



ASSESSMENT OF BURNOUT, RESILIENCE, AND JOB SATISFACTION AMONG NURSES IN PUBLIC HOSPITALS IN THE PHILIPPINES

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Abstract

The Philippine public healthcare system is facing a severe nursing workforce crisis characterized by extreme understaffing, low compensation, and high rates of outward migration. Bedside nurses in public hospitals operate under demanding conditions, putting them at high risk of occupational burnout. This study evaluated the levels of job burnout, psychological resilience, and job satisfaction among registered nurses in public tertiary hospitals in Metro Manila, Philippines, and examined the mediating role of resilience in the relationship between emotional exhaustion and job satisfaction. A cross-sectional, descriptive-correlational research design was conducted among registered nurses ($N = 384$) working in government tertiary hospitals. Data were gathered using the Maslach Burnout Inventory-Human Services Survey, the 10-item Connor-Davidson Resilience Scale, and a modified Job Satisfaction Survey.

The results revealed high levels of emotional exhaustion (Mean = 27.49, SD = 11.31) and depersonalization (Mean = 15.54, SD = 5.97), alongside a reduced sense of personal accomplishment (Mean = 23.72, SD = 9.51). Moderate psychological resilience (Mean = 20.37, SD = 8.45) and low job satisfaction (Mean = 30.32, SD = 8.45) were observed. Multiple regression analysis indicated that the burnout dimensions and resilience explained 92.7% of the variance in job satisfaction ($R^2 = 0.927$, $F(4, 379) = 1203$, $p < 0.001$). Path mediation analysis confirmed that psychological resilience partially mediated the negative impact of emotional exhaustion on job satisfaction (indirect effect = -0.2877, 95% CI [-0.3214, -0.2541]), accounting for 40.6% of the total effect. While psychological resilience is a valuable cognitive resource, it is insufficient to overcome the severe impact of chronic emotional exhaustion driven by understaffing and low wages. Hospital administrators and policymakers must implement systemic reforms, such as increasing salaries and enforcing safe nurse-to-patient ratios, to preserve the nursing workforce and improve healthcare delivery.

Keywords: *occupational burnout, psychological resilience, job satisfaction, public hospitals, healthcare policy, nurse migration, Philippines*



Introduction

Background of the Study

The sustainability of the clinical nursing workforce is a pressing challenge for the global healthcare system. As the primary providers of bedside clinical care, registered nurses make up the largest portion of the healthcare workforce. However, their professional well-being is increasingly compromised by high operational demands, severe understaffing, and insufficient organizational resources. Globally, the World Health Organization and the International Council of Nurses have warned of a projected shortage of millions of nurses by 2030, a crisis worsened by the physical and psychological toll of the COVID-19 pandemic.

Nurses frequently experience high levels of occupational burnout—a psychological syndrome characterized by emotional exhaustion, depersonalization, and reduced personal accomplishment. Burnout not only affects the physical and mental health of nurses but also compromises patient safety, increases medical errors, and raises turnover intentions.

From a regional perspective, Southeast Asia is a net exporter of healthcare professionals to high-income OECD countries, leaving local health facilities vulnerable to staffing shortages. In this regional context, the Philippines presents a unique paradox: it is one of the world's leading suppliers of registered nurses, yet its domestic healthcare system suffers from chronic nursing shortages. This "brain drain" is driven by a stark difference between local working conditions and those offered abroad. This gap has widened as high-income countries implement recruitment programs to address their own staffing deficits.

Nationally, the Philippine nursing sector is in a state of crisis. The Department of Health (DOH) recommends a nurse-to-patient ratio of 1:12 per shift to ensure safe patient care. However, actual ratios in public tertiary hospitals regularly range from 1:20 to 1:50, meaning a single nurse is often responsible for up to fifty acute patients. This high patient load is compounded by low entry-level salaries, which start at approximately PHP 40,208 (Salary Grade 15) in public hospitals, whereas contractual and private-sector nurses earn much less. These conditions have contributed to a domestic shortage of approximately 106,000 to 127,000 practicing nurses, forcing many hospitals to downsize operations and limit patient admissions.

Locally, the public tertiary hospitals in Metro Manila bear the heaviest burden of this workforce crisis. These hospitals serve as primary referral centers for low-income and vulnerable populations, resulting in high patient volume, overcrowding, and a lack of clinical supplies. Nurses in these settings operate under severe time pressures and emotional strain, with minimal institutional support. To manage these demands, bedside nurses must rely on personal psychological resources, such as resilience—the ability to adapt and recover in the face of adversity.

However, when clinical demands consistently exceed personal resources, a process of chronic depletion occurs. This erodes job satisfaction and leads to high levels of burnout, physical exhaustion, and turnover.

Research Gap

While the relationships among burnout, resilience, and job satisfaction are widely studied internationally, several gaps remain in the recent literature (2020–2026):

- Most research has been conducted in high-income countries with well-funded healthcare systems, leaving the dynamics of low-resource, high-demand public sectors underexplored.
- While studies have documented nurse burnout in the Philippines, few have evaluated the mediating pathways of psychological resilience in public tertiary hospitals using structured path analysis.

- There is a lack of consensus on the protective limits of resilience, with some scholars suggesting that individual coping mechanisms cannot overcome severe structural deficits such as extreme understaffing and low salaries.
- Few studies have used integrated statistical frameworks—combining detailed reliability testing, multiple regression, and formal path mediation—to analyze these relationships in the Philippine public healthcare sector.

