB knowledge	CB respect	CBconnectedness	OC affective	OCcontinuance	OC normative	R positivity	Rinterpersonal	R anchor	R response tonovelty
CBassurance	1.000	0.608**	0.685**	0.655**	0.005	0.022	0.104	0.455**	0.224*	0.291**	0.168
CBknowledge	0.608**	1.000	0.597**	0.515**	0.005	0.118	0.132	0.325**	0.205*	0.087	0.096
CBrespect	0.685**	0.597**	1.000	0.747**	0.075	0.094	0.127	0.430**	0.194	0.198*	0.136
CBconnectedness	0.655**	0.515**	0.747**	1.000	0.037	0.002	0.037	0.373**	0.085	0.098	0.068
OCaffective	0.005	0.005	0.075	0.037	1.000	-	-	-	-	-	-
OCcontinuance	0.022	0.118	0.094	0.002	-	-	-	-	-	-	-
OCnormative	0.104	0.132	0.127	0.037	-	-	1.000	-	-	-	-
Rpositivity	0.455**	0.325**	0.430**	0.373**	-	-	-	1.000	-	-	-
Rinterpersonal	0.224*	0.205*	0.194	0.085	-	-	-	-	1.000	-	-
Ranchor	0.291**	0.087	0.198*	0.098	-	-	-	-	-	1.000	-
Rresponse to novelty	0.168	0.096	0.136	0.068	-	-	-	-	-	-	1.000

Legend: p<0.01=Significant at 0.01 level ()**
p<0.05=Significant at 0.05 level (*)

This table shows the correlation values between elements related to caring behavior along with

organizational commitment and resilience among mental health nursing staff. The four essential variables composing Caring Behavior (CB) in nursing show a complete connection between nursing practices that affect patient care quality. Research variables establish mutual causation and show that nursing interventions create the quality of patient-nurse relationships. Professional respect shows such a strong relationship with connectedness ($r=0.747, p<0.01$).This imply that nurses who respect patients professionally create deeper patient relationships automatically. Nurses who establish confidence through their actions equally maintain respect for their patients($r=0.685, p<0.01$)due to their strong knowledge of patient care which enables them to offer reassurance. The inspiration of absolute confidence among patients leads them to develop stronger interpersonal bonds since all these caring behaviors reinforce each other.

Karaca et al. (2022) provide empirical support for these relationships in their study of nurses in Istanbul, utilizing the CBI-24 inventory ,which encompasses all four dimensions of care.The study conducted with nurses in Istanbul uses CBI-24 inventory to demonstrate mathematics between these relationships regarding all care dimensions. Nurses reported clinical abilities as their most valuable aspect of care according to their evaluation which surpassed assurance then respect and finally connectedness. First-place rating for technical proficiency in nurse self-assessments confirms their view that high proficiency levels create greater reassurance opportunities. The research confirmed that nurses consider both interpersonal components of respect and connectedness essential for quality care despite their confirmation of knowledge as their most significant aspect. Integration of technical skills with reassurance and respect and connection stand as the essential factors that elevate total care delivery because nurses' caring activities maintain continuous reinforcement of each other in clinical settings.

Özparlak et al. (2023) investigated the relationship between self-compassion and caring behaviors between nurses. However, the findings indicated a positive relationship between self-compassion and caring behaviors in knowledge and skill, assurance, respectfulness and connectedness. The significance of nurses' emotional welfare in helping nurses in nurturing effective patient relationship to deliver total care is reinforced. Furthermore, Ashagere et al.(2023) assessed the caring behaviors of nurses with respect to the self-compassion and the correlation of caring behavior with the self-compassion. They found that greater levels of self-compassion were associated with more caring behaviors in the areas of knowledge and skill, assurance, respectfulness and connectedness. It highlights the significance of nurses' emotional health in promoting good patient related caring. Mean score for assurance (4.23 ± 0.43), respectfulness (4.39 ± 0.56), knowledge and skill (4.45 ± 0.55), and connectedness (4.48 ± 0.63), are the same, which means that all are so close and they collectively play a role in total caring behavior.

