

The Correlation Between Self-Efficacy and Motivation on Elderly's Daily Independence

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ABSTRACT

Background: Amongst healthcare workers, nurses are known to struggle with burnout symptoms the most, carrying serious consequences for patients, other healthcare professionals and healthcare organizations. Furthermore, the healthcare sector in the Philippines needs attention, and further studies concerning our Filipino healthcare personnel should be initiated. Objectives: The study was conducted to identify the level of burnout among nurses characterized by the Three Dimensions of Burnout, and the factors influencing burnout characterized by the Six Areas of Work life. Furthermore, the study wanted to determine the relationship between the demographic profile of the respondents, the level of burnout, and the factors influencing burnout. Methods: A quantitative descriptive-correlational study was used, and a total enumeration sampling technique was utilized to select the participants in the study. Data was collected using a three-part survey questionnaire. The conducted research has shown that burnout among the staff nurses of the selected hospitals in Cabanatuan City occurs in all dimensions of this phenomenon (emotional exhaustion, depersonalization, and personal accomplishment). Results: the level of burnout characterized by three dimensions; Emotional Exhaustion, Depersonalization, and Personal Accomplishment. For emotional exhaustion, the majority of the respondents scored 30 and above which implies that 38.0% or 62 respondents have a High Level of Burnout in this dimension. On the other hand, in depersonalization, 63.8% or 104 respondents scored 5 and below which means that they have a Low Level of Burnout in terms of depersonalization. In personal accomplishment, most of the respondents scored 33 and above which implies that the 39.3% of the respondents have a High Level of Burnout characterized by reduced Personal Accomplishment. Conclusion: It was also shown that areas of work life (workload, control, community, reward, fairness, and values) were predictors of occupational burnout among the respondents and were correlated with the dimension of burnout. Community also displayed the highest value of association between the three dimensions of burnout. It is also worth noting that among the profile variables, Salary has shown the most association with the other variables.

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1. INTRODUCTION

Burnout is a worldwide phenomenon among nurses which is characterized by three dimensions; feelings of energy depletion or exhaustion, increased mental distance from one's job, and reduced professional efficacy. In 2019, the World Health Organization (WHO) declared burnout as an "occupational phenomenon" in the International Classification of Diseases 11th revision (ICD-11), recognizing burnout as a serious health issue. Additionally, WHO defined burnout as a syndrome conceptualized as resulting from chronic workplace stress that has not been successfully managed. Amongst healthcare workers, nurses are known to struggle with burnout symptoms the most, carrying serious consequences for patients, other healthcare professionals and healthcare organizations.

Many studies over the years have documented the negative impact of burnout. Early research into the phenomenon of burnout focused on employees in health-care services, as these were the occupations in which the goal is to provide aid and service to people in need and which can therefore be characterized by emotional and interpersonal stressors. Based on the study conducted by Mudallal et al. in 2017, burnout lowers nurses' quality of life, performance level, and organizational commitment and increases their intention to leave the job. As well, burnout increases turnover rates and negatively affects the quality of nursing care. Thus, it is important to assess burnout levels among nurses and identify the factors influencing this phenomenon.

Additionally, for all countries to reach Sustainable Development Goal 3 of "Good Health and Well-being", WHO estimates that the world will need an additional 9 million nurses and midwives by 2030. The WHO report "State of the World's Nursing 2020" projects that, without action, there will be a shortfall of 4.6 million nurses worldwide by 2030. In the Philippines, the projected shortfall of nurses is expected to be 249,843 by 2030, unless greater investment is made now to retain them in the Philippine health sector.

In the present, the healthcare sector in the Philippines has a special situation of massive increase in demand on health care services with ineffective supply of resources because of the Covid-19 pandemic. This has strengthened nurses' feelings of dissatisfaction and burnout. The COVID-19 pandemic has been a major disruptor of nurse retention and contributes to increased burnout and related risks of higher nurse turnover (Buchan et al., 2022). On a study conducted in selected hospitals in Metro Manila by De Leon et. al, (2021), the staff nurses have been highly experiencing burnout in terms of exhaustion and disengagement.

Furthermore, in the Philippine setting right now, there are numerous existing burnout studies among the academic sectors. However, the same thing cannot be said if you're looking for burnout studies among Filipino nurses. This just shows that the healthcare sector in the Philippines needs attention, and further studies concerning our Filipino healthcare personnel should be initiated. According to the International Centre on Nurse Migration (2022), Employers must respond to nurse burnout and retention challenges because they have a duty of care for their workforce, and because it is in their own interests.