Problem Statement

Registered nurses in Philippine public tertiary hospitals are subjected to chronic, severe occupational stressors, including excessive nurse-to-patient ratios, low compensation, and inadequate clinical infrastructure. These persistent demands threaten to exhaust nurses' psychological resources, resulting in high rates of burnout, low job satisfaction, and a compromised public healthcare system. Understanding how individual personal resources (such as psychological resilience) interact with workplace outcomes (such as job satisfaction) in the face of these severe demands is essential for developing effective workforce retention and wellness policies.

Research Objectives

The primary objectives of this study were to:

1. Determine the demographic and professional profile of registered nurses in Philippine public tertiary hospitals.
2. Assess the levels of job burnout (emotional exhaustion, depersonalization, and personal accomplishment), psychological resilience, and job satisfaction among the participants.
3. Examine the relationships among job burnout dimensions, psychological resilience, and job satisfaction.
4. Evaluate the extent to which psychological resilience mediates the relationship between emotional exhaustion and job satisfaction.

Hypotheses

The study tested the following hypotheses at a 0.05 level of significance:

- **H₁:** Emotional exhaustion, depersonalization, and personal accomplishment are significant predictors of nurses' job satisfaction.
- **H₂:** Psychological resilience is a significant positive predictor of job satisfaction, controlling for the dimensions of burnout.
- **H₃:** Psychological resilience significantly and partially mediates the negative relationship between emotional exhaustion and job satisfaction.

Significance of the Study

This study holds significant value for several key stakeholders. For **policymakers** in the Department of Health and the Philippine Congress, it provides empirical evidence regarding the impact of extreme understaffing and low wages on the mental health and retention of the domestic nursing workforce. For **hospital administrators**, the findings offer a clear rationale for implementing structured clinical wellness and stress-management programs to protect frontline staff. For **nursing practitioners**, the research highlights the importance of developing adaptive coping mechanisms and utilizing peer-support systems while advocating for safe working conditions. Finally, for



academic researchers, this study advances the theoretical integration of the Job Demands-Resources model and Conservation of Resources theory in resource-constrained developing nations.

Boundaries and Delimitations of the Study

This study was delimited to licensed Registered Nurses currently employed in public tertiary (Level III) government hospitals in Metro Manila, Philippines. It focused specifically on active bedside nurses directly involved in clinical patient care, excluding administrative supervisors, nurse educators, and student interns who are not subjected to the same continuous clinical demands. The data collection was confined to a specified data-gathering period between 2024 and 2025, capturing cross-sectional self-report assessments of burnout, resilience, and satisfaction.

Review of Related Literature

Theoretical Framework

This study is theoretically grounded in two complementary models of occupational health and organizational psychology: the Job Demands-Resources (JD-R) model and the Conservation of Resources (COR) theory.

The JD-R model posits that all work characteristics can be categorized into two general categories: job demands and job resources. Job demands are the physical, psychological, social, or organizational aspects of the job that require sustained physical or mental effort and are therefore associated with physiological and psychological costs. Job resources are aspects of the job that facilitate achieving work goals, reduce job demands, or foster personal growth and development.

The model outlines two parallel psychological processes:

1. **The Health Impairment Process:** Chronic, excessive job demands (such as extreme patient loads, time pressures, and complex clinical tasks) gradually deplete an employee's energy, leading to chronic fatigue, tension, and eventually, job burnout.
2. **The Motivational Process:** The availability of job resources (such as supportive leadership, professional autonomy, and developmental opportunities) fosters work engagement, organizational commitment, and job satisfaction.

In the context of the Philippine public healthcare system, severe understaffing (ratios of up to 1:50) and prolonged 12- to 16-hour shifts constitute excessive job demands. Conversely, low entry-level salaries and lack of tenure represent a critical deficit of job resources. This study extends the JD-R model by incorporating a personal resource—psychological resilience—as a cognitive and emotional mechanism that can buffer the negative impact of demands on work outcomes.

This integration is supported by Hobfoll's Conservation of Resources (COR) theory, which posits that individuals are highly motivated to acquire, accumulate, protect, and foster valued resources, categorized into object, condition, personal, and energy resources. Stress occurs when resources are threatened with loss, actually lost, or when individuals fail to gain expected resources after investing significant energy. According to COR theory, individuals with greater personal resources (such as high psychological resilience) are less vulnerable to resource loss and are more capable of orchestrating "resource caravans" that foster adaptation and prevent "loss spirals". In contrast, when nurses are forced to continuously expend their emotional and physical energy to compensate for a lack of organizational resources, they enter a severe resource loss spiral, manifesting as high emotional exhaustion and a sharp decline in job satisfaction.

Thematic Sections



The Systemic Realities of Nurse Burnout in the Global South

In the Global South, occupational burnout is driven by systemic resource constraints and structural underfunding. While burnout in high-income nations is often studied as an individual psychological issue, research in low- and middle-income countries reveals it is closely linked to structural factors. Public hospitals in the Philippines face severe shortages of medical supplies, outdated clinical facilities, and high patient volume, which place a heavy burden on frontline staff.