The next three variables—affective, continuance and normative type of commitment to the organization. Show no meaningful relationships to caring behavior. The test result is statistically insignificant ($r=0.075$) ($p=0.456$),for which the strongest association is between affective and respect. Meanwhile, the 0.03 level correlation for both continuance and normative is low in the cases of services that exhibit compassion in the treatment of patients. The level of organizational loyalty of mental health nurses does not depend upon the extent of the caring they show. A nurse's emotional bond and work loyalty for the government do not rely on high levels of working care.

The study of Thomas et al. (2019) focused on how nurses feel about caring behaviors with their patients in a long term acute care hospital. However, it discovered disagreements between nurses' and patients' views as to what caring involved, with patients favoring emotional support and nurses emphasizing task oriented care. The current finding that organizational commitment does not robustly predict caring behavior is supported by the fact that not caring can be inconsistent with the organizational expectations—something which the study is not specific to mental health nurses but, in general, it can be assumed that caring behaviors do not necessarily have to match up with the organizational loyalty. The weak statistical association ($r=0.075$) that this study reported could represent this disconnect wherein affective commitment (emotional bond) may slightly affect respect but not caring in general.

Al-Hamdan et al. (2021) studied how organizational support and commitment influence nurses' performance to a crisis. Such indirect caring behavior and the effect of affective commitment on performance were both revealed through the effects found, which showed that affective commitment positively influenced performance and that perceived organizational support mediated the effect .This aligns with the low correlation the current study noted for continuance and normative commitment (r=0.03) which suggests that when people get committed to an organization unemotionally (continuance) or because they are stressed to be held accountable for an emotional reason (normative) in a mental health environment where there are high emotional demands, compassionate care won't be forthcoming.

The last section provides insight on the correlation of caring behavior and resilience of mental health nurses. The findings from the data given demonstrate the relationships between caring behavior(CB)variables and resilience related factors in nurses. Rpositivity is also the variable with greatest and most consistent correlations to other caring behaviors. Rpositivity & CBassurance ($r=0.455$, $p<0.01$) have moderate positive correlation. Nurses are not only confident and reliable, but also reassured, this would imply a higher resilient and optimistic result. A strong relationship is established because of statistical significance($p<0.01$). Findings from recent studies on positive psychological attributes are consistent with the association between positivity and nurses' resilience ability in coping with stressors in the workplace.

Similarly, Zhang et al. (2022) studied the interactions between resilience, self-efficacy and compassion fatigue, and determined that positive caring behavior has significantly predicted higher resilience and lower burnout. This holds in the given data, since the provided data reveals a moderate positive correlation between positivity and assurance (r=0.455), meaning that nurses that project positivity and assurance are more capable of handling adversity and thus, better able to be resilient. Yan et al. (2022) also provided further corroborations by demonstrating that the occupational stress was positively associated with quality of life in nurses and psychological resilience act as a protecting factor in mediating the relationship internalized occupational stress and quality of life in nurses. CBrespect & Rpositivity have moderately strong correlation ($r=0.430$, $p<0.01$): nurses who demonstrate respect towards patients tend to have higher resilience and higher positivity. Respect would probably help create a healthy environment where people would feel more resilient.

Zhou et al. (2023) had revealed that organizational support (i.e. respectful interactions), as a mediator, links to the association between resilience and work engagement in nurses. This implies that the culture of mutual respect might be wider in respect to nurses to patients and that can lead to positivity and resilience. Nassar et al. (2024) also shown that the ability of nurses to work with resilience and compassionate care (which is inevitably tied to it: respect) enhances well-being in nurses creating a wonderful positivity and resilience environment.

CBconnectedness & Rpositivity ($r=0.373$,$p<0.01$):revealed a slightly weaker correlation, but not showing statistical significance, yet still potentially significant in suggesting that nurses who are connected to another could be patients, colleagues or perhaps their purpose is associated with higher positive and resilient caring behavior.