The aim of this study is to assess the levels of burnout among nurses in selected hospitals in Cabanatuan City and identify the factors influencing this condition. Burnout among nurses is a problem that needs to be discussed and focused on. Furthermore, the output for this study would be beneficial in addressing problems within the healthcare sector. Healthcare organizations and nursing administration should develop strategies to protect nurses from the threat of resource loss to decrease nurse burnout, which may improve nurse and patient safety and overall well - being. The output will be based on the results of this study which may be a basis for the formulation of programs, strategies, or interventions to help manage burnout among nurses.

The objectives of this study were: 1) Assess the level of burnout among staff nurses in selected hospitals in Cabanatuan City characterized by the three dimensions of burnout; 2) Identify the factors influencing burnout among staff nurses in selected hospitals in Cabanatuan City characterized by the areas of work life; 3) Determine if there is a significant relationship between the demographic profile of the respondents and the level of burnout; 4) Determine if there is a significant relationship between the demographic profile of the respondents and the factors influencing burnout; 5) Determine if there is a significant relationship between the dimensions of burnout and the areas of work life of the respondents.

2. RESEARCH METHOD

Research Design and Sampling Technique

The study utilized a quantitative descriptive-correlational method as the design of the study. In addition, total enumeration sampling technique was used to select the participants.

Population and Setting of the Study

The respondents of this study were from two private hospitals located in Cabanatuan City namely Immaculate Conception Medical (ICMC) and Premier Medical Center (PMC). The inclusion criteria for this study were the staff nurses of every nursing department / ward of the Immaculate Conception Medical Center and Premier Medical Center. Exclusion criteria includes those who are assigned on the COVID Ward due to health and safety restrictions. The sample consisted of 83 staff nurses from ICMC and 80 staff nurses from PMC.

Ethical Consideration

The researchers observed ethical considerations to maintain the research's goals, such as the avoidance of error, truth, and understanding. The researchers ensured the respondent's health, safety, and identity. The researchers validated that the respondents didn't undergo undue pressure or coercion, such as threats of penalty for failing to participate or excessive rewards for agreeing to participate in their study. Furthermore, the researchers guaranteed the safety and protection of the participants from any detrimental effects of the study. The researchers ensured the privacy of the respondents who answered their survey by not sharing their identity and data collected outside the group to protect the rights of the respondents.

Validity and Reliability Procedures

Linguistic Validity. The questionnaires were updated and revised throughout the years, with the addition of different versions and translations to different languages. The researchers of this study chose to use the latest version, which is from the fifth edition of the manual and in English language.

Content Validity. The convergent validity of the Maslach Burnout Inventory (MBI) was demonstrated in several ways. First, an individual's MBI scores were correlated with behavioral ratings made independently. Second, MBI scores were correlated with the presence of certain job characteristics that were expected to contribute to experienced burnout. Third, MBI scores were correlated with measures of various outcomes that had been hypothesized to be related to burnout. All three sets of correlation provided substantial evidence for the validity of the MBI and are presented in more details in the MBI Manual (Maslach, Jackson, & Leiter, 1996)

Meanwhile, in the validation process of the Areas of Worklife Survey (AWS), evidence for the validity of the items was provided by examining the correspondence of scores on the AWS measure with written comments provided by participants in a hospital study (Leiter & Maslach, 2003). A qualitative analysis of the comments assigned comments from individuals to nodes, many of which were relevant to the six AWS scales. This was done to distinguish any identified inconsistencies with the test instruction, clarify any questions that perplexed them, and report any other issues, as well as to provide researchers with new objectives and recommendations that they may not have anticipated before conducting the analysis.

Internal consistency reliability. For the Maslach Burnout Inventory, the reliability coefficients were based on samples that were not used in the item selection to avoid any improper inflation of the reliability estimates. Internal consistency was estimated by Cronbach's coefficient alpha ($n=1,316$). The reliability coefficients for the subscales were the following: .90 for Emotional Exhaustion, .79 for Depersonalization, and .71 for Personal Accomplishment. Subsequent studies have found the MBI subscales to be stable over time, with correlations in the .50 to .82 range on time spans of three months to one year (Maslach C., Jackson S., Leiter M., 2015).

As taken from the Areas of Worklife Survey Manual 5th Ed. (Leiter, M. P. & Maslach, C., 2011), for the reliability, the sample consisted of 456 Health Care Providers. The Cronbach's coefficient alpha for the subscales were the following: .70 for workload, .70 for control, .82 for rewards, .82 for community, .82 for fairness, and .73 for values. The test re-test correlations indicate a strong level of consistency in all AWS scales over time but leave room for variation over time. The correlations are of a similar size in the .71 to .82 range, confirming that the six AWS scales are equally responsive to their respective qualities of the work setting. Ideally, the test-retest correlations will be very high if nothing changes in employees' fit with their worklife from one assessment to the next but will differ if those relationships change.

Research Instruments

The researchers utilized a standardized research instrument which includes demographic profile sheet, Maslach Burnout Inventory, and Areas of Worklife Survey.