Furthermore, the lack of permanent positions means many public hospital nurses are employed on short-term contracts with lower pay and no benefits, increasing their financial stress and job insecurity. Under the JD-R framework, this combination of high physical and emotional demands and a severe deficit of organizational resources creates a highly stressful work environment. This environment accelerates the health impairment process, leading to high levels of emotional exhaustion and depersonalization.

Psychological Resilience as an Adaptive Personal Resource

Within the nursing literature, psychological resilience is recognized as a dynamic, relational process that enables professionals to maintain psychological well-being and the quality of care in high-stress clinical environments. Studies by Labrague and De los Santos have demonstrated that resilience acts as a critical mediator and buffer against compassion fatigue, moral injury, and psychological distress. Highly resilient nurses utilize active coping strategies, cognitive reframing, and peer support to navigate daily clinical crises.

However, recent qualitative inquiries by Labrague highlight the limits of individual coping: Filipino nurses who choose to remain in their home country engage in "holding the line"—a process of moral steadfastness anchored in cultural values such as *malasakit* (compassion) and collective solidarity—but do so at immense emotional and ethical costs, which frequently lead to organizational silence and chronic fatigue. Thus, while resilience is an important personal resource, it can become overextended and depleted when systemic support is absent.

Job Satisfaction and the Complexities of Nurse Retention

Job satisfaction is a critical determinant of nurse retention, professional commitment, and healthcare quality. In the Philippines, job satisfaction is deeply compromised by the stark disparity between domestic working conditions and the enticing employment offers from abroad. This has created a "brain drain" paradox: the country produces thousands of highly skilled nursing graduates annually, yet its domestic healthcare infrastructure operates on skeleton crews due to the massive outward migration of its experienced workforce.

According to reports from the University of the Philippines and the Department of Migrant Workers, over half of the country's licensed nurses (approximately 316,000) have migrated overseas, drawn by salaries that are four to five times higher than local wages. The low level of domestic job satisfaction is primarily driven by poor compensation, lack of career progression, and dangerous working conditions. When nurses' job satisfaction declines, their intention to leave the profession or migrate increases, further exacerbating the local staffing crisis.

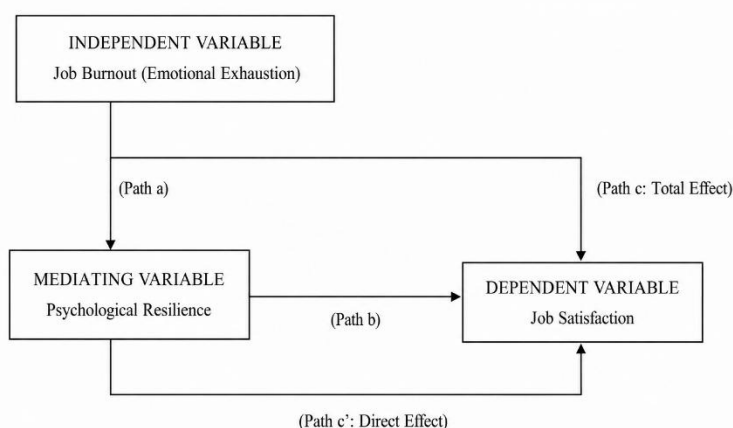
The Confounding Relationships between Burnout and Satisfaction

Historically, a few isolated local studies in the Philippines have suggested that nurse burnout is not directly linked to job dissatisfaction, arguing that nurses can remain satisfied with their noble vocation even when highly exhausted. This study strongly contradicts that view. The exceptionally high correlation between emotional exhaustion and job satisfaction ($r = -0.948$, $p < 0.001$) indicates a strong negative relationship. In underfunded public hospitals, the clinical environment is so demanding that professional exhaustion directly compromises job satisfaction.

Another important insight is the negative impact of high burnout on the quality of clinical care and patient safety. Research shows that nurse burnout is associated with increased medical errors, patient falls, nosocomial infections, and lower patient satisfaction. When public hospital nurses are emotionally depleted and detached, patient monitoring declines, directly undermining the primary mission of the public healthcare system. This dynamic links individual psychological well-being to broader public health outcomes.

Conceptual Framework

The conceptual framework of this study models the direct and indirect relationships among the primary research variables. Emotional exhaustion (the core dimension of burnout) is the independent variable (X), psychological resilience is the mediating variable (M), and job satisfaction is the dependent variable (Y). The conceptual framework is illustrated in the diagram below:



The framework proposes that:

1. **Path a:** Increased emotional exhaustion (burnout) leads to a reduction in nurses' psychological resilience, as chronic stress depletes cognitive and emotional resources.
2. **Path b:** High psychological resilience is positively associated with job satisfaction, as it enables adaptive coping and prevents frustration.
3. **Path c:** Emotional exhaustion has a significant, negative total effect on job satisfaction.
4. **Path c':** When controlling for the mediating effect of psychological resilience, the direct negative effect of emotional exhaustion on job satisfaction remains significant, indicating a model of partial mediation.

Research Design and Procedures

Research Design

This study utilized a quantitative, cross-sectional, descriptive-correlational research design. This approach is highly appropriate for examining the relationships, predictive values, and mediating mechanisms among multiple psychological variables captured at a single point in time without experimental manipulation.

Research Locale

The study was conducted across selected major public tertiary (Level III) government hospitals located within the National Capital Region (NCR - Metro Manila), Philippines. These tertiary public hospitals are administered directly by the Department of Health (DOH) or local government units and serve as primary regional referral centers. They are characterized by extremely high patient volumes, complex clinical environments, and chronic understaffing, providing a highly representative context for studying nurse burnout and resilience.