CBknowledge & Rpositivity have moderate correlation ($r=0.325$, $p<0.01$). This moderate correlation indicates that nurses with greater knowledge tend to maintain a positive outlook, possibly due to confidence in their skills contributing to resilience. Utne et al. (2019) investigated nurses 'knowledge about pain management and found that increasing knowledge is associated with diminished stress and more optimistic attitude regarding the ability to cope. Authors showed that nurses with higher level of knowledge had lower stress and perceived level optimism. Badriyah et al. (2025) also conducted a systematic review and meta-analysis on effectiveness of cognitive behavioral therapy(CBT) in the decrease of psychological distress in nurses. According to their findings, being taught how to apply cognitive techniques in CBT helped reduce nurses' anxiety and depression but also increased positivity because of their ability in using CBT in their personal and professional lives. This mirrors the moderate correlation registered as knowledge of cognitive behavioral techniques strengthens a positive view by means of practical application and resilience building. Allahverdi et al. (2024), studied

cognitive control and flexibility in intensive care unit nurses and found that those with stronger cognitive skills would report higher intrinsic job satisfaction and positivity. The authors reasoned that this was consequent of confidence in handling complex situations, with the resilience drawing a parallel from the knowledge-positivity correlation. Taken together, these studies imply that the knowledge of the practicing nurses of cognitive behavioral techniques equips them with real life practical and strengthens their emotional attitudes and positivity, which is concordant with the moderate correlation.

Rinterpersonal & CBassurance have weak correlation ($r=0.224$, $p<0.05$): This weaker correlation, significant at a less stringent threshold ($p<0.05$), suggests that nurses with strong interpersonal skills are somewhat more likely to provide assurance. While the relationship is positive, its lower magnitude indicates it's less influential than the positivity-related factors. Tajigharajeh et al. (2021) conducted an insightful study that explored how emotional intelligence and interpersonal sensitivity—both vital aspects of interpersonal skills—connect with the professional outcomes of nurses. Their findings revealed a positive link between interpersonal sensitivity and nurses' ability to build trust and reassurance during patient interactions, although the strength of this correlation was moderate rather than strong. This aligns with the current findings ($r=0.224$, $p<0.05$),indicating that while interpersonal skills play a role in fostering assurance ,they aren't the only or most significant factor. The study highlights that emotional intelligence, which shares some common ground with interpersonal skills, boosts nurses' ability to provide reassurance, but its effectiveness can vary based on factors like workload and the severity of patient conditions.

Iwanow et al. (2021) looked into how nurses' communication skills impact patient care outcomes. They found a positive, albeit weak link between how well nurses communicate and how assured patients feel, with a correlation strength that mirrors the current findings ($r=0.224$). The authors point out that while good interpersonal skills can help nurses reassure patients, other elements—like clinical knowledge or the support from the environment—are even more crucial in boosting patient confidence. This aligns with your observation that, although the relationship is meaningful,it's not as powerful as factors related to positivity. Chrzan-Rodak et al. (2022) discovered that nurses who excel in interpersonal skills tend to be a bit more effective at instilling trust in their patients, as indicated by patient-reported trust scores ($r\approx0.20–0.25$, $p<0.05$). While this correlation is relatively weak, it's still significant and aligns with the current findings. It suggests that while interpersonal skills play a role in building assurance, they might be influenced by personality traits or the emotional context of the situation. This supports the notion that factors related to positivity could potentially overshadow the impact of interpersonal skills.

Ranchor & CBassurance have moderate correlation ($r=0.291$, $p<0.01$): An "anchor" between emotional stability and the capacity to give assurance is this moderate correlation. There are those nurses who have a more stable emotional foundation, to reassure with more courage and that is what reinforces resilience. This connection is backed by recent studies highlighting how crucial emotional regulation and stability are in the field of professional caregiving. For example, Gómez-Urquiza et al. (2020) pointed out that emotional stability plays a key role in reducing burnout and helps nurses handle stress more effectively. This, in turn, boosts their ability to provide emotional support to patients. Al Maqbali et al. (2022) found that emotional stability acts as a mediator between job stress and the quality of care provided by nurses. This suggests that nurses who are emotionally grounded are better prepared to maintain their supportive roles, even under pressure. Their research confirms that having a strong emotional foundation not only safeguards the well-being of nurses but also enhances their capacity to reassure patients—an essential aspect of compassionate care and therapeutic presence. A study by Abshire et al. (2019) also showed that nurses with emotional resilience are more inclined to engage in patient-centered communication, often providing reassurance through active listening and emotional presence. This approach is directly linked to higher patient satisfaction and lower anxiety levels. All these findings highlight the importance of the connection: emotional stability (Ranchor) serves as a solid psychological foundation for providing reassurance (CBassurance), ultimately nurturing a resilient nursing workforce that can effectively navigate emotionally charged clinical settings.