Demographic profile sheet. This part contains demographic profile of the participants which include the respondent's age, sex, civil status, area of assignment, length of duty per day, and salary

Maslach Burnout Inventory (MBI). Developed by Maslach and Jackson (1981), MBI is recognized as the leading measure of burnout and validated by more than 35 years of extensive research. The MBI is a 22-item instrument that measures burnout as defined by the World Health Organization (WHO) and it is used in 88% of burnout research publications (Boudreau, Boudreau & Mauthe-Kaddoura, 2015). The instrument contains three subscales namely Emotional Exhaustion, Depersonalization, and Personal Accomplishment. It was structured in a 7-point fully anchored scale where six (6) is "Every Day"; five (5) for "A Few Times Per Week"; four (4) for "Once a Week"; three (3) for "A Few Times per Month"; two (2) for "Once a Month"; one (1) for "A Few Times per Year"; and lastly, zero (0) for "Never".

Areas of Worklife Survey (AWS). Developed by Leiter and Maslach (2000), AWS is a 28-item instrument that assesses employee perceptions of workplace attributes that may determine whether they experience work engagement or burnout. The AWS is a brief companion questionnaire to the MBI with demonstrated reliability and validity across a variety of occupational settings. The resulting profile of scores permit users to identify key organizational areas of strength or weakness, and it applies to small workgroups or

summary profiles across large organizations. It is divided into six subscales namely workload, control, reward, community, fairness, and (3.6) values. The instrument was structured in the modified Likert Scale, on 5—point scale where five (5) is “Strongly Agree”; four (4) for “Agree”; three (3) for “Hard to Decide”; two (2) for “Disagree”; and lastly, one (1) for “Strongly Disagree”.

Data Collection Procedures

The researchers obtained permission to administer the data collection instrument from the research study's adviser, the dean of the College of Nursing, and the administration of the Immaculate Conception Medical Center and Premier Medical Center. Likewise, the researchers gained the support of the chief nurses to ensure that the questionnaires were administered successfully. The researchers administered the questionnaire via a paper-based survey to each staff nurse through the supervision of the chief nurse. For the respondents to better understand the research direction, the researchers attached a description of the questionnaire and the study's purpose. The researchers anticipated the results within a week and then started tabulating the data.

Statistical Treatment of Data

In order to analyze the data gathered, frequency, percentage, weighted mean, Pearson's chi-squared test, and Pearson r correlation were computed using Microsoft Excel and IBM Statistical Packages for Social Sciences (SPSS). Furthermore, a verbal description based on the guidelines of the standard questionnaire was used in interpreting the equivalent of the average and summation of the scores of each subscale.

This research is a quantitative study, the design of this research is observational analytic, using a cross-sectional approach. This research was conducted on January 21-24 2020 at the Sudagaran Elderly Social Service Center, Banyumas Regency. The population in this study were 89 elderly people who actively participate in posyandu activities. The sample of this study was 71 respondents who had met the inclusion and exclusion criteria.

The sampling technique in this study was using purposive sampling technique. The data collection tool in this study was a questionnaire sheet consisting of five parts. The first part contains the respondent's characteristic sheet (name, age, education and address), the second part contains the motivation questionnaire sheet using the Elderly Motivation Scale, the third part contains the self-efficacy questionnaire using the self-efficacy questionnaire which has been converted to valid and reliable Indonesian, the fourth part The elderly independence questionnaire sheet uses the Barthel Index ADLs.

Data analysis used is univariate analysis to determine the frequency distribution of respondent characteristics (gender, and education), and bivariate analysis to determine the relationship between independent variables (self-efficacy and motivation) with the dependent variable (level of independence). The research data were processed through the process of editing, coding, scoring, tabulating, processing and cleaning. The statistical test used is the Chi-Square test.

3. RESULT AND DISCUSSIONS

Table 1 showed the respondents' socio-demographic profile. Based on the result, majority of the respondents are millennials or those who were born on 1981-1996, which accounts for 118 or 72.4% of the total number of respondents. The results also revealed that there were more female respondents than male respondents in the study, whereas females accounted for 110 or 67.5% of the respondents. Most of the respondents were single, accounting for 62.0% or 101 of the respondents. In addition, most of the respondents are assigned in special areas/units (e.g., Emergency room, NICU, ICU, Hemodialysis Unit, OR/DR/RR) with a total number of 128 or 78.5% of the respondents. Furthermore, 127 or 77.9% of the respondents work for 12 hours per day and most of the respondents' monthly salary were in the range of P15,000 or below, accounting for 103 or 63.2% of the total number of the respondents.