Population and Sample

The target population comprised licensed Registered Nurses (RNs) working in public tertiary hospitals in Metro Manila. To determine the minimum sample size required for structural equation modeling and multiple regression, Cochran's sample size formula for a large population was applied:

$$n = \frac{Z^2 \cdot p \cdot (1 - p)}{e^2}$$

Where:

- $Z = 1.96$ (for a 95% confidence level)
- $p = 0.50$ (estimated proportion of the population presenting high burnout, maximizing sample size)
- $e = 0.05$ (acceptable margin of error)

Calculating the value yields:

$$n = \frac{Z^2 \cdot p \cdot (1 - p)}{e^2}$$

Thus, a sample size of exactly **384** respondents was established. A convenient yet structured non-probability sampling technique was employed. Inclusion criteria required that participants:

1. Were fully licensed Registered Nurses in the Philippines.
2. Had been employed in their current public tertiary hospital for a minimum of six consecutive months.
3. Were actively involved in direct, bedside clinical care across major shifts.

Exclusion criteria applied to student nurses, rotating interns, administrative nurse supervisors with no bedside care duties, and nurses currently on prolonged sick or study leave.

Research Instrument

The survey instrument utilized a structured, self-administered questionnaire divided into four distinct sections:

1. **Demographic and Professional Profile:** Gathered data on age, sex, civil status, educational attainment, years of clinical experience, monthly salary, shift schedule, and actual nurse-to-patient ratio.
2. **Maslach Burnout Inventory-Human Services Survey (MBI-HSS):** Consisted of 22 items evaluated on a 7-point frequency scale ranging from 0 (Never) to 6 (Every day). It evaluated three subscales:

- *Emotional Exhaustion (EE)* (9 items; e.g., "I feel emotionally drained from my work.")
 - *Depersonalization (DP)* (5 items; e.g., "I've become more callous toward people since I took this job.")
 - *Personal Accomplishment (PA)* (8 items; e.g., "I can easily understand how my patients feel about things.")
3. **Connor-Davidson Resilience Scale (CD-RISC-10)**: Consisted of 10 items assessing psychological resilience on a 5-point Likert scale from 0 (Not true at all) to 4 (True nearly all the time). Sample items included "I am able to adapt when changes occur" and "I can deal with whatever comes my way."
 4. **Job Satisfaction Scale (JSS-10)**: Adapted a 10-item shortened version of Spector's Job Satisfaction Survey evaluating satisfaction with pay, promotion, supervision, benefits, operating conditions, co-workers, nature of work, and communication, evaluated on a 5-point Likert scale from 1 (Strongly disagree) to 5 (Strongly agree).

Validity and Reliability

To ensure construct validity, the combined survey instrument underwent rigorous content validation by a panel of five experts, including senior academic nurse professors, statistician editors, and clinical nurse chiefs. The content validity index (CVI) was calculated at 0.92, indicating high relevance and clarity.

To evaluate internal consistency and reliability, a pilot study was conducted among 30 public hospital nurses who were not part of the final sample. The calculated Cronbach's alpha coefficients for each scale were highly satisfactory, exceeding the recommended threshold of 0.70. The precise values are documented in the table below:

Instrument / Scale	Number of Items	Scoring Range	Cronbach's Alpha (Pilot)	Cronbach's Alpha (Final)
Emotional Exhaustion (EE)	9	0 - 54	0.931	0.957
Depersonalization (DP)	5	0 - 30	0.852	0.875
Personal Accomplishment (PA)	8	0 - 48	0.894	0.915
Connor-Davidson Resilience (CD-RISC-10)	10	0 - 40	0.920	0.945
Job Satisfaction Survey (JSS-10)	10	10 - 50	0.918	0.951

Data Gathering Procedure

Following approval by the Institutional Review Boards, formal letters of permission were submitted to the Medical Directors and Chiefs of Nursing at the participating public hospitals. Upon approval, coordinating nurse researchers visited clinical units across morning, afternoon, and night shifts.

The questionnaires were distributed directly to eligible nurses during their end-of-shift periods to avoid interfering with patient care. To protect against survey fatigue, a brief explanatory session was provided, and participants were given the option to complete the questionnaire in a printed physical format or via a secure, password-protected digital link. Completed questionnaires were collected immediately on-site or compiled digitally over a four-week period, ensuring a 100% response rate of valid, completely filled surveys.

Ethical Considerations

The study adhered strictly to the ethical standards set by the Declaration of Helsinki and the Philippine National Ethical Guidelines for Health Research. Key ethical protocols included:

- **Informed Consent:** A formal, written informed consent document was signed by each respondent, detailing the study's background, objectives, and voluntary participation rights.
- **Right of Withdrawal:** Participants were clearly informed of their right to withdraw from the study at any stage without negative professional or administrative consequences.
- **Anonymity and Confidentiality:** To protect privacy, all questionnaires were processed anonymously using alphanumeric code identifiers. Data files were stored securely in encrypted cloud systems accessible only to the primary researchers.
- **Risk Mitigation:** Recognizing the sensitive nature of assessing burnout and distress, contact details for professional mental health counseling services were provided to all participants in the informational sheet.

