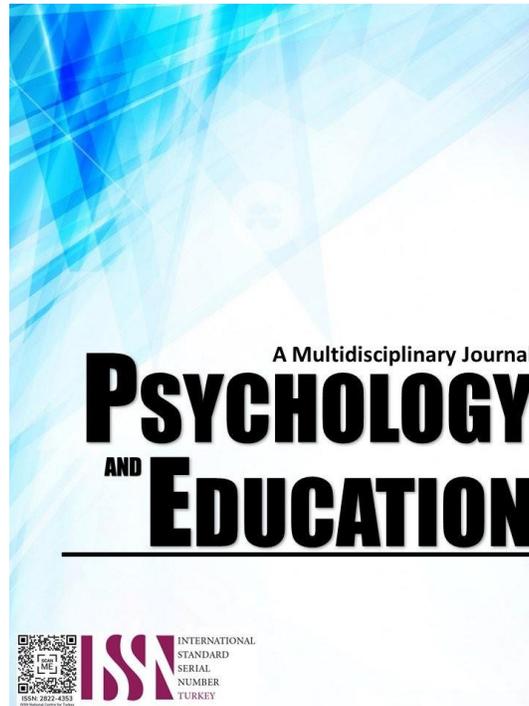


SELF-CARE, BURNOUT, JOB SATISFACTION, AND PERFORMANCE AMONG NURSES IN GOVERNMENT HOSPITALS



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Self-Care, Burnout, Job Satisfaction, and Performance Among Nurses in Government Hospitals

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Abstract

The demands of the nursing profession in government healthcare institutions often result in overwhelming workloads and insufficient staffing, which hinder nurses' ability to practice adequate self-care. These conditions can contribute to burnout and diminished job satisfaction, ultimately impacting the quality of care provided. Nurses play a critical role in healthcare, yet they often face challenges that impact their well-being and job performance. This study examined the relationship between self-care, burnout, job satisfaction, and job performance among nurses in government hospitals. The study aimed to assess the levels of self-care, burnout, job satisfaction, and job performance and determine the relationships among these variables. A descriptive-correlational and causal-comparative research designs were employed, involving 311 nurses from seven government hospitals in Agusan del Sur. Data were collected through Google Forms and hard copies of survey questionnaires. Findings revealed that nurses consistently practiced self-care, experienced low levels of burnout, and had moderately high job satisfaction, though some expressed dissatisfaction. Additionally, nurses frequently perform their job responsibilities effectively with high job performance. Statistical analysis indicated a significant relationship between self-care and job satisfaction, suggesting that nurses who engaged in self-care were more satisfied with their jobs. Furthermore, cognitive impairment and job satisfaction emerged as the strongest predictors of job performance, highlighting the importance of mental well-being and workplace fulfillment in maintaining high job effectiveness. The study concluded that supporting nurses' self-care practices and addressing job satisfaction concerns could enhance overall job performance and reduce burnout risk. Healthcare institutions are recommended to implement structured wellness programs, provide mental health support, and foster positive work environments to sustain high job performance and employee well-being.

Keywords: *self-care, burnout, job satisfaction, job performance, nurses, government hospitals*

Introduction

The demands of the nursing profession, particularly in government healthcare institutions such as Democrito O. Plaza Memorial Hospital, a provincial hospital, highlight significant concerns in nurses' self-care practices. With a bed capacity of 100 and daily patient loads of 200 to 300, nurses often encounter a staggering patient-to-nurse ratio of 1:60 or higher. This immense load compromises their capacity to meet basic self-care needs such as eating on time, resting, and managing mental health concerns, which is increased by shortages in staffing. Recent research has highlighted the link between neglected self-care and increasing burnout, affecting individual well-being and organizational outcomes such as patient care quality (Nkabinde-Thamae et al., 2022).

Burnout, defined as mental exhaustion and reduced personal achievement, is common among nurses because of persistent working stress (Nabizadeh-Gharghozar et al., 2020). It reduces job performance and increases medical errors and patient safety (Mossburg & Himmelfarb, 2018). Based on the hospital's working conditions, burnout was expected to be high in this study. However, the results revealed low levels of burnout among the nurses. This suggests that despite high workloads, certain protective factors—such as peer support, coping mechanisms, or strong professional identity—may have helped mitigate stress. Study of Chami-Malaeb (2021) support this outcome, highlighting how job satisfaction is essential in reducing burnout, with characteristics such as institutional support, supervision, and positive work settings influencing nurses' overall performance and retention.

Nursing is a noble profession. Nurses serve patients from birth to end of life, promoting health, preventing illness, and offering comfort. They often work at the expense of their own well-being, prioritizing patient needs. The nature of this work puts nurses at risk for physical and mental health problems associated with stress and burnout (Maharaj et al., 2019). Nurses perform their duties and multi-tasking functions, sometimes compromising with nurses' self-care. The World Health Organization defines self-care as maintaining health and managing illness with or without health provider support. For nurses, self-care reduces stress and increases care efficacy while its absence may lead to compassion fatigue and emotional distress (Duarte & Pinto, 2016).

Long hours, work overload, and shift work associated with nursing practice can be stressful and contribute to job dissatisfaction, burnout, and health consequences such as obesity and sleep disturbances (Ross et al., 2017). Maslach conceptualizes burnout as emotional exhaustion, depersonalization, and a decline in personal accomplishment (Chirico et al., 2021).

Job satisfaction, defined as a positive emotional response to one's job, plays a vital role in nurse retention, commitment, and quality care delivery (Khammar et al., 2017). Dissatisfaction, on the other hand, can lead to absenteeism, low efficiency, and burnout (Nantsupawat et al., 2017). Leadership support, recognition, and a safe working environment all contribute to greater satisfaction and resilience (Chami-Malaeb, 2021).

The Agency for Healthcare Research and Quality (2019) reported high levels of missed nursing care globally, typically attributed to overwhelming workloads. According to Imam et al. (2023), missed nursing care undermines the nursing standards of care, and minimizing this phenomenon is crucial to maintaining adequate patient safety and quality of patient care. Patient safety data from the WHO (2023) indicate that common adverse events such as medication errors, unsafe surgical procedures, healthcare-associated infections, and diagnostic errors result in preventable patient harm.

In the Philippines, the nurse-to-patient ratio often exceeds the standard the Department of Health sets, leading to extended shifts and increased workloads. This understaffing scenario exacerbates stress and burnout among nurses, contributing to resignations, changes in the profession, and migration to other countries (Villanueva, 2023). Addressing burnout, job satisfaction, and self-care practices is essential for improving job performance among Filipino nurses (Robredo et al., 2022).

At the research site, the investigator witnessed nurses struggling with self-care, showing signs of stress, and voicing job dissatisfaction. Yet, findings contradicted expectations: burnout levels were low, job satisfaction was generally high, and many nurses practiced high self-care. These results challenge assumptions drawn from literature and suggested that certain context-specific factors—perhaps personal motivation, community ties, or institutional culture—help nurses adapt.

Therefore, this paper sought to determine the levels of self-care among nurses, assess the levels of burnout, and evaluate job satisfaction among nurses in government hospitals. It also aims to identify the factors contributing to job performance and provide recommendations to improve nurses' working conditions and well-being in public hospitals. While previous studies have examined self-care, burnout, and job satisfaction individually, there is a dearth of literature on their combined impact on job performance among nurses in public hospitals. Thus, the researcher seeks to fill the literature gap by conducting this study.

Research Questions

This study developed a structural model on the relationship between self-care, burnout, job satisfaction, and performance among government hospital nurses in Agusan del Sur.

Specifically, the study sought to determine:

1. What is the respondents' level of self-care in terms of:
 - 1.1 physical self-care;
 - 1.2 emotional self-care;
 - 1.3 psychological self-care;
 - 1.4 spiritual self-care; and,
 - 1.5 professional self-care?
2. What is the respondents' level of burnout in terms of: Core symptoms
 - 2.1 exhaustion;
 - 2.2 mental distance;
 - 2.3 cognitive impairment; and,
 - 2.4 emotional impairment
 - 2.5 Secondary symptoms
 - 2.6 psychological complaints; and,
 - 2.7 psychosomatic complaints?
3. What is the respondents' level of job satisfaction in terms of:
 - 3.1 pay;
 - 3.3 promotion;
 - 3.3 supervision; and,
 - 3.4 nature of work?
4. What is the respondents' level of job performance in terms of:
 - 4.1 task;
 - 4.2 contextual; and,
 - 4.3 Counterproductive?
5. Is there significant relationship between job performance and:
 - 5.1 self-care;
 - 5.2 burnout; and,
 - 5.3 job satisfaction?
6. Which among the independent variables, singly or in combination, best predicts job performance?
7. Which structural model best fits employee job performance?

Methodology

Participants

This study was conducted in the province of Agusan del Sur, involving nurses employed in seven government hospitals. These included Democrito O. Plaza Memorial Hospital, Valentina Galido Plaza Memorial Hospital, Talacogon District Hospital, Esperanza Medicare Community Hospital, Loreto District Hospital, La Paz Municipal Hospital, and Bayugan Community Hospital. The survey was administered in each hospital during the nurses' vacant time using both Google Forms and printed questionnaires.

The total enumeration purposive sampling method was employed, wherein all nurses working in the selected hospitals were invited to participate. This approach ensured that the entire population relevant to the study was represented, capturing a wide range of experiences and reducing potential sampling bias, thereby enhancing the study's validity and reliability (Creswell, 2017).

The research locale comprised different types of healthcare facilities. Democrito O. Plaza Memorial Hospital, located in Patin-ay, Prosperidad, is a level 2 provincial hospital with a 100-bed capacity offering both inpatient and outpatient services, including specialized departments and surgical care. The remaining hospitals—Valentina Galido Plaza Memorial Hospital in Bunawan, Talacogon District Hospital, Esperanza Medicare Community Hospital, Loreto District Hospital, La Paz Municipal Hospital, and Bayugan Community Hospital—are either level 1 hospitals or infirmaries, with bed capacities ranging from 10 to 50. These facilities primarily offer general and basic healthcare services, catering to the local population's needs.

Participant recruitment was coordinated with hospital administrators and nursing supervisors. All participants were fully informed about the purpose of the study, their voluntary participation, confidentiality, and their right to withdraw at any time. Information consent was obtained prior to data collection. This integrated presentation of the study setting and participant selection enhances methodological rigor and promotes transparency and reproducibility (Creswell, 2017). Furthermore, the use of descriptive-correlational research allowed for exploring the relationships between variables, such as the connection between self-care and burnout, while causal-comparative research provided insights into the cause-and-effect interactions between various factors, such as job satisfaction and performance (Polit & Beck, 2018; Tabachnick & Fidell, 2019; Redus, 2020; Fraenkel et al., 2018).

Table 1. *Distribution of Nurses per Government Hospitals of the Province of Agusan del Sur*

<i>Hospital Name</i>	<i>No. of Nurses</i>
Democrito O. Plaza Memorial Hospital	114
Valentina Galido Plaza Memorial Hospital	69
Talacogon District Hospital	29
Esperanza Medicare Community Hospital	28
Loreto District Hospital	35
La Paz Municipal Hospital	13
Bayugan Community Hospital	23
<i>Total</i>	<i>311</i>

Procedure

After securing all required approvals and consents, the researcher coordinated with each department in the provincial hospital to confirm the availability of respondents. Prior to administering the questionnaires, the researcher explained the study's objectives, described the instruments, and gave standardized instructions. Participation was voluntary, and anonymity and confidentiality were strictly upheld.