Table 1. Demographic Characteristics

Socio-demographic profile		f	%
Age	1965 – 1980 (Generation X)	22	13.5%
	1981 – 1996 (Millennials)	118	72.4%
	1997 – 2012 (Gen Z)	23	14.1%
Gender	FEMALE	110	67.5%
	MALE	53	32.5%
Marital Status	SINGLE	101	62.0%
	MARRIED	57	35.0%
	SEPARATED	1	0.6%

Socio-demographic profile		f	%
	WIDOWED	1	0.6%
	DIVORCED	3	1.8%
Area of Assignment	General ward	35	21.5%
	Special Areas / Units (e.g., Emergency Room, NICU, ICU, Hemodialysis Unit, OR/DR/RR)	128	78.5%
Length of Duty per Day	8 HOURS	22	13.5%
	12 HOURS	127	77.9%
	24 HOURS	14	8.6%
Monthly Salary	P15,000 OR BELOW	103	63.2%
	P15,001 – P20,000	43	26.4%
	P20,001 – P30,000	16	9.8%
	P40,001 – P50,000	1	0.6%

n =163

Table 2 illustrated the level of burnout characterized by three dimensions; Emotional Exhaustion, Depersonalization, and Personal Accomplishment. For emotional exhaustion, the majority of the respondents scored 30 and above which implies that 38.0% or 62 respondents have a High Level of Burnout in this dimension. On the other hand, in depersonalization, 63.8% or 104 respondents scored 5 and below which means that they have a Low Level of Burnout in terms of depersonalization. In personal accomplishment, most of the respondents scored 33 and above which implies that the 39.3% of the respondents have a High Level of Burnout characterized by reduced Personal Accomplishment.

Table 2. Level of Burnout Characterized by the Three Dimensions of Burnout

DIMENSIONS OF BURNOUT	TOTAL SCORE	LEVEL OF BURNOUT (INTERPRETATION)	F	%
EMOTIONAL EXHAUSTION	30 AND ABOVE	HIGH	62	38.0%
	18 – 29	MODERATE	53	32.5%
	17 AND BELOW	LOW	48	29.4%
DEPERSONALIZATION	12 AND ABOVE	HIGH	35	21.5%
	6 – 11	MODERATE	24	14.7%
	5 AND BELOW	LOW	104	63.8%
PERSONAL ACCOMPLISHMENT	33 AND BELOW	HIGH	64	39.3%
	34 – 39	MODERATE	49	30.1%
	40 AND ABOVE	LOW	50	30.7%

Table 3 shows the overall results of the factors influencing burnout among the respondents based on the Areas of Worklife. The scale consists of “Extreme Match”, “Match”, “Neutral”, “Mismatch”, and “Extreme Mismatch”. As shown in Table 3, among the Areas of Worklife, Workload, Reward, and Fairness got a total mean score of 3.35, 3.31, and 3.14 respectively, which are all interpreted as “Neutral”. On the other hand, Control, Community, and Values got a total mean score of 3.70, 3.74, and 3.55 respectively, which are all interpreted as a “Match”.

Table 3. Areas of Work life Survey

Areas of Work life	Mean	Standard Dev	Interpretation
WORKLOAD	3.35	1.036	NEUTRAL
CONTROL	3.70	0.829	MATCH
REWARD	3.31	0.920	NEUTRAL
COMMUNITY	3.74	0.937	MATCH
FAIRNESS	3.14	0.920	NEUTRAL
VALUES	3.55	0.823	MATCH

Table 4 shows the significant relationship between the demographic profile of the respondents and the level of burnout characterized by its three dimensions. It also shows the significant relationship between the demographic profile and the areas of worklife. In terms of Age, there is a significant relationship with Depersonalization and Workload. For Civil Status, there is a significant relationship with Community and Values. Additionally, there is a significant relationship between the Length of Duty per day and Community. Lastly, Salary showed a significant relationship with Personal Accomplishment, Workload, Control, Community, Fairness and Values. Therefore, the null hypothesis is rejected.

Table 4. Correlation of the demographic profile, dimensions of burnout, and areas of worklife