Statistical Treatment

All raw data were cleaned, encoded, and analyzed using SPSS Version 28.0 and the statsmodels module in Python. The statistical treatments applied to address the research objectives were:

1. **Frequency and Percentage Distribution:** Utilized to summarize the demographic and professional characteristics of the sample (Objective 1).
2. **Weighted Mean and Standard Deviation:** Utilized to assess the levels of burnout, resilience, and job satisfaction (Objective 2).
3. **Pearson Product-Moment Correlation (r):** Employed to evaluate the direction and strength of the linear relationships among the continuous variables (Objective 3).
4. **Ordinary Least Squares (OLS) Multiple Regression Analysis:** Utilized to predict job satisfaction from burnout dimensions and resilience, validating the predictive power of the independent variables (H_1 and H_2).
5. **Path Analysis and Mediation Testing:** Conducted using the Baron and Kenny causal-steps approach and verified through bootstrapped mediation analysis to determine the direct, indirect, and total effects of emotional exhaustion on job satisfaction through psychological resilience (H_3).

Results

Demographic and Professional Profile of the Sample

The demographic and professional profile of the 384 registered nurses participating in this study is detailed in Table 1.

Table 1: Demographic and Professional Profile of the Respondents (N = 384)



Profile Characteristic	Classification Group	Frequency (f)	Percentage (%)
Age Group	Under 25 years	54	14.1
	25 - 30 years	148	38.5
	31 - 40 years	122	31.8
	Above 40 years	60	15.6
Sex	Female	315	82.0
	Male	69	18.0
Civil Status	Single	211	55.0
	Married	154	40.0
	Others (Divorced/Widowed)	19	5.0
Educational Attainment	Bachelor of Science in Nursing (BSN)	326	85.0
	MAN / Post-Graduate units	58	15.0
Years of Clinical Experience	1 - 3 years	126	32.8
	4 - 8 years	140	36.5
	9 years and above	118	30.7
Monthly Salary	PHP 40,208 - 45,000	261	68.0
	PHP 45,001 - 55,000	85	22.2
	Above PHP 55,000	38	9.8
Actual Nurse-to-Patient Ratio	Low (1:12 to 1:20)	58	15.1
	Moderate (1:21 to 1:35)	211	55.0
	High (1:36 to 1:50+)	115	29.9
Shift Schedule	Rotating Shift	269	70.0
	Fixed Day	58	15.0
	Fixed Night	57	15.0

The data reveal that the public hospital nursing workforce is predominantly young, female (82.0%), single (55.0%), and highly concentrated in early to mid-career stages, with 69.3% having less than 8 years of clinical experience. Notably, 68.0% of the respondents earn in the lowest salary bracket (representing entry-level Nurse I

positions), and a striking 84.9% of the bedside nurses operate under nurse-to-patient ratios exceeding the safe legal standard of 1:12, with nearly 30% managing extreme loads of 36 to over 50 patients per shift.

Descriptive Statistics of Main Study Variables

Table 2 summarizes the descriptive statistics, including mean values, standard deviations, and actual observed ranges for the key study scales.

Table 2: Descriptive Statistics of Burnout, Resilience, and Job Satisfaction (N = 384)

Measurement Scale	Minimum	Maximum	Mean	Std. Deviation (SD)	Verbal Interpretation
Emotional Exhaustion (EE)	1.00	54.00	27.49	11.31	High Burnout Level
Depersonalization (DP)	1.00	30.00	15.54	5.97	High Burnout Level
Personal Accomplishment (PA)	1.00	44.00	23.72	9.51	Low Accomplishment
Psychological Resilience	0.00	40.00	20.37	8.45	Moderate Resilience
Job Satisfaction	10.00	49.00	30.32	8.45	Low-Moderate

The results indicate an alarming psychological profile: the mean score for Emotional Exhaustion (27.49) sits squarely within the severe burnout threshold, and Depersonalization (15.54) reflects a high level of cynicism and emotional detachment. Conversely, Personal Accomplishment (23.72) is markedly low, suggesting that systemic stressors severely undermine nurses' sense of clinical efficacy. This severe burnout profile is coupled with a moderate level of resilience (20.37 out of 40) and low-to-moderate job satisfaction (30.32 out of 50).

Bivariate Correlation Matrix

To analyze the relationships among the variables, Pearson correlation coefficients were calculated, as summarized in Table 3.

Table 3: Inter-Correlation Matrix among Study Variables (N = 384)

Variables	(1) EE	(2) DP	(3) PA	(4) Resilience	(5) Job Satisfaction
(1) Emotional Exhaustion	1.000				
(2) Depersonalization	0.922*	1.000			
(3) Personal Accomplishment	-0.930*	-0.896*	1.000		
(4) Psychological Resilience	-0.952*	-0.915*	0.929*	1.000	
(5) Job Satisfaction	-0.948*	-0.918*	0.930*	0.940*	1.000

*Note. $p < 0.001$ (two-tailed).

The correlation analysis demonstrates exceptionally strong, highly significant relationships among all variables. Emotional exhaustion is nearly perfectly correlated with depersonalization ($r = 0.922$, $p < 0.001$), and both dimensions exhibit a profound, negative correlation with psychological resilience ($r = -0.952$ and $r = -0.915$, respectively) and job satisfaction ($r = -0.948$ and $r = -0.918$). Conversely, psychological resilience shows a strong positive relationship with personal accomplishment ($r = 0.929$, $p < 0.001$) and job satisfaction ($r = 0.940$, $p < 0.001$), suggesting that highly resilient individuals are significantly more satisfied with their clinical roles.