The survey was distributed via Google Forms and face-to-face methods, depending on respondents' accessibility. No time limit was imposed, and responses were treated with equal importance and confidentiality.

Following the university's research protocol, the process began with adviser approval, followed by proposal review and scheduling by the College of Nursing Dean. After a successful proposal defense, the researcher submitted a Research Ethics Application Form to the Office of the Vice President for Research. The Research Ethics Review Committee evaluated the application, while additional permissions were obtained from the School of Graduate Studies and study participants.

Ethical principles were observed throughout the study, including voluntary participation, informed consent, and the right to withdraw without penalty. Data privacy was maintained through anonymization and secure storage. There were no financial incentives offered, minimizing bias and ensuring authentic responses.

Upon completion, the adviser reviewed and approved the final manuscript. The Department Research Coordinator checked it for completeness before a formal presentation with the Dean. Revisions from the panel were incorporated, and the manuscript was subjected to plagiarism and grammar checks before final editing, approval, and binding.



Research Instruments

This study employed a structured survey questionnaire divided into four parts, each measuring different constructs related to self-care, burnout, job satisfaction, and job performance.

Self-Care Assessment Worksheet (Saakvitne, Pearlman, & Staff of TSI/CAAP, 1996): This part assessed nurses' engagement in self-care activities across five dimensions: physical, psychological, emotional, spiritual, and professional workplace. Respondents rated the frequency of their engagement on a five-point Likert scale (1 = Never, 5 = Always). A higher score indicated greater engagement in self-care within each dimension.

Burnout Assessment Tool (Schaufeli et al., 2019): This tool measured nurses' burnout levels across six dimensions: exhaustion, mental distance, cognitive impairment, emotional impairment, psychological complaints, and psychosomatic complaints. Respondents rated their experiences on a seven-point Likert scale (ranging from "never" to "several times a week").

Job Satisfaction Survey (Spector, 1994): This part evaluated job satisfaction across nine dimensions, such as pay, promotion, and co-workers, using a five-point Likert scale. It has been widely validated in research on job satisfaction in healthcare settings.

Individual Work Performance Questionnaire (IWPQ) (Koolman, 2014): This section measured nursing job performance in three contexts: task performance, contextual performance, and counterproductive performance, using a five-point Likert scale. The questions were adapted to align with nurses' job descriptions

Results and Discussion

This section presents, examines, and interprets the study's results and discusses the findings. The results are structured according to the study's problem statement and analyzed using appropriate statistical tools and procedures.

The first section explores the self-care, burnout, job satisfaction, and job performance levels among nurses in government hospitals. The second section examines the correlation between these variables and identifies the key predictors of nurses' job performance. The third section evaluates different structural models and determines the best-fit model for nurses' job performance.

The findings are presented in the order outlined in the study's problem statement.

Problem 1. The respondents' level of self-care in terms of: 1.1 physical self-care; 1.2 psychological self-care; 1.3 emotional self-care; 1.4 spiritual self-care; and; 1.5 professional self-care?

Depicted in Table 2 is the level of self-care as perceived by the nurses in terms of physical self-care. The table highlights the eight (8) relevant items with their corresponding standard deviation, mean, and descriptive level.

Table 2. Level of Self-care in terms of Physical Self-care

Indicators	Mean	SD	Description	Interpretation
1. I eat meals regularly (e.g., breakfast, lunch, and dinner) with nutritious and balanced foods	4.13	.615	Often	High
2. I get a regular annual medical check-up.	3.40	.945	Sometimes	Moderately High
3. I take time off and rest when needed	4.07	.933	Often	High
4. I engage in physical activities regularly daily.	3.60	.799	Often	High
5. I get enough sleep.	3.54	.881	Often	High
6. I wear clothes that I like.	4.39	.710	Often	High
7. I take vacations.	3.54	.801	Often	High
8. I make time away from cell phones.	3.59	.836	Often	High
Overall Mean	3.78	.0.81	Often	High

Scale	Range	Descriptive Rating	Interpretation
5	4.51-5.00	Always	Very High
4	3.51-4.50	Often	High
3	2.51-3.50	Sometimes	Moderately High
2	1.51-2.50	Rarely	Low
1	1.00-1.50	Never	Very Low

The results reveal that the overall mean for physical self-care among public hospital nurses is 3.78 (SD = 0.810), which falls under the "Often" category and is interpreted as "High." This indicates that, on average, nurses engage in physical self-care practices at a high level, though some variations exist among specific indicators. The moderate standard deviation suggests variability in responses, indicating that while some nurses regularly practice physical self-care, others may do so less frequently. Despite the demanding nature of their profession, the results suggest that nurses still prioritize their physical well-being. According to Baye (2023), engaging in self-care activities, including physical health maintenance, is critical in reducing stress and preventing burnout among healthcare professionals.

The table also clearly shows that the statement "I wear clothes that I like" obtained the highest placement among the eight included statements, with a calculated mean of 4.39 (SD = 0.710), categorized as "High." The lower standard deviation indicates that responses were relatively consistent among participants. This suggests that nurses frequently express personal preferences in their clothing, which may contribute to their comfort and well-being. Literature indicates that personal appearance and clothing influence self-esteem and psychological well-being (Bashir et al., 2023). In nursing, feeling comfortable and confident in work attire may enhance job satisfaction and morale.

On the contrary, the item that obtained the lowest placement in terms of physical self-care is "I get regular annual medical check-ups," with a calculated mean of 3.40 (SD = 0.945), categorized as "Moderately High." The higher standard deviation suggests that responses varied significantly, indicating that while some nurses prioritize preventive healthcare, others do not seek medical assessments consistently.

The result has important implications, as regular medical assessments are crucial for detecting health issues and overall well-being early. Alloubani (2024) emphasized that nurses who engage in preventive healthcare measures experience greater resilience and overall well-being, particularly in high-stress environments. The results highlight the need for medical institutions to implement policies that encourage nurses to schedule routine medical check-ups to safeguard their health and maintain optimal job performance.

Psychological Self-Care

Depicted in Table 3 is the level of self-care as perceived by the nurses in terms of psychological self-care. The table highlights ten (10) relevant items with their corresponding standard deviation, mean, and descriptive level.

Table 3. *Level of Self-care in terms of Physical Self-care*

Indicators	Mean	SD	Description	Interpretation
1. I make time for self-reflection	3.84	.932	Often	High
2. I keep a journal of my thoughts, insights	2.65	1.19	Sometimes	Moderately High
3. I am open to new learnings.	4.57	.556	Always	Very High
4. I manage well the stress in my life	4.29	.588	Often	High
5. I let others know different aspects of me	3.70	.898	Often	High
6. I notice my inner experience—listen to my thoughts, judgments, beliefs, attitudes, and feelings.	4.10	.706	Often	High
7. I engage my intelligence in a new area, e.g., I go to an art museum, history exhibit, sports event, auction, or theater performance.	2.98	.946	Sometimes	Moderately High
8. I am open and listen to the feelings and opinions of others.	4.34	.695	Often	High
9. I allow myself to be curious.	4.10	.748	Often	High
10. I say "no" to extra responsibilities sometimes.	3.28	1.02	Sometimes	Moderately High
Over-all Mean	3.78	.0.82	Often	High

Scale	Range	Descriptive Rating	Interpretation
5	4.51-5.00	Always	Very High
4	3.51-4.50	Often	High
3	2.51-3.50	Sometimes	Moderately High
2	1.51-2.50	Rarely	Low
1	1.00-1.50	Never	Very Low

The results reveal that the overall mean for psychological self-care among nurses is $M=3.78$ ($SD=0.82$), which falls under the "Often" category and is interpreted as "High." This indicates that, on average, nurses engage in psychological self-care practices at a high level, though responses vary across specific indicators. The standard deviation suggests some dispersion in responses, implying that while many nurses prioritize psychological self-care, others may do so less frequently. This finding aligns with Bamforth et al. (2023), who found that frequent engagement in psychological self-care strategies is linked to lower burnout rates and improved decision-making among healthcare professionals.

Among the ten indicators, "I am open for new learnings" obtained the highest mean ($M=4.57$, $SD=0.556$), indicating that nurses frequently seek new knowledge and skills to enhance their professional and personal growth. The low standard deviation suggests consistency in responses, reflecting a shared value for continuous learning. According to Lin et al. (2024), lifelong learning enhances cognitive flexibility and resilience, enabling healthcare professionals to adapt effectively to workplace challenges. Similarly, "I am open and listen to the feelings and opinions of others" ranked second ($M=4.34$, $SD=0.695$), emphasizing the role of active listening in fostering interpersonal relationships and emotional intelligence (Dhanabhakyaam, 2023).

Conversely, "I keep a journal of my thoughts and insights" obtained the lowest mean ($M=2.65$, $SD=1.19$), followed by "I engage my intelligence in a new area (e.g., visiting an art museum, history exhibit, sports event, auction, or theatre performance)" ($M=2.98$, $SD=0.946$). These findings suggest that while nurses prioritize professional and interpersonal aspects of psychological self-care, self-reflection and intellectual exploration activities may be less practiced. However, research highlights that journaling and engaging in



new intellectual experiences contribute to stress management, self-awareness, and overall psychological well-being (Dhanabhakyaam, 2023).

These findings underscore the importance of fostering a workplace culture that encourages diverse psychological self-care strategies. Healthcare institutions may consider integrating reflective practices and intellectual stimulation activities into professional development programs to enhance nurses' psychological well-being and job satisfaction.

Table 4. Level of Self-care in terms of Emotional Self-care

Indicators	Mean	SD	Description	Interpretation
1. I spend time with others whose company I enjoy	3.78	.575	Often	High
2. I give myself affirmations, praise myself	4.46	.499	Often	High
3. I identify comforting activities, objects, people, relationships, places and seek them out	4.23	.758	Often	High
4. I allow myself to cry	4.36	.483	Often	High
5. I find things that make me happy	4.16	.997	Often	High
6. I recognize my feelings and find ways to express them	4.63	.483	Always	Very High
Over-all Mean	4.43	.633	Often	High

Scale	Range	Descriptive Rating	Interpretation
5	4.51-5.00	Always	Very High
4	3.51-4.50	Often	High
3	2.51-3.50	Sometimes	Moderately High
2	1.51-2.50	Rarely	Low
1	1.00-1.50	Never	Very Low

Table 4 presented the Results of Mean and Standardization for the Level of Self-care in terms of emotional Self-care. The data showed that the respondents obtained the highest mean of M=4.63 (SD=.483) for indicator number 6, “I recognize my feelings and find ways to express them,” followed by indicator number 2, “I give myself affirmations, praise myself” (M=4.46, SD=.499).

Furthermore, respondents obtained the lowest mean of M=3.78 (SD=.575) for indicator number 1, “I spend time with others whose company I enjoy,” followed by indicator number 5, “I find things that make me happy” (M=4.16, SD=.997). The overall mean is M=4.43 (SD=0.633), which is often described and can be interpreted as indicating that the respondents have a high level of emotional self-care. Meanwhile, the overall mean for SD=.633 implies that the data are widely dispersed around the mean.

These findings align with the existing literature of Ghossoub et al. (2020) emphasizing the importance of emotional self-care in nursing. Engaging in practices such as acknowledging and expressing feelings, positive self-affirmations, and activities that promote happiness are crucial for maintaining mental well-being. Such self-care strategies have been shown to enhance job satisfaction and reduce burnout among nurses.