<i>Demographic Profile</i>		<i>Dimensions of Burnout</i>			<i>Areas of Work life</i>					
		EE	DP	PA	W	CON	R	COM	F	V
AGE	Pearson Chi Square	4.897	18.312	6.300	15.863	5.798	13.584	5.247	3.789	8.739
	Phi & Cramer's V Strength of Association	.173 W	.335 M	.197 W	.312 M	.189 W	.289 M	.179 W	.152 W	.232 M
	p-value	0.298	0.001	0.178	0.015	0.670	0.093	0.513	0.876	0.365
	Significance	NS	S	NS	S	NS	NS	NS	NS	NS
SEX	Pearson Chi Square	2.686	3.298	2.803	3.123	8.768	3.300	.846	3.619	4.213
	Phi & Cramer's V Strength of Association	.128 W	.142 W	.131 W	.138 W	.232 M	.142 W	.072 N	.149 W	.161 W
	p-value	0.261	0.192	0.246	0.373	0.067	.509	0.838	0.460	0.378
	Significance	NS	NS	NS	NS	NS	NS	NS	NS	NS
CIVIL STATUS	Pearson Chi Square	7.656	6.320	7.834	8.695	25.025	11.396	22.139	18.338	44.242
	Phi & Cramer's V Strength of Association	.217 M	.197 W	.219 M	.231 M	.392 M	.264 M	.369 M	.335 M	.521 RS
	p-value	0.468	0.611	0.450	0.729	0.069	0.784	0.036	0.304	0.000
	Sig	NS	NS	NS	NS	NS	NS	S	NS	S
AREA OF ASSIGNMENT	Pearson Chi Square	9.254	8.872	5.642	8.706	3.065	10.901	9.676	12.365	7.223
	Phi & Cramer's V Strength of Association	.238 M	.233 M	.186 W	.231 M	.137 W	.259 M	.244 M	.275 M	.211 M
	p-value	0.055	0.064	0.228	0.064	0.930	0.207	0.139	0.136	0.513
	Significance	NS	NS	NS	NS	NS	NS	NS	NS	NS
LENGTH OF DUTY PER DAY	Pearson Chi Square	.674	9.507	6.258	3.663	10.086	5.985	20.073	8.878	12.401
	Phi & Cramer's V Strength of Association	.064 N	.242 M	.196 W	.150 W	.249 M	.192 W	.351 M	.233 M	.276 M
	p-value	0.955	0.050	0.181	0.722	0.259	0.649	0.003	0.353	0.134
	Significance	NS	NS	NS	NS	NS	NS	S	NS	NS
MONTHLY SALARY	Pearson Chi Square	10.169	8.455	14.448	18.359	25.565	19.037	37.178	22.257	43.595
	Phi & Cramer's V Strength of Association	.250 M	.288 M	.298 M	.336 M	.396 M	.342 M	.478 RS	.370 M	.517 RS
	p-value	0.118	0.207	0.025	0.031	0.012	0.088	0.000	0.035	0.000
	Significance	NS	NS	S	S	S	NS	S	S	S

*Correlation is significant at p-value less than 0.05

***Legends** EE - Emotional Exhaustion DP – Depersonalization PA - Personal Accomplishment
 W – Workload CON – Control R – Reward COM – Community F – Fairness
 V – Values N – Negligible W – Weak M – Moderate RS – Relatively Strong S – Strong
 VS – Very Strong

The table 5 exhibits the significant relationship between the dimensions of burnout and the areas of work life. Among all the areas of work life only workload has a positive significant relationship with Emotional Exhaustion and Depersonalization while control, reward, community, fairness, and values have a negative significant relationship with emotional exhaustion and depersonalization. On the other hand, in terms of Personal Accomplishment, only workload displayed a negative significant relationship while control, reward and community showed a positive significant relationship. Therefore, the null hypothesis is rejected.

Table 5. Correlation of the Dimensions of Burnout and Areas of Worklife of the Respondents

		<i>r value</i>	<i>Strength</i>	<i>p-value</i>	<i>Sig</i>
EMOTIONAL EXHAUSTION	WORKLOAD	.310	MODERATE	p = 0.000 < 0.05	S
	CONTROL	-.216	WEAK	p = 0.006 < 0.05	S
	REWARD	-.319	MODERATE	p = 0.000 < 0.05	S
	COMMUNITY	-.325	MODERATE	p = 0.000 < 0.05	S
	FAIRNESS	-.250	WEAK	p = 0.001 < 0.05	S
	VALUES	-.239	WEAK	p = 0.002 < 0.05	S
DEPERSONALIZATION	WORKLOAD	.197	WEAK	p = 0.012 < 0.05	S
	CONTROL	-.203	WEAK	p = 0.009 < 0.05	S
	REWARD	-.311	MODERATE	p = 0.000 < 0.05	S
	COMMUNITY	-.406	MODERATE	p = 0.000 < 0.05	S
	FAIRNESS	-.173	WEAK	p = 0.028 < 0.05	S
	VALUES	-.300	WEAK	p = 0.000 < 0.05	S
PERSONAL ACCOMPLISHMENT	WORKLOAD	-.277	WEAK	p = 0.000 < 0.05	S
	CONTROL	.343	MODERATE	p = 0.000 < 0.05	S
	REWARD	.383	MODERATE	p = 0.000 < 0.05	S
	COMMUNITY	.335	MODERATE	p = 0.000 < 0.05	S
	FAIRNESS	.130	WEAK	p = 0.099 > 0.05	NS
	VALUES	.142	WEAK	p = 0.070 > 0.05	NS