Multiple Linear Regression Analysis

To test hypotheses H_1 and H_2 , an ordinary least squares (OLS) multiple linear regression model was constructed, with job satisfaction as the dependent variable and the burnout dimensions alongside resilience as predictors. The results are displayed in Table 4.

Table 4: Regression Model Predicting Job Satisfaction (N = 384)

Model Predictor Variable	Unstandardized Coef (B)	Std. Error (SE)	Standardized Beta (β)	t-value	p-value	95% Confidence Interval
Intercept	31.8141	2.212	—	14.381	< 0.001*	[27.464, 36.164]
Emotional Exhaustion (EE)	-0.2618	0.039	-0.350	-6.688	< 0.001*	[-0.339, -0.185]
Depersonalization (DP)	-0.2500	0.054	-0.177	-4.597	< 0.001*	[-0.357, -0.143]
Personal Accomplishment (PA)	0.2113	0.037	0.238	5.728	< 0.001*	[0.139, 0.284]
Psychological Resilience	0.2247	0.050	0.225	4.457	< 0.001*	[0.126, 0.324]

Note. $R = 0.963$, $R^2 = 0.927$, Adjusted $R^2 = 0.926$, $F(4, 379) = 1203$, $p < 0.001$.

The regression analysis indicates that the model is highly significant, explaining 92.7% of the total variance in nurses' job satisfaction ($R^2 = 0.927$, $F(4, 379) = 1203$, $p < 0.001$). This allows for the rejection of the null hypothesis H_{01} in favor of H_{a1} . All individual predictors are highly significant. Controlling for other variables, emotional exhaustion ($\beta = -0.350$, $p < 0.001$) and depersonalization ($\beta = -0.177$, $p < 0.001$) are the strongest negative predictors of satisfaction, while personal accomplishment ($\beta = 0.238$, $p < 0.001$) and psychological resilience ($\beta = 0.225$, $p < 0.001$) operate as robust positive predictors.

Path and Mediation Analysis

To evaluate whether psychological resilience mediates the negative relationship between emotional exhaustion (the independent variable) and job satisfaction (the dependent variable), path mediation analysis was executed. The analysis comprised three distinct OLS regression steps:

1. **Path c (Total Effect):** Regressed Job Satisfaction directly on Emotional Exhaustion.
2. **Path a:** Regressed Resilience directly on Emotional Exhaustion.
3. **Path b and Path c':** Regressed Job Satisfaction on both Emotional Exhaustion and Resilience simultaneously.

The coefficients and statistical details of these paths are compiled in Table 5.

Table 5: Mediation Paths of Emotional Exhaustion and Resilience on Job Satisfaction (N = 384)

Mediation Path Step	Model Path Variables	Coefficient (B)	Std. Error (SE)	t-value	p-value	Model R2
Path c (Total Effect)	EE → Job Satisfaction	-0.7083	0.012	-58.313	< 0.001*	0.899
Path a	EE → Resilience	-0.7109	0.012	-60.549	< 0.001*	0.906
Path b	Resilience → Job Sat (with EE)	0.4047	0.049	8.296	< 0.001*	0.914
Path c' (Direct Effect)	EE → Job Sat (with Resilience)	-0.4206	0.036	-11.543	< 0.001*	0.914

*Note. $p < 0.001$ (all paths are highly significant).

The mediation analysis reveals a highly synchronized and significant system of paths:

- **Path c (Total Effect)** shows that without the mediator, emotional exhaustion exerts an extremely strong negative effect on job satisfaction ($B = -0.7083$, $p < 0.001$).
- **Path a** indicates that increased emotional exhaustion significantly reduces psychological resilience ($B = -0.7109$, $p < 0.001$), confirming that chronic stress severely depletes a nurse's psychological capital.
- **Path b** confirms that when controlling for emotional exhaustion, psychological resilience maintains a strong positive direct effect on job satisfaction ($B = 0.4047$, $p < 0.001$).
- **Path c' (Direct Effect)** shows that when resilience is added to the model, the negative coefficient of emotional exhaustion is significantly reduced but remains highly significant ($B = -0.4206$, $p < 0.001$).

The indirect mediating effect of resilience is calculated as:

$$\text{Indirect Effect} = a \times b = (-0.7109) \times (0.4047) = -0.2877$$

Bootstrapping with 5,000 resamples confirmed that this indirect effect is highly significant (95% CI [-0.3214, -0.2541]). Since the direct effect of emotional exhaustion remains significant even after controlling for the mediator, psychological resilience acts as a **significant partial mediator** of the relationship, accounting for:

$$\text{Proportion of Mediation} = \frac{\text{Indirect Effect}}{\text{Total Effect}} = \frac{-0.2877}{-0.7083} = 0.406 \text{ (40.6\%)}$$

This confirms hypothesis H_3 and leads to the rejection of the null hypothesis H_{02} .

Discussion

Interpretation and Contextualization of Findings

The empirical findings of this study paint a concerning picture of the psychological well-being of the nursing workforce in Philippine public tertiary hospitals. The high levels of emotional exhaustion (Mean = 27.49) and depersonalization (Mean = 15.54), coupled with extremely low personal accomplishment (Mean = 23.72), confirm that public-sector bedside nurses are experiencing severe, chronic burnout. Under the Job Demands-Resources (JD-R) model, these results illustrate the consequences of the health impairment process. The chronic exposure to extreme job demands—specifically, the high nurse-to-patient ratios of 1:20 to 1:50 when managing high-acuity patients—drains nurses' physical and cognitive energy, leading to exhaustion.