Table 5. Level of Self-care in terms of Spiritual Self-care

Indicators	Mean	SD	Description	Interpretation
1. I make time for reflection.	4.38	.444	Often	High
2. I spend time with nature.	4.04	.787	Often	High
3. I find a spiritual connection or community.	3.81	.904	Often	High
4. I am open to inspiration.	3.87	.759	Often	High
5. I cherish my optimism and hope.	4.53	.560	Always	Very High
6. I am aware of nonmaterial aspects of life.	4.56	.618	Always	Very High
7. I identify what is meaningful to me and notice its place in my life.	4.29	.640	Often	High
8. I meditate.	4.56	.496	Always	Very High
9. I pray.	3.88	.951		
Over-all Mean	4.21	0.684	Often	High

Scale	Range	Descriptive Rating	Interpretation
5	4.51-5.00	Always	Very High
4	3.51-4.50	Often	High
3	2.51-3.50	Sometimes	Moderately High
2	1.51-2.50	Rarely	Low
1	1.00-1.50	Never	Very Low

Depicted in Table 5 is the level of self-care as perceived by the nurses in terms of spiritual self-care. The table highlights nine (9) relevant items with their corresponding mean, standard deviation, and descriptive level.

The results reveal that the overall mean for spiritual self-care among nurses is M=4.21 (SD=0.684), categorized as "Often" and interpreted as "High." This suggests that nurses frequently engage in spiritual self-care practices, though variations exist across specific items. The moderate standard deviation indicates some dispersion in responses, suggesting that while many nurses prioritize spiritual well-being, others may engage in these practices less frequently. These findings align with Ausar et al. (2021), who emphasized that spiritual self-care significantly contributes to stress reduction and emotional resilience among nurses.



Among the items, "I am aware of nonmaterial aspects of life" received the highest mean ($M=4.56, SD=0.618$), followed by "I meditate" ($M=4.56, SD=0.496$). This highlights the importance of spiritual awareness and maintaining a positive outlook in promoting emotional stability and job satisfaction among nurses. Alazmani-Noodeh et al. (2021) found that spiritual well-being is crucial in enhancing job satisfaction and mitigating stress associated with demanding healthcare environments. Similarly, Lucette et al. (2016) suggested that optimism and spiritual mindfulness contribute to higher resilience and lower emotional Exhaustion among healthcare professionals.

Conversely, the item "I find a spiritual connection or community" recorded the lowest mean ($M=3.81, SD=0.904$), followed by "I am open to inspiration." ($M=3.87, SD=0.759$). This suggests that while nurses engage in individual spiritual practices, establishing a spiritual community is less frequently practiced. A possible explanation is time constraints, lack of accessible spiritual groups, or personal preference for private spirituality. Lee and Yu (2023) state that participation in spiritual communities fosters emotional support, stress reduction, and increased job motivation. Encouraging nurses to engage in group spiritual activities, such as meditation sessions, faith-based discussions, or peer support groups, could strengthen their overall well-being.

These findings underscore the significance of spiritual self-care in sustaining a balanced and resilient nursing workforce. Healthcare institutions could consider incorporating spiritual wellness programs, mindfulness workshops, or faith-based support systems to help nurses maintain their spiritual well-being and enhance their professional fulfillment.

Table 6. Level of Self-care in terms of Professional Self-care

Indicators	Mean	SD	Description	Interpretation
1. I take a needed break during a workday	3.86	.915	Often	High
2. I take time to engage with co-workers	4.29	.643	Often	High
3. I make quiet time to complete tasks	4.36	.657	Often	High
4. I make or perceive projects or tasks as exciting and rewarding	4.29	.640	Often	High
5. I set limits with my clients and colleagues	4.07	.773	Often	High
6. I balance my caseload so that no one day or part of a day is "too much."	3.84	.684	Often	High
7. I arrange my workspace so it is comfortable and comforting.	4.53	.620	Always	Very High
8. I get regular supervision or consultation	3.83	.893	Always	Very High
9. I negotiate for my needs (benefits, pay raise).	3.51	1.14	Often	High
10. I have a peer support group.	3.97	.941	Often	High
11. I develop a non-trauma area of professional interest.	3.87	.952	Often	High
Over-all Mean	4.04	.547	Often	High

Scale	Range	Descriptive Rating	Interpretation
5	4.51-5.00	Always	Very High
4	3.51-4.50	Often	High
3	2.51-3.50	Sometimes	Moderately High
2	1.51-2.50	Rarely	Low
1	1.00-1.50	Never	Very Low

Table 6 presented the level of professional self-care among nurses, detailing eleven (11) items along with their mean, standard deviation, and descriptive level.

The findings indicated that the overall mean for professional self-care was $M=4.04$ ($SD=0.547$), categorized as "Often" and interpreted as "High." This suggested that, in general, nurses actively engaged in professional self-care, although responses varied across different aspects. The moderate dispersion ($SD=0.547$) implied that while many nurses practiced professional self-care regularly, some did so less frequently. These results are aligned with Kong et al. (2024), who emphasized that strong self-care habits contributed to better mental health and improved patient care among nurses.

Among the listed items, "I arranged my workspace, so it was comfortable and comforting" received the highest mean ($M=4.53, SD=0.620$), followed by "I made quiet time to complete tasks" ($M=4.36, SD=0.657$). This suggested that nurses prioritized creating a conducive work environment and managing their time effectively as key professional self-care practices (Muhlar & Downing, 2023).

Conversely, the indicator "I negotiate for my needs (benefits, pay raise)." obtained the lowest mean ($M=3.51, SD=1.04$), followed by "I get regular supervision or consultation." ($M=3.83, SD=0.893$). The relatively lower mean scores on these items suggested that some nurses faced challenges advocating for professional needs or maintaining spiritual connections within their work environment. These findings were consistent with Flaubert et al. (2021), who highlighted that job satisfaction and professional competence were crucial for nurse retention and well-being. Encouraging nurses to advocate for better work conditions and providing structured opportunities for professional development could further enhance their professional self-care practices.

Self-care

Table 7 summarized the respondents' self-care levels across different dimensions, revealing an overall mean of $M=4.05$ ($SD=0.63$). This indicated that, on average, nurses engaged in self-care practices "often," suggesting a generally high level of self-care. The

moderate standard deviation ($SD=0.63$) implied that responses were somewhat dispersed, meaning that while some nurses consistently practiced self-care, others did so less frequently.

Table 7. *Level of Self-care*

<i>Indicators</i>	<i>Mean</i>	<i>SD</i>	<i>Description</i>	<i>Interpretation</i>
Physical self-care	3.78	.562	Often	High
Psychological self-care	3.78	0.82	Often	High
Emotional self-care	4.43	.557	Often	High
Spiritual self-care	4.21	0.68	Often	High
Professional self-care	4.04	.547	Often	High
Over-all Mean	4.05	0.63	Often	High
	<i>Scale</i>	<i>Range</i>	<i>Descriptive Rating</i>	<i>Interpretation</i>
	5	4.51-5.00	Always	Very High
	4	3.51-4.50	Often	High
	3	2.51-3.50	Sometimes	Moderately High
	2	1.51-2.50	Rarely	Low
	1	1.00-1.50	Never	Very Low

According to Williams et al. (2022), nurses maintain their physical, psychological, social, spiritual, and emotional well-being through self-care, allowing them to provide high-quality patient care. Moreover, Millette (2023), who emphasized that emotional and spiritual self-care practices improved mental resilience and reduced occupational stress among healthcare professionals. Similarly, healthcare workers who engaged in professional self-care activities, such as skill development and peer collaboration, reported higher job satisfaction and reduced burnout. These results suggested that fostering self-care habits among nurses was essential to maintaining their well-being and job performance.

Among the self-care dimensions, emotional self-care had the highest mean ($M=4.43$, $SD=0.557$), indicating that respondents regularly recognized and expressed their emotions, practiced self-affirmations, and sought emotional support when needed. The lower standard deviation ($SD=0.557$) suggested consistent engagement in emotional self-care practices among nurses. Cassie and DuBose (2022) supported this finding by finding that intentional emotional self-care strategies—such as mindfulness and self-reflection—significantly improved job satisfaction and teamwork among nurses. Emotional self-care is crucial in helping nurses manage stress and maintain well-being, particularly in high-pressure work environments. Given this, hospitals and healthcare institutions could enhance emotional self-care by offering stress management programs, mental health resources, and peer support groups to strengthen nurses' resilience further.

Conversely, psychological self-care had the lowest mean ($M=3.78$, $SD=0.82$), indicating that while nurses engaged in psychological self-care, they did so less consistently than in other areas. The higher standard deviation ($SD=0.82$) suggested more significant response variability, meaning some nurses prioritized psychological self-care more than others. This result was in line with Knudsen et al. (2024), who found that nurses who actively engaged in psychological self-care—such as reflective journaling, continuous learning, and cognitive relaxation techniques—experienced lower stress levels and improved focus at work. This study's relatively lower engagement in psychological self-care might have been due to time constraints, workload demands, or a lack of familiarity with certain psychological self-care practices. Encouraging personal development programs, professional skill enhancement, and relaxation techniques could help promote stronger psychological self-care among nurses. Moreover, Physical self-care also has the same mean of $M=3.78$ and $SD=.562$, suggesting that there is relatively low variability in the nurses' responses regarding their physical self-care practices. The study of S. G. Williams et al. (2022) emphasized that consistent physical self-care improves nurses' ability to handle job demands, supporting the current study's findings of high and consistent self-care practices.

Problem 2. The respondents' level of burnout in terms of:

Core symptoms: 2.1 exhaustion; 2.2 mental distance; 2.3 cognitive impairment; and, 2.4 emotional impairment; 2.5 Secondary symptoms; 2.6 psychological complaints; and, 2.7 psychosomatic complaints

Table 8 presented the level of burnout among nurses in terms of Exhaustion, detailing eight (8) items along with their mean, standard deviation, and descriptive level.

The findings indicated that the overall mean for Exhaustion was $M=2.95$ ($SD=1.03$), categorized as "Often" and interpreted as "High." This suggested that nurses frequently experienced Exhaustion, though responses varied significantly among individuals. The high standard deviation ($SD=1.03$) implied that while some nurses reported extreme Exhaustion, others experienced it less frequently. These results are aligned with Shah et al. (2021), who emphasized that Exhaustion is a prevalent issue among nurses, primarily due to prolonged exposure to stressful working conditions, high patient loads, and inadequate rest periods.

Among the listed items, "Everything I do at work requires a great deal of effort" received the highest mean ($M=3.86$, $SD=0.109$), followed by "At work, I feel physically exhausted" ($M=3.12$, $SD=1.04$). This suggested that nurses perceived their work as physically and mentally demanding, leading to significant energy depletion throughout their shifts (Jin et al., 2023).