The Three-Dimensional Theory of Burnout by American Social Psychologist, Christina Maslach can be directly applied in identifying the levels of Nurse' Burnout. According to Maslach's theory, burnout is a response to excessive stress at work, which is characterized by (1) Emotional Exhaustion - feelings of being emotionally drained and lacking emotional resources (2) Depersonalization or Cynicism - a negative and detached response to other people and loss of idealism and (3) reduced Personal Accomplishment or Inefficacy - a decline in feelings of competence and performance at work

Furthermore, With the aim to specify work factors or characteristics, in which job-person incongruities are predictive of burnout, Leiter and Maslach (1999) reviewed theoretical and empirical literature on job stress and burnout. The primary themes in burnout research fit readily into six areas of worklife; workload, control, reward, community, fairness, and values. These areas are sufficiently broad to encompass the rich variety of research approaches taken in the field while being sufficiently precise to permit clear distinctions among them.

The results found in Table 4 showed a relationship between Age and Depersonalization. In the study conducted by Sara LaBelle (2021) there is some evidence to suggest that burnout decreases with age, this might be due to increased experience and resources for coping with the symptoms of burnout. Additionally, in the study conducted by Jose Luiz Gomez Urquiza, et al. (2016) Several studies have shown that there may be a direct association between the age of nursing workers and burnout syndrome, the results indicated that younger age was a major determinant in nurses' emotional tiredness and depersonalization, however it was considerably less important in the dimension of personal success. Millennial nurses believe they are less engaged in their employment than previous generations, yet they are sensitive to the motivation and emotional components of their occupations (Clonch, 2021)

Additionally, Table 4 revealed that there is a significant relationship with Salary and Personal Accomplishment. An employee's motivation is critical in increasing his or her productivity and performance. It is well acknowledged that highly motivated employees perform better on the job. Recognizing their accomplishments may be converted into intrinsic benefits, and these awards can motivate and inspire people to

perform to their full potential. Kuvaas, et al, (2017) has shown that there is a positive relationship between employee motivation and work efficiency. Salary, bonuses, recognition, praise, flexible working hours, and social rights are examples of intrinsic and extrinsic rewards in the reward management system. Enterprises can use a reward management system to attract, retain, and inspire people to achieve high levels of performance. It was shown that flexible benefits had a good relationship with employee performance and satisfaction.

The results on Table 4 also showed that there is an interaction between Age and Workload. This may imply that at work, older workers may confront greater challenges and pressures, such as physical strength restrictions and health issues, technological gaps, and job engagement, and nurses are not exempted from that. In fact, burnout is a serious issue among nurses due to their workload, time and schedule, and the intensity of their tasks at hand. Furthermore, In the study of Age, burnout, and physical and psychological work ability among nurses (Hatch, et al, 2018) the differences in physical and psychological dimensions for age and burnout were demonstrated; older age being related to reduced physical work capacity exclusively, and greater burnout being associated with lower physical and psychological work ability.

Meanwhile, the results of this study also showed that civil status has a relationship between community and values. According to Mamman, J. C. et. al (2019), nursing is a profession where the compassion and dedication is constantly required for persons in need. The increased complexity and everchanging nature of health care environment have made sweeping changes in the status of nurses. Highly demanding nature of the job with fluctuating work schedule, night shifts, long hours of duty and low payment may affect the quality of life as well as marital adjustment of the nurses. According to Gama et al., (2014), workers who are single present higher levels of burnout, whereas other studies claim that being married is correlated with the syndrome.

In addition, the interaction of Community and Length of duty per day in this study conforms with the study of Bailli, L., & Thomas, N. (2018) where there have been particular concerns about how longer shifts of 12 hours affect the quality and safety of patient care, with nursing staff fatigue and well - being often identified as an influencing factor. Additionally, day shifts may affect nursing staff satisfaction with their care delivery and handovers and have a negative effect on staffing wards.

Lastly, the results revealed that among all the profile variables, Salary has the most interactions with the areas of worklife, showing a moderate to relatively strong association with workload, control, community, fairness, and values. In a theoretical perspective, Maslach and Goldberg (1998) have argued that low financial rewards reduce the value of the work and the worker, and that a sense of injustice develops when other professions with less workload have better financial rewards. In relation to that, a study by Agarwal et al. (2020) revealed that one of the common feelings of the respondents was that of being undervalued by the local institution and the broader health care system. Many participants said their salaries did not accurately reflect their daily work: "I'm doing an awful lot more work that is not being compensated." Several participants noted, "The current way [the job] is funded and paid for is not in line with the values of taking care of patients."