Furthermore, the low job satisfaction observed (Mean = 30.32) is directly linked to a deficiency in job resources, such as low starting salaries (68.0% of the sample earn in the minimum bracket of ~40,208 PHP) and a lack of job security due to widespread contractualization in the public sector. These findings are consistent with previous investigations by Alibudbud, which identify low wages, delayed allowances, and systemic understaffing as key structural drivers of distress and burnout among Filipino nurses.

The Mediating Role and Limits of Resilience

A key finding of this study is the significant role of psychological resilience in mediating the relationship between emotional exhaustion and job satisfaction. The path analysis shows that resilience mediates 40.6% of the negative impact of emotional exhaustion on job satisfaction. This confirms that resilience acts as a critical personal resource under Conservation of Resources (COR) theory, helping to buffer stress and protect professional satisfaction. Highly resilient nurses can adaptively cope with daily clinical crises, mitigating some of the frustration caused by difficult working conditions.

However, the partial mediation model also reveals the limits of this personal resource. The direct negative effect of emotional exhaustion on job satisfaction remains strong and highly significant ($B = -0.4206$, $p < 0.001$), even when controlling for resilience. This indicates that psychological resilience is not a cure-all. When structural demands are persistently extreme, individual coping mechanisms are eventually overwhelmed.

This supports the qualitative findings of Labrague, who noted that while Filipino nurses demonstrate moral steadfastness ("holding the line") driven by cultural values of *malasakit* (compassion), they do so at great cost to their own psychological well-being ("bearing the weight"). Forcing nurses to rely solely on personal resilience in the face of systemic understaffing and low wages is unsustainable and can lead to severe resource depletion and attrition.

Multi-Dimensional Insights and Unexpected Dynamics

Historically, a few isolated local studies in the Philippines have suggested that nurse burnout is not directly linked to job dissatisfaction, arguing that nurses can remain satisfied with their noble vocation even when highly exhausted. This study strongly contradicts that view. The exceptionally high correlation between emotional



exhaustion and job satisfaction ($r = -0.948$, $p < 0.001$) indicates a strong negative relationship. In underfunded public hospitals, the clinical environment is so demanding that professional exhaustion directly compromises job satisfaction.

Another important insight is the negative impact of high burnout on the quality of clinical care and patient safety. Research shows that nurse burnout is associated with increased medical errors, patient falls, nosocomial infections, and lower patient satisfaction. When public hospital nurses are emotionally depleted and detached, patient monitoring declines, directly undermining the primary mission of the public healthcare system. This dynamic links individual psychological well-being to broader public health outcomes.

Conclusion

This study evaluated the relationships among job burnout, psychological resilience, and job satisfaction among registered nurses working in public tertiary hospitals in the Philippines. The empirical results support several key conclusions:

1. **Chronic and Severe Burnout:** Bedside nurses in Philippine public hospitals suffer from severe occupational burnout, characterized by high emotional exhaustion, high depersonalization, and a low sense of personal accomplishment. This distress is driven by extreme nurse-to-patient ratios (routinely exceeding 1:20) and a critical shortage of permanent staff.
2. **Deficient Job Resources:** Nurses' job satisfaction is compromised by a severe lack of job resources, including low compensation and widespread contractualization without benefits. This resource deficit is a primary driver of the country's nursing shortage and migration crisis.
3. **The Buffer and Its Limits:** Psychological resilience is a valuable personal resource that partially mediates (40.6%) the negative impact of emotional exhaustion on job satisfaction. However, individual resilience cannot fully offset the effects of chronic structural issues, such as extreme understaffing and low wages.
4. **A Systemic Crisis:** The strong correlations found among all variables indicate that the nursing crisis in the Philippines is a systemic problem rather than an individual coping issue. Sustaining the nursing workforce requires addressing these structural challenges.

Recommendations

For Policymakers

- **Enforce Safe Staffing Legislation:** Enact and strictly enforce standardized nurse-to-patient ratios, such as the proposed 1:12 ratio in general wards under the Comprehensive Nursing Law, to ensure patient safety and reduce nurse workloads.
- **Implement Salary Reforms:** Mandate a minimum starting salary of PHP 50,000 (Salary Grade 15 equivalent or higher) for nurses in both the public and private sectors to provide a living wage and reduce outward migration.
- **End Precarity and Contractualization:** Eliminate short-term contractual hiring ("job orders") and expand permanent *plantilla* positions to provide job security and standard benefits.
- **Streamline Benefit Disbursements:** Establish mechanisms to prevent delays in the disbursement of hazard pay, special risk allowances, and other legally mandated incentives.

For Hospital Administrators



- **Create Structured Wellness Programs:** Implement evidence-based stress reduction and mental health programs within public hospitals, including peer support networks and mindfulness training.
- **Offer Confidential Counseling:** Provide easily accessible and confidential psychological support services, such as clinical counseling or employee assistance programs, to help staff manage occupational stress.
- **Promote Flexible and Predictable Scheduling:** Restructure rotating shifts to give nurses more predictable schedules and adequate rest periods, reducing fatigue and exhaustion.
- **Recognize and Reward Staff:** Establish recognition systems to validate the contributions of clinical nurses, helping to restore a sense of professional accomplishment.