Table 8. *Level of burnout in terms of Exhaustion*

Indicators	Mean	SD	Description	Interpretation
1. At work, I feel mentally exhausted in meeting deadlines	3.00	.936	Sometimes	Moderately High
2. Everything I do at work requires a great deal of effort	3.86	1.09	Often	High
3. After a day at work, I find it hard to recover my energy	2.90	.999	Sometimes	Moderately High
4. At work, I feel physically exhausted	3.12	1.04	Sometimes	Moderately High
5. When I get up in the morning, I lack the energy to start a new day at work	2.76	1.043	Sometimes	Moderately High
6. I want to be active at work, but somehow I am unable to manage	2.52	.969	Sometimes	Moderately High
7. When I exert myself at work, I quickly get tired	2.56	1.04	Sometimes	Moderately High
8. At the end of my working day, I feel mentally exhausted and drained	2.91	1.145	Sometimes	Moderately High
Over-all Mean	2.95	.1.03	Sometimes	Moderately High

Scale	Range	Descriptive Rating	Interpretation
5	4.51-5.00	Always	Very High
4	3.51-4.50	Often	High
3	2.51-3.50	Sometimes	Moderately High
2	1.51-2.50	Rarely	Low
1	1.00-1.50	Never	Very Low

Conversely, the indicator "I want to be active at work, but somehow I am unable to manage" obtained the lowest mean (M=2.52, SD=0.969), followed by Indicator 7 (M=2.56, SD=1.04). The relatively lower scores on these items suggested that nurses often felt exhausted and still attempted to stay engaged at work. However, some struggled to maintain motivation and energy levels. These findings were consistent with Kelly et al. (2020), who highlighted that persistent Exhaustion among nurses leads to lower job satisfaction, increased absenteeism, and a higher turnover risk. Additionally, Cohen et al. (2023) found that nurses who lack access to workplace wellness programs and support systems are more vulnerable to burnout, further emphasizing the need for hospitals to implement targeted interventions to improve staff well-being.

Table 9. *Level of burnout in terms of Mental Distance*

Indicators	Mean	SD	Description	Interpretation
9. I struggle to find any enthusiasm for my work.	2.33	1.03	Rarely	Low
10. At work, I do not think much about what I am doing, and I function on autopilot.	2.23	1.09	Rarely	Low
11. I feel a strong aversion towards my job.	2.41	1.23	Rarely	Low
12. I feel indifferent about my job.	2.02	1.00	Rarely	Low
13. I'm cynical about what my work means to others.	2.30	1.14	Rarely	Low
Over-all Mean	2.26	.1.10	Rarely	Low

Scale	Range	Descriptive Rating	Interpretation
5	4.51-5.00	Always	Very High
4	3.51-4.50	Often	High
3	2.51-3.50	Sometimes	Moderately High
2	1.51-2.50	Rarely	Low
1	1.00-1.50	Never	Very Low

Table 9 outlined the level of burnout among nurses in terms of Mental Distance, presenting five (5) items along with their mean, standard deviation, and descriptive level. The findings revealed that the overall mean for mental distance was M=2.26 (SD=1.10), categorized as "Often" and interpreted as "High." This suggested that nurses frequently experienced emotional detachment from their work, though responses varied significantly. The high standard deviation (SD=1.10) indicated a broad range of experiences, with some nurses exhibiting greater detachment than others. These results were consistent with Maslach and Leiter (2016), who emphasized that mental distancing is a core component of burnout, often leading to cynicism, reduced empathy, and withdrawal from work responsibilities.

Among the items, "I feel a strong aversion towards my job" received the highest mean (M=2.41, SD=1.03), followed by "I struggle to find any enthusiasm for my work." (M=2.33, SD=1.14). This suggested that some nurses experienced strong negative emotions toward their work, which could impact their motivation and patient interactions. Bu et al. (2024) reported that nurses are at high risk for burnout, which negatively affects their physical and mental health and work efficiency.

Conversely, the indicator "I feel indifferent about my job" obtained the lowest mean (M=2.02, SD=1.00), followed by "At work, I do not think much about what I am doing, and I function on autopilot" (M=2.23, SD=1.09). The relatively lower scores on these items indicated that while nurses did experience detachment, complete disengagement was less frequent. These findings were supported by Heidari et al. (2022), who found that nurses experiencing high levels of mental distance are more prone to emotional Exhaustion, job dissatisfaction, and a decline in patient-centered care. Dall'Ora et al. (2020) also highlighted that sustained mental distancing contributes to weaker teamwork, diminished professional identity, and lower overall job performance.

Cognitive Impairment



Table 10 presents the results of the mean and standard deviation for the level of burnout in terms of cognitive impairment. The overall mean score was $M=1.90$ ($SD=0.867$), suggesting respondents rarely experienced cognitive impairment. The standard deviation ($SD=0.867$) indicated that the data were moderately dispersed around the mean. These findings suggested that occasional forgetfulness and difficulty concentrating existed while cognitive impairment was not prevalent. Knudsen et al. (2023) found that even low levels of cognitive burnout could impact job performance, highlighting the need for preventive strategies in the workplace.

Table 10. *Level of burnout in terms of Cognitive Impairment*

Indicators	Mean	SD	Description	Interpretation
14. At work, I have trouble staying focused.	1.97	.890	Rarely	Low
15. At work, I struggle to think clearly.	1.91	.882	Rarely	Low
16. I'm forgetful and distracted at work.	2.04	.894	Rarely	Low
17. When I'm working, I have trouble concentrating.	1.85	.864	Rarely	Low
18. I make mistakes in my work because I have my mind on other things.	1.75	.807	Rarely	Low
Over-all Mean	1.90	0.867	Rarely	Low

Scale	Range	Descriptive Rating	Interpretation
5	4.51-5.00	Always	Very High
4	3.51-4.50	Often	High
3	2.51-3.50	Sometimes	Moderately High
2	1.51-2.50	Rarely	Low
1	1.00-1.50	Never	Very Low

Among the indicators, the highest mean score was $M=2.04$ ($SD=0.894$) for indicator 16, "I'm forgetful and distracted at work," followed by indicator 14, "At work, I have trouble staying focused" ($M=1.97$, $SD=0.890$). These findings implied that some respondents occasionally struggled to focus, which could have affected their productivity and patient care. O'Connor et al. (2023) emphasized that workplace distractions, stress, and mental fatigue were major contributors to cognitive impairment in healthcare professionals. Implementing mindfulness training and workload adjustments has been found to help mitigate these effects.

Conversely, the lowest mean score was $M=1.75$ ($SD=0.807$) for indicator 18, "I make mistakes in my work because I have my mind on other things," followed by indicator 17, "When I'm working, I have trouble concentrating" ($M=1.85$, $SD=0.864$). These results indicated that while some nurses experienced distractions, they generally maintained accuracy in their tasks. Research by Knudsen et al. (2023) suggested that structured workplace interventions, such as stress management training and cognitive support programs, effectively reduced burnout-related cognitive impairment and improved focus among healthcare professionals.

Table 11. *Level of burnout in terms of Emotional Impairment*

Indicators	Mean	SD	Description	Interpretation
14. At work, I have trouble staying focused.	2.17	.955	Rarely	Low
15. At work, I struggle to think clearly	1.93	.937	Rarely	Low
16. I'm forgetful and distracted at work	2.10	1.02	Rarely	Low
17. When I'm working, I have trouble concentrating.	1.85	.974	Rarely	Low
18. I make mistakes in my work because I have my mind on other things	2.01	1.00	Rarely	Low
Over-all Mean	2.01	0.97	Rarely	Low

Scale	Range	Descriptive Rating	Interpretation
5	4.51-5.00	Always	Very High
4	3.51-4.50	Often	High
3	2.51-3.50	Sometimes	Moderately High
2	1.51-2.50	Rarely	Low
1	1.00-1.50	Never	Very Low

Table 11 presents the results of the mean and standard deviation for the level of burnout in terms of emotional impairment. The overall mean score was $M=2.01$ ($SD=0.97$), suggesting respondents rarely experienced emotional impairment. The standard deviation ($SD=0.97$) indicated that the data were primarily dispersed around the mean. These findings aligned with the research of Maslach and Leiter (2016), who stated that emotional burnout tends to develop gradually due to prolonged workplace stressors but may not always be severe.

Among the indicators, the highest mean score was $M=2.17$ ($SD=0.955$) for indicator 14, "At work, I have trouble staying focused," followed by indicator 16, "I'm forgetful and distracted at work" ($M=2.10$, $SD=1.02$). These results implied that some respondents occasionally struggled with emotional regulation in the workplace, which could have affected their interactions and overall well-being. Edú-Valsania et al. (2022) emphasized that emotional exhaustion, a key dimension of burnout, often leads to cognitive difficulties and emotional instability, ultimately impacting job performance. Their study found that chronic workplace stressors, such as excessive workload and lack of emotional support, significantly contributed to emotional impairment (Maulik, 2017).

Conversely, the lowest mean score was $M=1.85$ ($SD=0.974$) for indicator 18, "When I'm working, I have trouble concentrating," followed by indicator 17, "At work, I struggle to think clearly" ($M=1.85$, $SD=0.974$). These findings indicated that while emotional fluctuations occurred, respondents generally maintained emotional stability in the workplace. Khammissa et al. (2022) argued that burnout was linked to emotional dysregulation, where individuals struggled to manage stress and exhibited decreased emotional



resilience. Their research suggested that employees who practiced strong emotional self-care were less likely to experience emotional exhaustion and cognitive difficulties at work.

Psychological Complaints

Table 12 summarizes the level of burnout among nurses in terms of Psychological Complaints, presenting five (5) items along with their mean, standard deviation, and descriptive level.

The findings revealed that the overall mean for psychological complaints was $M=2.39$ ($SD=1.07$), categorized as "Rare" and interpreted as "Low." This indicated that nurses generally did not frequently experience psychological distress in their work. However, the standard deviation ($SD=1.07$) suggested wide variability in responses, meaning that while some nurses rarely encountered psychological complaints, others experienced them more frequently. These results are aligned with Alqahtani et al. (2023), who emphasized that addressing psychological burnout through structured interventions, such as stress management programs and counseling services, can significantly improve nurses' well-being and job retention..

Table 12. Level of burnout in terms of Mental Distance

Indicators	Mean	SD	Description	Interpretation
1. I have trouble falling or staying asleep	2.79	1.16	Rarely	Low
2. I tend to worry	2.59	1.02	Rarely	Low
3. I feel tense and stressed	2.54	1.05	Rarely	Low
4. I feel anxious and/or suffer from panic attacks	1.77	1.00	Rarely	Low
5. Noise and crowds disturb me	2.28	1.11	Rarely	Low
Over-all Mean	2.39	1.07	Rarely	Low

Scale	Range	Descriptive Rating	Interpretation
5	4.51-5.00	Always	Very High
4	3.51-4.50	Often	High
3	2.51-3.50	Sometimes	Moderately High
2	1.51-2.50	Rarely	Low
1	1.00-1.50	Never	Very Low

Among the items, "I have trouble falling or staying asleep" had the highest mean ($M=2.79$, $SD=1.16$), followed by "I tend to worry" ($M=2.59$, $SD=1.02$). This suggested that while overall psychological complaints were low, sleep disturbances and excessive worrying were the most prevalent concerns among the respondents. These findings aligned with El-Maksoud et al. (2024), who recommended that hospitals implement mental health support programs, mindfulness training, and flexible work schedules to mitigate the psychological burden on nurses.

Conversely, the indicator "I feel anxious and/or suffer from panic attacks" obtained the lowest mean ($M=1.77$, $SD=1.00$), followed by "Noise and crowds disturb me" ($M=2.28$, $SD=1.11$). These lower scores suggested that most nurses rarely experienced severe anxiety or panic-related symptoms. However, El-Maksoud et al. (2024) highlighted that even mild psychological complaints should not be overlooked, as they can escalate into more serious issues over time if left unaddressed. These findings underscore the importance of implementing proactive mental health initiatives within healthcare settings to support nurses' psychological well-being and prevent burnout-related complications.