On the other hand, the results displayed on table 5 implied that Workload is directly proportional to Emotional Exhaustion and Depersonalization, and inversely proportional to Personal Accomplishment. As workload increases, Emotional Exhaustion and Depersonalization are most likely to increase too and a reduced Personal Accomplishment could occur. Leiter et al. (2017) define workload as the amount of work to be done in a given time. It captures the extent to which work demands spill into personal life, the social pressures, and the physical and intellectual burden of job demands. Dall'Ora and Saville (2021) found a strong association between high workload and burnout. Specifically, evidence that high workload is associated with emotional exhaustion. Russeng et al. (2020) also stated that there is an influence of workload on emotional fatigue. Someone who feels overloaded will try their best to manage demands by giving extra time and efforts. The use of extra time and energy can result in feelings of emotional exhaustion when employees run out of stock of time and energy. Additionally, the result of this study supports the findings of Pisapia, D. (2017) wherein it is also revealed that workload was positively correlated with emotional exhaustion and depersonalization. Moreover, a burnout study for teachers by Thakur, I. (2018) found that extra workload produces stress among teachers which generates depersonalization and lead towards problem of burnout. Lastly, according to Gyórfy et al. (2016), decreased personal accomplishment are more likely to be due to the increased amount of workload.

Furthermore, the remaining areas of work life namely control, reward, community, fairness, and values are inversely proportional to emotional exhaustion and depersonalization. As control, reward, community, fairness, or values decrease, emotional exhaustion and depersonalization increases. Meanwhile, the results also implied that Control, Reward, and Community are directly proportional to Personal accomplishment. As control, reward, or community decreases, Personal Accomplishment also decreases which could lead to burnout.

Control, as defined by Leiter et al. (2017), is the opportunity to make choices and decisions, to solve problems, and to contribute to the fulfillment of responsibilities. Control is your participation in important decisions about your work as well as your range of professional autonomy. Dall'Ora, C., et al (2020) identified a lack of job control as one of the indicators of burnout, with serious effects for both staff and patients. On the other hand, when nurses experience psychological empowerment at work, either the meaningfulness, competence, self-determination, or the impact that they have toward their own work, they are confident and can

control their work, and enhance personal accomplishment, thereby preventing burnout (Abhichartitbutra and Tungpunkom, 2019). Furthermore, a study by Nogueira, et al. (2018) also revealed that there was significant and moderate correlation between emotional exhaustion and autonomy, between reduced personal accomplishment, autonomy and organizational support; and between depersonalization and autonomy.

According to Leiter et al. (2017), reward refers to the financial and social recognition you receive for your contributions on the job. Praise, awards, perks, and salary are all forms of reward. A meaningful reward system recognizes contributions to work while also indicating what the organization values. People perceive a lack of recognition to be a devaluation of their work and of themselves. In a study conducted by Jarzynkowski et al. in 2021, along with an increase in rewards, depersonalization decreases. Being well-compensated and recognized by colleagues in one's work may result in a feeling of competency and compassion, preventing the possibility of developing depersonalization. Moreover, adequate pay always has a positive effect on the work and psychological state of employees. Feeling satisfied with salary, that it is adequate and fair compared to other colleagues, has a positive effect on personal well-being, and the perception that 'I am paid fairly for my work' can lead to psychological empowerment (Permarupan et al., 2020).

Community, as defined by Leiter et al. (2017), is the quality of the social context in which you work, encompassing your relationships with managers, colleagues, subordinates, and service recipients. People thrive in communities characterized by support, collaboration, and positive feelings. As noted by Yeun and Kim (2015), community support is crucial to minimize the impact of burnout by promoting a sense of personal accomplishment. Therefore, fostering individual responsibility and organizational culture towards recognizing Personal Accomplishment yields positive results for the patient, employee, and organization. On the other hand, a study conducted by Dall'Ora et al. in 2020 showed that role conflict, negative nurse-physician relationship, poor supervisor/leader support, poor leadership, negative team relationship and job insecurity was significantly associated with burnout in nursing.

Fairness, as defined by Leiter et al. (2017), is the extent to which the organization has consistent and equitable rules for all, or the quality of justice and respect at work. An important element is the extent to which resources are allocated according to commonly understood and consistent procedures. Fairness expresses respect for members of an organization's community. A lack of fairness indicates confusion in an organization's values and its relationships with people. Understanding this relationship provides opportunity to positively impact personal accomplishment while minimizing burnout. Possessing fairness, honesty, or kindness indicated significant positive relations with subjective well-being, whereas judgment and kindness seemed to negatively interact with reduced personal accomplishment (Hubber et al., 2020).