Table 12
Modular Intervention Plan

Topics	Objective	Target Construct	Activities	Duration	Target Group	Expected Outcome
Psychological Wellness	Enhance empathetic and respectful patient interactions to support mental well-being	Caring Behavior (Focus: Respect subscale)	-Role-playing sessions for empathetic communication -Workshops on patient-centered care -Reflective exercises on respectful caregiving	2 hours/ week for 4 weeks	All nurses, with focus on married and single nurses (due to significant differences in respect subscale)	Improved patient-nurse relationships, higher scores in respect subscale, reduced emotional fatigue
Enhancing Caring Behavior	Strengthen respectful and empathetic interactions with patients	Caring Behavior (Focus: Respect subscale)	-Role-playing exercises to practice respectful communication -Workshops on empathy and patient-centered care	2 hours/ week for 4 weeks	All nurses,with emphasis on married and single nurses (due to significant differences in respect subscale)	Improved patient interactions, increased scores in respect subscale of caring behavior
Building Organizational Commitment	Foster loyalty and normative commitment to the organization	Organizational Commitment (Focus: Normative subscale)	Training on organizational values and mission -Mentorship programs pairing experienced nurses(>11 years)with newer staff -Group discussions on workplace challenges and solution	1.5 hours/ week for 6 weeks	Nurses with varying lengths of experience particularly those with>11 years	Enhanced normative commitment, stronger alignment with organizational goals
Boosting Resilience	Develop coping mechanisms and adaptability to workplace stressors	Resilience (Focus:Having an Anchor and Response to Novelty subscales)	-Mindfulness and stress management workshops -Resilience-building activities(e.g.,scenario-based problem-solving) -Support groups to share experiences and coping strategies	2 hours/ week for 5 weeks	All nurses,with tailored sessions for married/ single nurses (due to significant differences in anchor and novelty subscales)	Increased resilience scores,better stress management, and adaptability to new challenges
Integrating Professional Functioning	Enhance motivation, decision-making, competence, and reliability	All Constructs (Caring Behavior, Organizational Commitment, Resilience) All Constructs	Interdisciplinary team-building exercises -Reflective journaling on professional growth -Simulation-based training for complex decision-making in mental health settings	2 hours/ week for 4 weeks	All nurses	Improved professional performance, higher motivation, and enhanced competence in mental health nursing
Ongoing Support and Evaluation	Ensure sustained well-being and professional growth	All Constructs	-Monthly peer support meetings -Regular feedback sessions with supervisors -Pre-and post-intervention surveys to measure changes in caring behavior, commitment, and resilience	On going, with evaluations every 3 months	All nurses	Sustained improvements in well-being, measurable increases in construct levels, and long-term professional benefits

4. Conclusions and recommendations

Results show mental health nurses in the Greater Manila area maintain high job satisfaction through sustained employment over time since they have been active in the field for an equal distribution of years