Table 13. Level of burnout in terms of Psychosomatic Complaints

Indicators	Mean	SD	Description	Interpretation
6. I suffer from palpitations or chest pain.	1.89	1.00	Rarely	Low
7. I suffer from stomach and/or intestinal complaints.	1.98	1.03	Rarely	Low
8. I suffer from headaches.	2.52	1.06	Sometimes	Moderately
9. I suffer from muscle pain, for example in the neck, shoulder, or back.	2.86	1.15	Rarely	Low
10. I often get sick.	2.21	.937	Rarely	Low
Over-all Mean	2.29	1.03	Rarely	Low

Scale	Range	Descriptive Rating	Interpretation
5	4.51-5.00	Always	Very High
4	3.51-4.50	Often	High
3	2.51-3.50	Sometimes	Moderately High
2	1.51-2.50	Rarely	Low
1	1.00-1.50	Never	Very Low

Table 13 presents the results of the mean and standard deviation for the level of burnout in terms of psychosomatic complaints. The overall mean score was $M=2.29$ ($SD=1.03$), categorized as "Rare" and interpreted as "Low." This suggested that nurses generally did not frequently experience burnout-related physical symptoms. However, the standard deviation ($SD=1.03$) reflected wide variability in responses, indicating that while some nurses rarely encountered psychosomatic complaints, others experienced them more frequently. These findings are aligned with Rahman et al. (2017), who found that chronic work-related stress among nurses often led to musculoskeletal pain and a weakened immune system, increasing their susceptibility to illnesses. Gu et al. (2019) also emphasized that psychosomatic symptoms were often overlooked in burnout research but served as early warning signs of excessive stress.

Among the indicators, the highest mean score was $M=2.86$ ($SD=1.15$) for the item "I suffer from muscle pain, for example in the neck,



shoulder, or back,” followed by “I suffer from headaches” (M=2.52, SD=1.06). These findings suggested that some nurses experienced physical discomfort due to work-related stress, which could have impacted their overall well-being. The WebMD Editorial Contributor (2024) stated that nurses exposed to high job demands often suffered from physical symptoms such as back pain, headaches, and gastrointestinal issues, which could have worsened if burnout was left unaddressed.

Meanwhile, the lowest mean scores were observed for the items “I suffer from palpitations or chest pain” (M=1.89, SD=1.00) and “I suffer from stomach and/or intestinal complaints” (M=1.98, SD=1.03). These results implied that while some nurses faced occasional physical health challenges, most rarely experienced severe psychosomatic symptoms. Gu et al. (2019) recommended that nurses experiencing persistent physical complaints undergo regular health screenings and receive ergonomic workplace support to minimize strain.

Table 14. *Level of burnout*

<i>Sub-variables</i>	<i>Mean</i>	<i>SD</i>	<i>Description</i>	<i>Interpretation</i>
Exhaustion	2.95	.843	Sometimes	Moderately High
Mental distance	2.26	.946	Rarely	Low
Cognitive impairment	1.90	.776	Rarely	Low
Emotional impairment	2.01	.88	Rarely	Low
Psychological complaints	2.39	.896	Rarely	Low
Psychosomatic complaints	2.29	1.03	Rarely	Low
Over-all Mean	2.30	0.89	Rarely	Low

<i>Scale</i>	<i>Range</i>	<i>Descriptive Rating</i>	<i>Interpretation</i>
5	4.51-5.00	Always	Very High
4	3.51-4.50	Often	High
3	2.51-3.50	Sometimes	Moderately High
2	1.51-2.50	Rarely	Low
1	1.00-1.50	Never	Very Low

Table 14 presents the results of the mean and standard deviation for the overall level of burnout among nurses. The overall mean score was M=2.30 (SD=0.89), categorized as "Rare" and interpreted as "Low." This suggested that nurses generally did not frequently experience burnout, though variations existed across different burnout dimensions. The standard deviation (SD=0.89) indicated that responses were moderately dispersed around the mean. These findings aligned with Dall'Ora et al. (2023), who reported that exhaustion was the most prevalent burnout symptom among nurses due to demanding workloads, extended shifts, and the emotional toll of patient care. Similarly, Wei et al. (2021) emphasized that burnout often develops gradually, with emotional and psychological stressors contributing to its progression.

Among the burnout dimensions, Exhaustion had the highest mean score (M=2.95, SD=0.843), followed by Psychological Complaints (M=2.39, SD=0.896) and Psychosomatic Complaints (M=2.29, SD=1.03). These results suggested that while overall burnout levels were low, many nurses experienced physical and psychological strain. Nurses undergoing prolonged physical and mental stress often reported psychosomatic complaints such as muscle pain and frequent illness, further exacerbating burnout levels.

On the other hand, the lowest mean scores were observed in Cognitive Impairment (M=1.90, SD=0.776), and Emotional Impairment (M=2.01, SD=0.880). These findings implied that while emotional detachment and cognitive difficulties were present, they were not as prominent as physical exhaustion and psychosomatic symptoms. Vazquez (2022) noted that cognitive impairment, including forgetfulness and difficulty concentrating, commonly emerged in the later stages of emotional exhaustion, reinforcing the need for early intervention strategies. Additionally, Wei et al. (2021) emphasized that mental distance and emotional impairment were significant indicators of burnout progression, as they signified nurses beginning to detach from their professional responsibilities.

Problem 3. The respondents’ level of job satisfaction in terms of: 3.1 pay; 3.2 promotion; 3.3 supervision; and, 3.4 nature of work?

Table 15 presents the results of the mean and standard deviation for the level of job satisfaction in terms of pay. The overall mean was M=3.17 (SD=1.10), categorized as "Neutral" and interpreted as "Moderately High." This suggested that nurses had a moderate level of satisfaction with their salary, though responses varied across different items. The standard deviation (SD=1.10) indicated that the data were widely dispersed around the mean. These findings are aligned with Ayalew et al. (2019), who emphasized that salary satisfaction is crucial in job retention and motivation among healthcare professionals

Table 15. *Level of job satisfaction in terms of Pay*

<i>Indicators</i>	<i>Mean</i>	<i>SD</i>	<i>Description</i>	<i>Interpretation</i>
1. I feel I am being paid a fair amount for the work I do.	3.39	1.09	Neutral	Moderately High
2. Raises are too few and far between.	3.21	1.05	Neutral	Moderately High
3. I feel unappreciated by the organization. when I think about what they pay me.	2.50	1.12	Neutral	Moderately High
4. I feel satisfied with my chances for salary increases.	3.58	1.13	Agree	High
Over-all Mean	3.17	1.10	Neutral	Moderately High

<i>Scale</i>	<i>Range</i>	<i>Descriptive Rating</i>	<i>Interpretation</i>
5	4.51-5.00	Strongly Agree	Very High
4	3.51-4.50	Agree	High



3	2.51-3.50	Slightly Agree	Moderately High
2	1.51-2.50	Disagree	Low
1	1.00-1.50	Strongly Disagree	Very Low

The items "I feel satisfied with my chances for salary increases" obtained the highest mean ($M=3.58$, $SD=1.13$). This suggested that nurses were somewhat optimistic about salary growth opportunities, which may have positively influenced their job satisfaction. Ayalew et al. (2019) further highlighted that the perception of fair compensation and salary progression enhances motivation and reduces turnover among healthcare workers.

Conversely, the lowest mean score was recorded: "I feel unappreciated by the organization when I think about what they pay me" ($M=2.50$, $SD=1.12$). This indicated that some nurses felt undervalued despite their compensation. Akinyemi et al. (2022) highlighted that fair and competitive compensation contributes to higher job commitment and reduced burnout among nurses. Similarly, Akinwale and George (2020b) argued that salary alone is not the primary determinant of job satisfaction. Instead, workplace environment, professional growth opportunities, and workload management significantly influence overall job contentment

Table 16. Level of job satisfaction in terms of Promotion

Indicators	Mean	SD	Description	Interpretation
1. There is really too little chance for promotion in my job.	3.33	1.10	Neutral	Moderately High
2. Those who do well on the job stand a fair chance of being promoted.	3.00	1.01	Neutral	Moderately High
3. People get ahead as fast here as they do in other places.	3.28	1.14	Neutral	Moderately High
4. I am satisfied with my chances for promotion.	3.25	1.14	Neutral	Moderately High
Over-all Mean	3.21	1.10	Neutral	Moderately High

Scale	Range	Descriptive Rating	Interpretation
5	4.51-5.00	Strongly Agree	Very High
4	3.51-4.50	Agree	High
3	2.51-3.50	Slightly Agree	Moderately High
2	1.51-2.50	Disagree	Low
1	1.00-1.50	Strongly Disagree	Very Low

Table 16 presents the results of the mean and standard deviation for the level of job satisfaction in terms of promotion. The overall mean was $M=3.21$ ($SD=1.1$), categorized as "Neutral" and interpreted as "Moderately High." This suggested that nurses had a moderate level of satisfaction with promotion opportunities, though responses varied across different items. The standard deviation ($SD=1.10$) indicated that responses were moderately dispersed around the mean. These findings aligned with Rose et al. (2023), who reported that perceived limitations in career advancement contribute to job dissatisfaction and impact long-term commitment to the profession.

Among the items, "There is really too little chance for promotion on my job" obtained the highest mean ($M=3.33$, $SD=1.10$). This suggested that nurses perceived limited career advancement opportunities, which could affect their motivation and job commitment. Rose et al. (2023) highlighted that restricted promotional opportunities significantly factor workplace dissatisfaction, leading to reduced engagement and increased turnover rates.

Conversely, "Those who do well on the job stand a fair chance of being promoted" recorded the lowest mean ($M=3.00$, $SD=1.01$). This indicated that some nurses still believed that performance could lead to career advancement, suggesting that promotion processes may not be entirely inaccessible. Suprpto et al. (2023) emphasized that structured career development programs and transparent promotion criteria enhance job satisfaction and reduce nurse turnover rates.

These findings underscored the importance of clear promotional pathways and fair policies in maintaining job satisfaction and retaining nurses in government hospitals. Healthcare institutions should consider implementing structured career growth programs to improve nurse motivation and ensure long-term workforce stability.

Table 17. Level of job satisfaction in terms of Supervision

Indicators	Mean	SD	Description	Interpretation
1. My supervisor is quite competent in doing his/her job.	3.87	.993	Agree	High
2. My supervisor is unfair to me.	1.84	.899	Disagree	Low
3. My supervisor shows too little interest in the feelings of subordinates.	2.23	1.09	Disagree	Low
4. I like my supervisor.	3.94	.938	Agree	High
Over-all Mean	2.97	0.98	Neutral	Moderately High

Scale	Range	Descriptive Rating	Interpretation
5	4.51-5.00	Strongly Agree	Very High
4	3.51-4.50	Agree	High
3	2.51-3.50	Slightly Agree	Moderately High
2	1.51-2.50	Disagree	Low
1	1.00-1.50	Strongly Disagree	Very Low

Table 17 presented the results of the mean and standard deviation for the level of job satisfaction in terms supervision. The overall mean was $M=2.97$ ($SD=0.98$), categorized as "Neutral" and interpreted as "Moderately High." This suggested that nurses had a moderate level of satisfaction with their supervision, though responses varied across different items. The standard deviation ($SD=0.98$) indicated that responses were widely dispersed around the mean. These findings aligned with López-Ibort et al. (2021), who emphasized that positive supervisory relationships significantly impact job satisfaction and reduce burnout among healthcare professionals.