4. CONSLUSION

The conducted research has shown that burnout among the staff nurses of the selected hospitals in Cabanatuan City occurs in all dimensions of this phenomenon (emotional exhaustion, depersonalization, and personal accomplishment). It was also shown that areas of work life (workload, control, community, reward, fairness, and values) were predictors of occupational burnout among the respondents and were correlated with the dimensions of burnout. Meanwhile, among the areas of work life, Community displayed the highest value of association between the three dimensions of burnout. Community is the quality of the social context in which you work, encompassing your relationships with managers, colleagues, subordinates, and service recipients. Burnout occurs when employees do not perceive a sense of positive connections with their colleagues and managers, leading to frustration and reducing the likelihood of social support. It is also worth noting that among the profile variables, Salary has shown the most association with the other variables. This may also be brought by the fact that the Filipino registered nurses earn the least among its Southeast Asian peers. On top of that, even though the salary of entry-level government nurses was upgraded to PHP 33,575 by the Department of Budget and Management in 2020, the salary among private hospital nurses still falls very far behind, as shown in the data gathered in our study wherein the salary of 99.4% of the respondents fall below the PHP 33,000 mark.

Limitation

The above research is limited as it was carried out only in two private hospitals in Cabanatuan City on a relatively small number of staff nurses. Hence, we are risking a generalization of the results to all the hospitals in Cabanatuan City. For this reason, this should be repeated in many private hospitals on a larger sample. This study should also be done in a government hospital setting to provide more perspective about the issues concerning nurse's burnout. This will allow an identification of the prevalence and the factors influencing burnout among the nurses in the Philippines and, in return, the introduction of preventive and assistance programs aimed at managing burnout among nurses.

Recommendations

Based on the findings and conclusions of the study, recommendations were hereby given:

1. For future interventions, the results confirm the need to verify the levels of each dimension of burnout and area of work, in order to focus on the most deteriorated ones.

1.1. For future researchers, the study can also be applied in studying burnout among the

academic sector.

2. The Areas of Worklife had shown to have significant relationship with the three dimensions of burnout, with the area of “community” or the social context of the nurse’s work environment having the highest association. Therefore, the researchers recommend the following programs and interventions to manage burnout among the respondents;

2.1. Employers and organizations must take responsibility and provide supportive conditions, and policy interventions should be focused on improved work environments; ensuring adequate staffing levels; and providing attractive working conditions, pay and career opportunities.

2.2. Healthcare Institutions can implement new avenues of communication that allow for greater collaboration within a nursing team and develop a team dynamic. Building relationships with the nursing staff fosters mutual trust and collaboration. Having a strong internal communication model will encourage nurses to speak up about the obstacles they face. Team members want to feel as though their opinion matters and that the problems they experience are valid. Nurse leaders should encourage open dialogue with their team because when they feel more supported in their role, they will perform better.

2.3. Healthcare leaders have a vital role in detecting, resolving, and avoiding nurse burnout. These executives should be trained to recognize the indicators of an employee who is disengaged or suffering burnout. When leaders detect the indicators of burnout early on, they can take actions to help their employees, addressing stress levels before burnout becomes a significant issue. Leaders can also learn what employees value at work and what they enjoy doing in their spare time through surveys and face-to-face talks. To keep people content and interested, you must first understand what motivates them. The act of getting input from the team builds trust and enhances communication, therefore leaders should constantly take advantage of the opportunity to gather feedback and improve their approaches.

2.4. Morale support interventions, including management support, material support and allowances, should be considered to support frontline nurses in their social and psychological well-being. Adequate understanding of nurses’ perceived workplace could increase confidence and sufficient trainings should be offered.

2.5. As a part of a healthcare team, Nurses should be encouraged to expand their skills by regularly attending professional development training opportunities with the healthcare team to broaden their nursing skills. Each member of the nursing team can contribute more to the team's collective strengths if they improve their own knowledge and abilities. Arrange for the team to review nursing fundamentals and/or attend classes to learn new, innovative healthcare strategies.

2.6. Head Nurses should promote adaptability among the nursing team. They can make adjustments to provide customized care to each patient and successfully navigate unexpected situations. They can be more adaptable by preparing to offer support if they notice another healthcare professional needs help and use problem-solving skills to reorganize tasks so everyone on their team can accomplish their priorities. Another technique for building adaptability is shadowing your colleagues and learning about their approach to nursing. Learning new skills from your fellow nurses can make it easier for you to work together and support one another.

3. The results showed strong association with Salary and the predictors of burnout. Therefore, the researchers recommend following;

3.1. Medical Institutions can provide added benefits to their workers such as a subsistence pay, food or transportation allowance, and clothing allowance. Furthermore, intrinsic benefits could also be provided by fostering workplace appreciation in order to retain and motivate health workers.

3.2. It would also be ideal to mandate through legislation the salary increment of nurses in the private sector to ensure their dignified existence and better career prospects, pursuant to the Philippine Nursing Act of 2002. Additionally, Equal protection clause should also be applied to narrow the salary gap between private and government nurses.

3.3. It is high time that the lawmakers should open discussions again and revisit previously filed bills concerning the welfare of nurses in the private sector such as the House Bill No. 7851 also known as “An Act Increasing the Minimum Salary of Nurses in the Private Sector”.

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