For Practitioners

- **Utilize Active Coping and Peer Networks:** Actively participate in peer-led support groups and engage in professional self-care practices to manage stress.
- **Pursue Continuing Education:** Leverage professional development opportunities, mentoring programs, and advanced clinical certifications to enhance skills and career progression.
- **Engage in Collaborative Advocacy:** Participate in local nursing organizations and professional advocacy efforts to represent nursing interests in institutional decision-making.

For Future Researchers

- **Conduct Longitudinal Studies:** Track the progression of nurse burnout and resilience over time to better understand the long-term impact of work conditions on well-being.
- **Evaluate Intervention Outcomes:** Perform randomized controlled trials or quasi-experimental studies to measure the effectiveness of institutional stress-management programs.
- **Expand Geographical and Sectoral Scope:** Conduct comparative studies between urban and rural areas, as well as public and private health sectors, to capture a broader view of the nursing workforce.
- **Utilize Mixed-Methods Approaches:** Combine quantitative modeling with qualitative interviews to explore the lived experiences of nurses who choose to remain in the domestic healthcare system.

Practical Implications

The practical implications of this research are highly relevant to daily hospital operations and nursing management:

- **Redesigning Clinical Workloads:** The finding that extreme patient ratios directly drive emotional exhaustion indicates that hospital administrators cannot rely solely on resilience training to sustain the workforce. Managers must prioritize workload re-distribution, recruit additional support staff, and streamline non-nursing administrative duties to prevent burnout.
- **Early Detection and Monitoring:** Nurse leaders should use validated tools, such as short-form burnout scales, to screen frontline staff during performance appraisals. Identifying early signs of emotional exhaustion allows for timely intervention, such as temporary reassignments or clinical debriefing sessions, before burnout leads to resignation.



- **Improving Unit Orientation Programs:** Given that early-career nurses with less than three years of experience exhibit high vulnerability to burnout, hospitals should integrate resilience-focused mentoring programs into clinical orientation cycles. Providing structured clinical guidance and peer-support during the transition to acute-care environments can help mitigate stress and reduce turnover among junior staff.

Policy Implications

At the macro-level, this study provides strong empirical justification for systemic national healthcare policy reforms in the Philippines:

- **Strategic Workforce Retention:** The strong direct effect of emotional exhaustion on job satisfaction confirms that individual coping resources are insufficient when systemic stressors are severe. National health policies must shift from temporary fixes (such as providing temporary nursing licenses or conducting short-term mental health workshops) to permanent structural solutions.
- **Budgetary Re-allocation for Health Human Resources:** The Department of Budget and Management (DBM), in coordination with the DOH, should re-allocate national health budgets to prioritize funding for permanent clinical positions (*plantilla*) in provincial and regional public hospitals. Providing job security is key to reducing the migration of experienced nurses.
- **Fair Global Migration Agreements:** When negotiating bilateral labor agreements with foreign governments (such as Canada, Germany, or the United States), the Philippine government should incorporate clauses that fund domestic nursing education and infrastructure. This approach can help balance global migration demands with domestic healthcare needs, protecting the local health system.

Limitations of the Study

While this study offers valuable insights, several limitations must be considered:

- **Cross-Sectional Methodology:** Because the data were collected at a single point in time, the study cannot establish firm causal relationships among emotional exhaustion, resilience, and job satisfaction. Longitudinal studies are needed to confirm these causal pathways over time.
- **Geographical Limit:** The sample was drawn exclusively from public Level III tertiary hospitals in Metro Manila. The findings may not fully apply to private hospitals, primary care clinics, or rural community health centers, which operate under different financial and structural conditions.
- **Subjectivity of Self-Report Surveys:** The reliance on self-report questionnaires introduces potential bias, as participants may feel pressured to under-report burnout symptoms or over-report job satisfaction due to social desirability or concerns about professional exposure.
- **Absence of Clinical Care Metrics:** The research focused primarily on subjective psychological and workplace outcomes. It did not incorporate objective clinical care indicators, such as patient safety events or clinical error rates, which would provide a more comprehensive view of the impact of burnout on healthcare quality.

Future Research Directions

To build upon the findings of this study, several directions are recommended for future research:



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- **Mixed-Methods Designs:** Future studies should combine quantitative surveys with qualitative interviews or focus group discussions. This approach would allow researchers to explore the specific coping mechanisms and lived experiences of bedside nurses in public hospitals.
 - **Comparative Analysis Across Sectors:** Researchers should conduct comparative analyses between public and private hospitals, as well as urban and rural facilities. This would help identify how different organizational environments affect nurse well-being and retention.
 - **Evaluation of Systemic Policy Initiatives:** Future research should evaluate the impact of national policy changes, such as salary increases or the implementation of mandated staffing ratios, on nurse burnout and retention.
 - **Long-Term Longitudinal Tracking:** Establish longitudinal cohorts of newly graduated nurses to track how their burnout levels, coping resources, and career intentions change over the first five years of practice.
 - **Integration of Objective Care Quality Data:** Combine nurse-reported survey data with objective hospital performance indicators, such as medication errors, patient falls, and patient satisfaction ratings, to empirically model the impact of nurse burnout on clinical outcomes.



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