Among the items, "I like my supervisor" obtained the highest mean ($M=3.94$, $SD=0.899$). This suggested that many nurses positively perceived their supervisors, reinforcing the idea that strong leadership and supportive management contribute to job satisfaction. López-Ibort et al. (2021) found that supervisory support enhances employee well-being, fosters motivation, and reduces burnout risks in high-stress work environments such as healthcare.

Conversely, "My supervisor is unfair to me" recorded the lowest mean ($M=1.84$, $SD=0.899$). This indicated that most nurses did not perceive unfair treatment from their supervisors, implying that managerial relationships were generally perceived as fair. Ghazawy et al. (2019) supported this, noting that nurses who receive regular supervisor feedback and support report higher job engagement and lower stress levels. Additionally, Parker (2024) highlighted that leadership styles prioritizing open communication and recognition contribute to overall job satisfaction in nursing. These results suggested that fostering strong supervisor-employee relationships and ensuring fair treatment could improve job satisfaction and retention among nurses in government hospitals.

Table 18. Level of burnout in terms of Mental Distance

Indicators	Mean	SD	Description	Interpretation
1. I sometimes feel my job is meaningless.	1.78	1.01	Disagree	Low
2. I like doing the things I do at work.	4.34	.912	Agree	High
3. I feel a sense of pride in doing my job.	4.11	1.08	Agree	High
4. My job is enjoyable.	4.22	.860	Agree	High
Over-all Mean	3.61	0.96	Agree	High

Scale	Range	Descriptive Rating	Interpretation
5	4.51-5.00	Strongly Agree	Very High
4	3.51-4.50	Agree	High
3	2.51-3.50	Slightly Agree	Moderately High
2	1.51-2.50	Disagree	Low
1	1.00-1.50	Strongly Disagree	Very Low

Table 18 summarizes the results of the mean and standard deviation for the level of job satisfaction in terms of nature of work. The overall mean was $M=3.61$ ($SD=0.96$), categorized as "Neutral" and interpreted as "Highly Satisfied." This suggested that nurses generally perceived their work positively, although responses varied across different items. The standard deviation ($SD=0.96$) indicated that responses were widely dispersed around the mean. These findings aligned with Kim et al. (2024), who emphasized that job satisfaction played a vital role in shaping human resource strategies, with work values and job-related characteristics being significant predictors of satisfaction among nurses.

Among the items, "I like doing the things I do at work" obtained the highest mean ($M=4.34$, $SD=0.912$). This suggested that many nurses found their job tasks enjoyable and fulfilling. Kim et al. (2024) highlighted that nurses who derived satisfaction from their job roles tended to experience higher levels of motivation and engagement, ultimately leading to improved performance and reduced burnout risks.

Meanwhile, "I sometimes feel my job is meaningless" recorded the lowest mean ($M=1.78$, $SD=1.01$). This indicated that most nurses did not perceive their work as lacking purpose. Wong (2024) supported this, stating that peer support, quality supervision, and job achievement contributed to higher job satisfaction among acute care nurses in Canada.

Furthermore, existing research emphasized that meaningful and engaging work environments contributed to increased job satisfaction, reduced stress levels, and improved quality of care. Conversely, perceptions of job meaninglessness or lack of engagement could have led to higher stress levels and increased intent to leave the profession. These findings highlighted the importance of creating a meaningful and engaging work environment to improve job satisfaction and reduce burnout among nurses.

Table 19. Level of Job Satisfaction

Sub-variables	Mean	SD	Description	Interpretation
Pay	3.17	1.10	Neutral	Moderately High
Promotion	3.21	.694	Neutral	Moderately High
Supervision	2.97	.490	Neutral	Moderately High
Nature of work	3.61	.568	Agree	High
Over-all Mean	3.24	0.71	Neutral	Moderately High

Scale	Range	Descriptive Rating	Interpretation
5	4.51-5.00	Strongly Agree	Very High
4	3.51-4.50	Agree	High
3	2.51-3.50	Slightly Agree	Moderately High
2	1.51-2.50	Disagree	Low
1	1.00-1.50	Strongly Disagree	Very Low

Table 19 summarizes the mean and standard deviation results for job satisfaction among nurses. The findings revealed that the overall mean was $M=3.24$ ($SD=0.71$), which was described as neutral. This indicated that respondents had a moderately high level of job satisfaction. The standard deviation suggested that the data were somewhat dispersed around the mean, implying that while some nurses were satisfied with their jobs, others experienced varying levels of dissatisfaction. These results emphasized that job satisfaction is influenced by multiple factors, including the nature of work, promotion opportunities, pay, and supervision.

Among the job satisfaction factors, the nature of work had the highest mean ($M=3.61$, $SD=0.568$), suggesting that nurses generally found their work fulfilling and meaningful. This finding aligned with the study of Kim et al. (2024), which highlighted that job



satisfaction plays a vital role in shaping human resource strategies, with work values and job-related characteristics being significant predictors of job satisfaction among nurses. Additionally, Wong (2024) found that nurses who perceived their work as meaningful reported lower stress levels and higher job engagement, reducing burnout and increasing retention rates. The results implied that providing nurses with tasks aligned with their professional goals and interests could enhance job satisfaction and overall well-being.

On the other hand, supervision received the lowest mean score ($M=2.97, SD=0.49$), indicating that while nurses were somewhat satisfied with their supervisors, there were areas for improvement in leadership practices. This supported the research of Siddiqi et al. (2024), which emphasized that supportive leadership, regular feedback, and fair treatment by supervisors significantly impact nurses' job commitment and performance. Similarly, Ghazawy et al. (2019) found that nurses who received inadequate supervision or felt unsupported by their leaders experienced higher stress levels and burnout. The findings suggested that hospitals should implement leadership training programs and foster a culture of open communication to improve supervisory relationships and job satisfaction among nurses. While nurses exhibited a moderately high level of job satisfaction, the variability in responses suggested that factors such as workplace policies, leadership styles, and career growth opportunities should be further explored. Strengthening support systems, providing meaningful work, and enhancing leadership practices may improve job satisfaction and reduce burnout among nurses in government hospitals.

Problem 4. The respondents' level of job performance in terms of: 4.1 task; 4.2 contextual; and, 4.3 counterproductive

Table 20. Level of job performance in terms of Task

Indicators	Mean	SD	Description	Interpretation
1. I was able to plan my work so that I finished it on time before the end of my shift	4.25	.878	Often	High
3. I kept in mind to follow protocols and guidelines on patient care in completing my task	4.64	.599	Always	Very High
4. I was able to prioritize patient care activities from side issues at work	4.60	.623	Always	Very High
5. I was able to manage my work well before the end of the shift and not physically exhausted	4.08	.848	Often	High
Over-all Mean	4.39	0.73	Often	High

Scale	Range	Descriptive Rating	Interpretation
5	4.51-5.00	Always	Very High
4	3.51-4.50	Often	High
3	2.51-3.50	Regularly	Moderately High
2	1.51-2.50	Sometimes	Low
1	1.00-1.50	Never	Very Low

Depicted in Table 20 is the level of job performance as perceived by the nurses in terms of task. The table highlights the five (5) relevant items with their corresponding standard deviation, mean, and descriptive level.

The findings revealed that the overall mean was $M=4.39 (SD=0.73)$, which was described as "often" and interpreted as indicating that the respondents had a high level of job performance in completing their tasks. The standard deviation suggested that responses were widely dispersed, indicating that while many nurses consistently performed well in their tasks, some experienced variations in their job performance. These findings aligned with the study of Joosen et al. (2019), which emphasized that strict adherence to healthcare guidelines enhances job performance and patient outcomes.

Among the task performance indicators, the highest mean score ($M=4.64, SD=0.599$) was recorded: "I kept in mind to follow protocols and guidelines on patient care in completing my task." This suggested that nurses prioritized adherence to healthcare protocols, contributing to patient safety and effective care delivery. The study of Santos and Tavares (2017) supported this finding, stating that higher job satisfaction is linked to better work conditions, manageable workloads, and opportunities for career development. Accordingly, Joosen et al. (2019) studied that compliance with standardized healthcare procedures significantly improves the quality of nursing services. Similarly, O'Brien et al. (2021) found that nurses who strictly follow medical guidelines demonstrate higher efficiency, fewer errors, and increased patient trust, reinforcing the importance of protocol adherence in clinical settings.

Meanwhile, the lowest mean score ($M=4.08, SD=0.848$) was obtained: "5. I was able to manage my work well before the end of the shift and not physically exhausted." This indicated that while nurses managed their workload effectively, some still experienced work-related fatigue and time management challenges. This finding aligned with the research of Davis-Collins (2022), which highlighted that excessive workload and extended shifts contribute to physical Exhaustion, impacting job performance and job satisfaction. Nwinyokpugi (2018) also emphasized that implementing structured task delegation and time management strategies could help alleviate nurse fatigue and enhance productivity.

The findings suggested that nurses demonstrated high job performance in task execution, particularly in adhering to patient care protocols. However, the variation in responses indicated that factors such as workload management and physical Exhaustion should be further addressed to sustain optimal job performance. Enhancing shift scheduling, promoting work-life balance, and implementing time management training programs may help nurses maintain consistent performance levels while minimizing burnout.

Table 21. Level of job performance in terms of Contextual



Indicators	Mean	SD	Description	Interpretation
1. I help my colleagues in performing their task when the need arises	4.56	.607	Always	Very High
2. I able to perform new tasks, when I finished my work before the end of my shift	4.38	.694	Often	High
3. I accept new challenging work tasks beyond my area of scope, when available.	4.34	.807	Often	High
4. I attend seminars/conventions/lectures to keep my knowledge up to date on nursing care	3.96	.988	Often	High
5. I stay updated on the latest nursing skills and patient care	4.07	.891	Often	High
6. I able to create solutions to problems encountered by utilizing resources available in the site of practice.	4.21	.775	Often	High
7. I kept looking for new challenges in my job	3.95	.868	Often	High
8. I actively participate in work meetings	4.23	.830	Often	High
Over-all Mean	4.21	0.80	Often	High

Scale	Range	Descriptive Rating	Interpretation
5	4.51-5.00	Always	Very High
4	3.51-4.50	Often	High
3	2.51-3.50	Regularly	Moderately High
2	1.51-2.50	Sometimes	Low
1	1.00-1.50	Never	Very Low

Table 22 presents the results of the mean and standard deviation for the level of job performance in terms of contextual. The findings revealed that the overall mean was $M=4.21$ ($SD=0.80$), which was described as "often" and indicated that the respondents exhibited a high level of contextual job performance. The standard deviation suggested that responses were widely dispersed, indicating variations in how frequently nurses engaged in contextual job performance behaviors. These results aligned with the study by Tawfik et al. (2017), which emphasized that teamwork and adaptability significantly contribute to job performance in nursing.

Among the contextual job performance indicators, the highest mean score ($M=4.56$, $SD=0.607$) was recorded: "I help my colleagues in performing their task when the need arises" This suggested that nurses prioritized teamwork and collaboration, reinforcing the importance of a supportive work environment. According to Lo et al. (2022), nurses who actively assist their colleagues experience higher job satisfaction, reduced burnout, and improved overall performance. The second highest mean ($M=4.38$, $SD=0.694$) was obtained for "I am able to perform new tasks when I finish my work before the end of my shift," indicating that many nurses demonstrated adaptability and initiative. The findings supported Hasselhorn et al. (2019), who stated that proactive behaviors in nursing contribute to workplace efficiency and better patient care.