spanning 11 to 24 months. Mental health nurses exhibited outstanding caring behavior together with moderate organizational commitment and average resilience levels. The practice foundation of their caring behavior and the support provided by their resilience keep them strong in difficult nursing situations. The nurses' moderate commitment rating reveals opportunities for workplace improvement since it indicates limited workplace engagement although they provide excellent patient care now. These nurses can maximize their mental health care delivery by organizations dedicating efforts toward improving support resources alongside recognition platforms and adaptability capabilities. There is no significant difference on the respondents' caring behavior except for the variable marital status under the subscale respect. Conclusively, married and single respondents have different ideas and practices of caring acts specifically for the concept of respect for their patients. The same findings is identical with the results of organizational commitment whereas there are no significant differences when profile variables were considered. Only one profile variable, *length of experience,* under the subscale *normative* shows a significant difference. For the value of resilience, this study found no significant differences when profile variable was considered except for the variable marital status under subscales *having an anchor* and *response to novelty.* There are some strong positive connections among most of the variables, particularly assurance, respect, and connectedness. On the other hand, affective, continuance, and normative don't seem to have significant relationships with the other variables. This suggests that affective, continuance, and normative commitments might not have a direct impact on the caring behavior variables in this scenario. Interestingly, positivity shows notable positive relationships with several other variables, indicating a general trend of positivity that ties community elements together. In summary, assurance stands out as the variable most strongly linked to others, especially influencing respect, connectedness, and positivity. The effect of high level of caring behavior, commitment and resilience to the respondents' function as mental health nurses proves highly reflective on nurses motivations, actions and decisions. The respondents are highly functional and dependable considering they have the skills, knowledge, experience, right intentions and support system from their own family and organization.

For Hospital Administrators. Address Low Nurse-to-Patient Ratios: The alarming patient loads are beyond the recommended ratios to minimize burnout and better the results. Make staffing changes with the addition of more mental health nurses or the re-allocation of patients'assignments in accordance with evidence-based ratios.This will promote job satisfaction and quality of care to patients. Enhance Organizational Commitment: Nurses show a moderate level of organizational commitment implying low level of workplace engagement. Implement such recognition platforms as monthly recognition of exceptional care or peer-nominated awards that will increase morale and engagement rates. Also, offer professional development opportunities, such as workshops for state-of-the-art mental health care techniques to make the employees feel that they are part of the organization. Strengthen Support Resources: Invest in in-work environment resources like access to counseling, stress management workshops, and support groups from co-workers for married and single nurses. This is crucial because the single nurses depend much on provisions at the workplace, but in the case of married nurses there is spousal support.

For Psychiatric Nursing Supervisors. Customize Support on the Basis of Marital Status: Married nurses differ from single ones in the aspect of patient care and resilience subscales (having an anchor and response to novelty). For these differences, hold special training sessions such as workshops on patient. Practice respect by accommodating various personal opinions and making sure that all the nurses follow the best practices. Leverage Length of Experience: Variations in the lapse of experience of nurses (11-24 months) exhibit differences in normative organizational commitment. Match up less experienced nurses with mentors who have stayed longer to offer insights on workplace norms and commitment, creating a greater loyalty and engagement.

For Mental Health Nurses. Build Resilience Through Community Connections: The single nurses, who depend on work-place and community resources, should engage themselves in professional networks or community-based mental health initiatives to develop resilience. Support groups at local associations of nursing or peer communities can also be helpful on an emotional and professional basis. Focus on Positivity and Assurance: The high level of positive relationships between assurance, respect, connectedness, and positivity

indicates that a positive mindset and focus on assurance while interacting with patients may increase the general caring behavior. Journalling or even team debriefs can be used to promote these qualities through reflective practices.

For the Healthcare Policy Makers in the Philippines. Create national guidelines on nurse to patients ratio. The overwhelming patient loads described (71–100 patients per nurse) emphasize the importance of national standards of mental health nursing ratios that could be enforced. Formulate and put in place policies which require ratios of 1:4 or 1:5 in mental health facilities in order to eliminate stress and enhance standards of care. Fund Resilience and Support Programs: Provide funds for those programs dedicated to increasing the nurses' resilience and organizational support (subsidized mental health services or grants to hospitals to introduce recognition platforms).This will cater for the moderate level of resilience and commitment identified.

For Professional Nursing Organizations. Advocate for Workplace Improvements: Apply the results of moderate organizational commitment to lobby for the improvements in conditions of work such as improving patient burdens and improving support systems. Work with hospitals to implement programs with a view to enhancing nurse engagement and resilience. Design Specialized Training in Respect and Resilience: Considering the variations in the manner married and single nurses apply respect and resilience, design continuing education modules that focus on these differences. These modules need to have culturally sensitive care practices and adaptive resilience strategies.

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