Furthermore, the lowest mean score ($M=3.95$, $SD=0.868$) was obtained for " I kept looking for new challenges in my job," followed closely by " I attend seminars/conventions/lectures to keep my knowledge up to date on nursing care" ($M=3.96$, $SD=0.988$). This suggested that while nurses performed well in their contextual roles, engagement in professional development and seeking challenges was less frequent. This finding aligned with Lo Presti et al. (2021), who emphasized that continuous learning enhances competency and overall job performance. Furthermore, Kim and Han (2020) found that workplace engagement programs and structured career development plans encourage nurses to seek challenges and participate in professional growth opportunities.

Table 22. Level of job performance in terms of Counterproductive

Indicators	Mean	SD	Description	Interpretation
1. I help my colleagues in performing their tasks when the need arises	2.13	1.09	Sometimes	Low
2. I am able to perform new tasks when I finish my work before the end of my shift	1.53	.814	Sometimes	Low
3. I accept new challenging work tasks beyond my area of scope when available.	1.51	.794	Sometimes	Low
4. I attend seminars/conventions/lectures to keep my knowledge up to date on nursing care	2.03	1.05	Sometimes	Low
5. I stay updated on the latest nursing skills and patient care	1.64	.881	Sometimes	Low
Over-all Mean	1.77	0.926	Sometimes	Low

Scale	Range	Descriptive Rating	Interpretation
5	4.51-5.00	Always	Very High
4	3.51-4.50	Often	High
3	2.51-3.50	Regularly	Moderately High
2	1.51-2.50	Sometimes	Low
1	1.00-1.50	Never	Very Low

Table 22 presents the results of the mean and standard deviation for the level of job performance in terms of counterproductive. The overall mean was $M=1.77$ ($SD=.926$), which was described as "sometimes," indicating that counterproductive behaviors among the respondents occurred at a relatively low level. This suggested that while counterproductive behaviors were present, they were not frequent among the respondents. The standard deviation of $SD=.926$ implied that the responses were widely dispersed, indicating variability in the occurrence of counterproductive behaviors. These findings aligned with the study by Oldland et al. (2019), which



emphasized that maintaining professional conduct and adherence to workplace policies significantly influence job performance in nursing. Similarly, Elliethey et al. (2024) found that nurses prioritizing professional growth and minimizing counterproductive behaviors tend to experience higher efficiency and job satisfaction.

Among the indicators, the highest mean was observed in indicator 1: "I help my colleagues in performing their task when the need arises" (M=2.13, SD=1.09). This suggested that despite counterproductive behaviors, respondents still exhibited collaborative tendencies and supported their colleagues when necessary. The relatively high standard deviation indicated differences in the extent to which respondents engaged in teamwork despite counterproductive tendencies. This finding was consistent with the study by Thuy and Lan (2024), which highlighted the importance of fostering teamwork and mutual support in minimizing counterproductive behaviors and improving overall job performance.

On the other hand, the lowest mean for indicator 5 was "I stay updated on the latest nursing skills and patient care" (M=1.64, SD=.881). This suggested that the most prevalent counterproductive behaviors failed to engage in continuous learning and skill enhancement. The lower standard deviation indicated that responses were more consistent in this aspect. Thuy and Lan (2024) emphasized the importance of continuous learning and ethical workplace practices in enhancing overall job performance. Their findings underscored that a lack of professional development opportunities could contribute to stagnation and decreased efficiency in the workplace. Encouraging professional development and maintaining accountability may further reduce counterproductive behaviors among nurses in government hospitals.

Table 23. *Level of Job Performance*

Indicators	Mean	SD	Description	Interpretation
Task	4.39	0.737	Often	High
Contextual	4.21	0.808	Often	High
Counterproductive	1.77	0.926	Often	High
Overall Mean	3.46	0.824	Often	High

Scale	Range	Descriptive Rating	Interpretation
5	4.51-5.00	Always	Very High
4	3.51-4.50	Often	High
3	2.51-3.50	Regularly	Moderately High
2	1.51-2.50	Sometimes	Low
1	1.00-1.50	Never	Very Low

Table 23 presents the summary of the mean and standard deviation results for the level of job performance.

The overall mean was M=3.46 (SD=.824), which was described as "often," indicating that respondents generally exhibited high job performance. This suggested that nurses frequently performed their job responsibilities effectively, although variability in responses was observed, as indicated by the standard deviation of SD=.824. Permatasari and Febryani (2018) found that nurses play a crucial role in maintaining the standard of care set by their profession and institutions. Their study emphasized that competent performance is essential for delivering high-quality nursing services. These findings also aligned with the study conducted by Carlos and Rodrigues (2015), which emphasized that proficient task execution and active engagement in contextual job behaviors significantly contributed to overall workplace efficiency. Similarly, Dumonda et al. (2024) highlighted that nurses who demonstrated diligence in their responsibilities and cultivated strong professional relationships with colleagues tended to exhibit higher job performance levels.

Among the job performance indicators, the highest mean was observed in Tasks (M=4.39, SD=.737), suggesting that respondents consistently adhered to their assigned responsibilities, followed established protocols, and managed their workloads effectively. This emphasized the importance of task-related competencies in maintaining high job performance. The findings supported Hessari et al. (2024), who stressed that structured task execution and adherence to nursing guidelines enhance workplace efficiency and patient care outcomes.

Conversely, the lowest mean was recorded for Counterproductive (M=1.77, SD=.926), indicating that respondents engaged in counterproductive actions at a relatively low level. This suggested that unproductive workplace behaviors, such as inefficiency or neglect of responsibilities, were infrequent among nurses. The relatively high standard deviation implied varying levels of engagement in such behaviors across respondents. These findings aligned with Hessari et al. (2024), who emphasized that minimizing counterproductive behaviors while fostering a supportive work environment was essential for enhancing job performance outcomes. Strengthening workplace support systems and implementing continuous professional development initiatives could further elevate job performance levels among nurses.

Problem 5. Is there a significant relationship between job performance and: 5.1 self-care; 5.2 burnout; and, 5.3 job satisfaction

Table 24. *Significant Relationship between Job Performance, Self-care, burnout, and Job Satisfaction*

Variables	n	r	Effect Size	P-value	Interpretation
Physical self-care	310	.166	Small	.003	Significant
Psychological self-care	310	.092	Small	.106	Not Significant
Emotional self-care	310	.121	Small	.033	Significant

Spiritual self-care	310	.182	Small	.001	Significant
Professional self-care	310	.155	Small	.006	Significant
Self-Care	310	.178	Small	.002	Significant
Exhaustion	310	.070	Small	.219	Not Significant
Mental distance	310	.072	Small	.204	Not Significant
Cognitive impairment	310	.022	Small	.703	Not Significant
Emotional impairment	310	.070	Small	.218	Not Significant
Psychological complaints	310	.016	Small	.778	Not Significant
Psychosomatic complaints	310	.019	Small	.743	Not Significant
Burnout	310	.019	Small	.738	Not Significant
Pay	310	.243	Small	.000	Significant
Promotion	310	.302	Moderate	.000	Significant
Supervision	310	.202	Small	.000	Significant
Nature of work	310	.219	Small	.000	Significant
Job Satisfaction	310	.383	Moderate	.000	Significant

Legend: $p < .05$ is Significant and $p > .05$ is not significant; .50 and Above- Strong/Large Correlation; .30 to .49- Moderate Correlation; .10 to .29- Weak/Small Correlation

Table 24 presents the Pearson R correlation analysis results examining the significant relationships between job performance, self-care, burnout, and job satisfaction. The findings indicate that specific self-care and job satisfaction variables correlate significantly with job performance, while burnout-related variables do not

Specifically, the variables Psychological Self-Care ($p > .05$), Exhaustion ($p > .05$), Mental Distance ($p > .05$), Cognitive Impairment ($p > .05$), Psychological Complaints ($p > .05$), and Psychosomatic Complaints ($p > .05$) show no significant relationship with respondents' job performance. These results suggest that burnout and psychological well-being do not directly influence job performance.

Conversely, the variables Physical Self-Care ($r = 0.166$, $p < .05$), Emotional Self-Care ($r = 0.121$, $p < .05$), Spiritual Self-Care ($r = 0.182$, $p < .05$), Professional Self-Care ($r = 0.155$, $p < .05$), and overall Self-Care ($r = 0.178$, $p < .05$) demonstrate a significant positive correlation with job performance. This suggests that higher levels of self-care in these domains are associated with a slight improvement in job performance. Recent studies have demonstrated that various self-care practices positively influence job performance among healthcare professionals. Engaging in physical self-care, such as regular physical activity and maintaining adequate sleep, has been linked to improved work performance. Alnawwar et al. (2023) identified sleep quality as a significant predictor of nurses' self-care competence, which is closely associated with their professional efficacy. Emotional self-care, including mindfulness and stress management, improves emotional regulation and enhances job performance. Wagner et al. (2024) emphasized the importance of interventions to improve well-being and reduce burnout among healthcare professionals, highlighting the role of emotional self-care in sustaining performance. Spiritual self-care, which involves engaging in activities that provide personal meaning and purpose, also enhances job performance. López-Tarrida et al. (2024) suggested that work meaningfulness, often derived from spiritual self-care practices, positively influences performance among healthcare professionals.

Additionally, professional self-care, such as maintaining positive relationships with colleagues and seeking professional development opportunities, is crucial in improving job performance. Kong et al. (2024) found that relationships with coworkers significantly influence nurses' self-care abilities, affecting their work performance. A holistic approach to self-care encompassing physical, emotional, spiritual, and professional aspects is associated with enhanced job performance. A systematic review by Cohen et al. (2023) underscores the effectiveness of workplace interventions that promote self-care in improving well-being and reducing burnout among healthcare workers. These findings suggest that higher engagement in self-care practices across various domains leads to slight but significant improvement in healthcare professionals' job performance.

Regarding job satisfaction, the findings indicate that Pay ($r = 0.243$, $p < .05$), Supervision ($r = 0.202$, $p < .05$), and Nature of Work ($r = 0.219$, $p < .05$) show significant positive relationships with job performance. This suggests that job performance may improve to a limited extent as satisfaction with these factors increases. Satisfaction with Pay has been identified as a crucial factor influencing job satisfaction and performance, as supported by Ramli (2019), who found a positive correlation between compensation and job satisfaction in the healthcare sector. Similarly, effective Supervision has been linked to improved performance outcomes, with research indicating that supportive leadership enhances nurses' work context and efficiency (Alsadaan et al., 2023). Moreover, the nature of work, encompassing job roles and responsibilities, plays a vital role in performance. Hudays et al. (2024) emphasized that peer support and job achievement contribute to higher job satisfaction and better performance among nurses. These findings suggest that improvements in pay structures, supervisory practices, and job roles could positively influence nurses' job performance.

Furthermore, the findings indicate that Promotion ($r = 0.302$, $p < .05$) and overall Job Satisfaction ($r = 0.383$, $p < .05$) exhibit a positive relationship with job performance, suggesting that higher satisfaction in these areas is moderately associated with improved



performance. Research by Sorn et al. (2023) highlights that clear career advancement opportunities increase motivation and job commitment among healthcare professionals, leading to enhanced performance. Additionally, overall job satisfaction has been consistently linked to higher productivity and reduced turnover intentions in nursing. Sabei et al. (2022) found that satisfied nurses exhibit outstanding dedication and efficiency. These findings emphasize the importance of career growth opportunities and workplace satisfaction in fostering a more productive nursing workforce.

Problem 6. Which among the independent variables, singly or in combination, best predicts job performance?

Table 25 presents the results of a multiple regression run to predict job performance from Self-Care with five sub-variables, Burnout with six sub-variables, and Job Satisfaction with four sub-variables. This resulted in a significant model, $F(16, 293) = 5.06, p < .05, R^2 = .217$. The individual predictors were examined further and indicated that cognitive impairment ($t = -2.07, p < .05$) and Job Satisfaction ($t = 3.70, p < .05$) were significant predictors. Still, the rest of the independent variables were not since their p-values are more critical than .05 ($p > .05$).

The R^2 value of 0.217 implied that the significant predictors, cognitive impairment and job satisfaction, only predicted 21.7% of respondents' job performance, and 78.3% could be attributed to other factors not included in the study

Table 25. Multiple Regression for the independent variables that singly or in combination, best predicts job performance

Variables	Unstandardized Coefficients		Standardized Coefficients	t	Sig.	Interpretation
	B	Std. Error	Beta			
(Constant)	1.46	.285		5.13	.000	Significant
physical self-care	.005	.098	.008	.052	.959	Not Significant
psychological self-care	-.139	.130	-.212	-1.06	.287	Not Significant
emotional self-care	-.047	.063	-.069	-.745	.457	Not Significant
spiritual self-care	.041	.156	.049	.259	.795	Not Significant
professional self-care	.006	.103	.008	.055	.956	Not Significant
Self-Care	.317	.489	.351	.649	.517	Not Significant
Exhaustion	.043	.039	.095	1.10	.271	Not Significant
Mental distance	.032	.036	.081	.898	.370	Not Significant
Cognitive impairment	-.088	.043	-.182	-2.07	.039	Significant
Emotional impairment	.031	.035	.073	.890	.374	Not Significant
Psychological complaints	-.026	.038	-.062	-.687	.492	Not Significant
Psychosomatic complaints	-.012	.031	-.028	-.397	.692	Not Significant
Pay	-.045	.052	-.077	-.855	.393	Not Significant
Supervision	-.006	.055	-.008	-.106	.916	Not Significant
Nature of work	-.032	.052	-.048	-.610	.542	Not Significant
Job Satisfaction	.462	.125	.472	3.70	.000	Significant

$R = .465 \quad R^2 = .217 \quad F(16, 293) = 5.06 \quad P = .000$

Meanwhile, when all other variables are held constant, the best significant predictor of respondents' job performance is Job Satisfaction (Beta=.472) followed by Cognitive impairment (beta=-.182).

The regression equation of this study is $Y = .146 + (-.088X1) + .462X2$

Where: Y= Respondents' Job Performance; .146= is the B constant; X1= Cognitive impairment; X2= Job Satisfaction

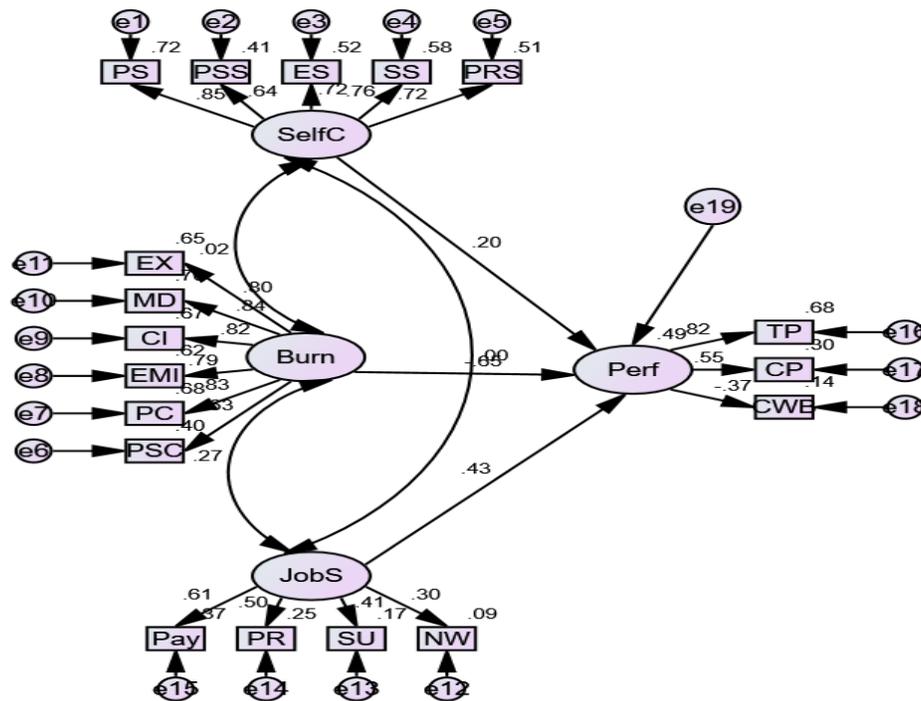
The regression equation indicated that at the B constant value of .146, for every 1-point increase in Cognitive impairment, the respondents' job performance decreases by .088, and for every 1-point increase in job satisfaction, the respondents' job performance increases by .462.

These findings align with previous research emphasizing the impact of job satisfaction and cognitive function on job performance. Butler (2023) identified job satisfaction as crucial in driving employee motivation and efficiency, particularly in healthcare settings. Similarly, Bufano et al. (2024) found that cognitive impairment negatively affects work performance, reducing productivity and job efficiency. Additionally, Radu (2023) stressed that fostering a positive work environment and ensuring job satisfaction significantly enhance employee performance and well-being. These findings show the significance of interventions that promote cognitive well-being and job satisfaction in improving nurses' job performance in government hospitals.

Problem 7. Which structural model best fits employee job performance?

Figure 6 presents the Structural Model-1 for employee job performance, depicting the relationships between Self-Care, Burnout, Job Satisfaction, and Job Performance. The structural equation model (SEM) includes standardized path coefficients that quantify the strength of these relationships.

Figure 1. Structural Model-1 of Employees' Job Performance



- Legend:
- PS-Physical self-care
 - PSS-Psychological self-care
 - ES-Emotional self-care
 - SS-Spiritual self-care
 - PRS-Professional self-care
 - SelfC-Self-Care
 - EX-Exhaustion
 - MD-Mental distance
 - CI-Cognitive impairment;
 - EMI-Emotional impairment
 - PC-Psychological complaints
 - PSC-Psychosomatic complaints
 - Burnout-Burnout
 - Pay
 - PR-Promotion
 - SU-Supervision
 - NW-Nature of work
 - JobSat-Job Satisfaction
 - Perf-Performance
 - TP-Task
 - CP-Contextual
 - CWB-Counterproductive

The model shows that Self-Care consists of five dimensions: Physical self-care (PS), Psychological self-care (PSS), Emotional self-care (ES), Spiritual self-care (SS), and Professional self-care (PRS). These sub-variables contribute positively to Self-Care, as indicated by the standardized coefficients ranging from .41 to .72. This suggests that higher levels of self-care lead to improved overall well-being, which can reduce workplace stress and enhance performance. Additionally, Self-Care has a direct negative relationship with Burnout (-0.20), meaning employees who engage in better self-care practices are less likely to experience Burnout.

Burnout is represented by Exhaustion (EX), Mental Distance (MD), Cognitive Impairment (CI), Emotional Impairment (EMI), Psychological Complaints (PC), and Psychosomatic Complaints (PSC), with factor loadings ranging from .37 to .65. The model indicates that Burnout negatively affects Job Performance (0.65), demonstrating that employees who experience higher levels of Burnout tend to underperform.

Job Satisfaction is composed of Pay, Promotion (PR), Supervision (SU), and Nature of Work (NW), with standardized coefficients ranging from .09 to .50. The model highlights that Job Satisfaction has a significant positive impact on Job Performance (0.43), suggesting that employees who are satisfied with their work conditions are more likely to perform well. Additionally, Job Satisfaction negatively correlates with Burnout (-0.31), reinforcing that a supportive work environment can help mitigate Burnout and enhance productivity.



Finally, Job Performance is broken down into three key components: Task Performance (TP), Contextual Performance (CP), and Counterproductive Work Behavior (CWB). The standardized coefficients indicate that Task Performance and Contextual Performance positively contribute to overall job performance, while Counterproductive Work Behavior (CWB) negatively impacts performance (-.37).

Table 26. Regression Weights on Structural Model-1 of Employees' Job Performance

	Path	B	S.E.	C.R.	Beta	P-value	Interpretation
Perf	<--- SelfC	.200	.064	3.110	.198	.002	Significant
Perf	<--- Burn	-.584	.075	-7.824	-.652	***	Significant
Perf	<--- JobS	1.21	.371	3.260	.431	.001	Significant
PS	<--- SelfC	1.000			.851		
PSS	<--- SelfC	.770	.066	11.725	.641	***	Significant
ES	<--- SelfC	.842	.062	13.626	.724	***	Significant
SS	<--- SelfC	.733	.050	14.550	.763	***	Significant
PRS	<--- SelfC	.819	.061	13.447	.716	***	Significant
PSC	<--- Burn	1.000			.631		
PC	<--- Burn	1.368	.115	11.869	.826	***	Significant
EMI	<--- Burn	1.293	.113	11.467	.787	***	Significant
CI	<--- Burn	1.180	.100	11.822	.821	***	Significant
MD	<--- Burn	1.468	.122	11.997	.839	***	Significant
EX	<--- Burn	1.255	.108	11.651	.805	***	Significant
NW	<--- JobS	1.000			.303		
SU	<--- JobS	1.173	.347	3.384	.412	***	Significant
PR	<--- JobS	2.033	.567	3.582	.504	***	Significant
Pay	<--- JobS	2.271	.622	3.651	.606	***	Significant
TP	<--- Perf	1.000			.824		Significant
CP	<--- Perf	.702	.099	7.109	.546	***	Significant
CWB	<--- Perf	-.564	.106	-5.313	-.370	***	Significant

Table 26 presents the Results of Regression Weights on Structural Model-1 of Employees' Job Performance.

As shown in the table, the variables Self-care (beta=.198, p<.05) and Job Satisfaction (beta=.431, p<.05) have a positive significant influence on respondents' job performance, while the variable burnout (beta=-.652, p<.05) showed a negative influence on respondents' job performance. In terms of self-care, it exerted the most substantial significant influence on spiritual self-care (beta=.763, p<.05). As to burnout, it exerted the strongest considerable influence on mental distance (beta=.839, p<.05). Concerning job satisfaction, the variable exerted strongest significant influence to Pay (beta=.606, p<.05). Regarding the job performance, this variable exerted highest significant influence on task(beta=.824, p<.05).

These findings align with previous research. For instance, Nantsupawat et al. (2024). Burnout significantly reduces work engagement and performance, reinforcing the negative association found in this study. Similarly, the survey by Mardanov (2020) highlighted that job satisfaction, particularly in terms of compensation and career growth, positively affects performance levels in various organizational settings. Furthermore, Williams et al. (2019) stressed that self-care strategies, including spiritual and emotional well-being, are critical in reducing occupational stress and enhancing job performance.

These results underscore the necessity of implementing workplace interventions that prioritize self-care practices, minimize burnout, and enhance job satisfaction to optimize employee performance effectively.

Overall, the structural model suggests that enhancing Self-Care and Job Satisfaction while minimizing Burnout is crucial for improving employee performance. These findings highlight the need for workplace policies that promote well-being, job satisfaction, and stress management strategies to optimize employee efficiency and reduce negative work behaviors

Table 27. Model Fit Indices of Structural Model-1 of Employees' Job Performance

Model Fit Indices	Good Fit	Acceptable Fit	Obtained	Fitness/
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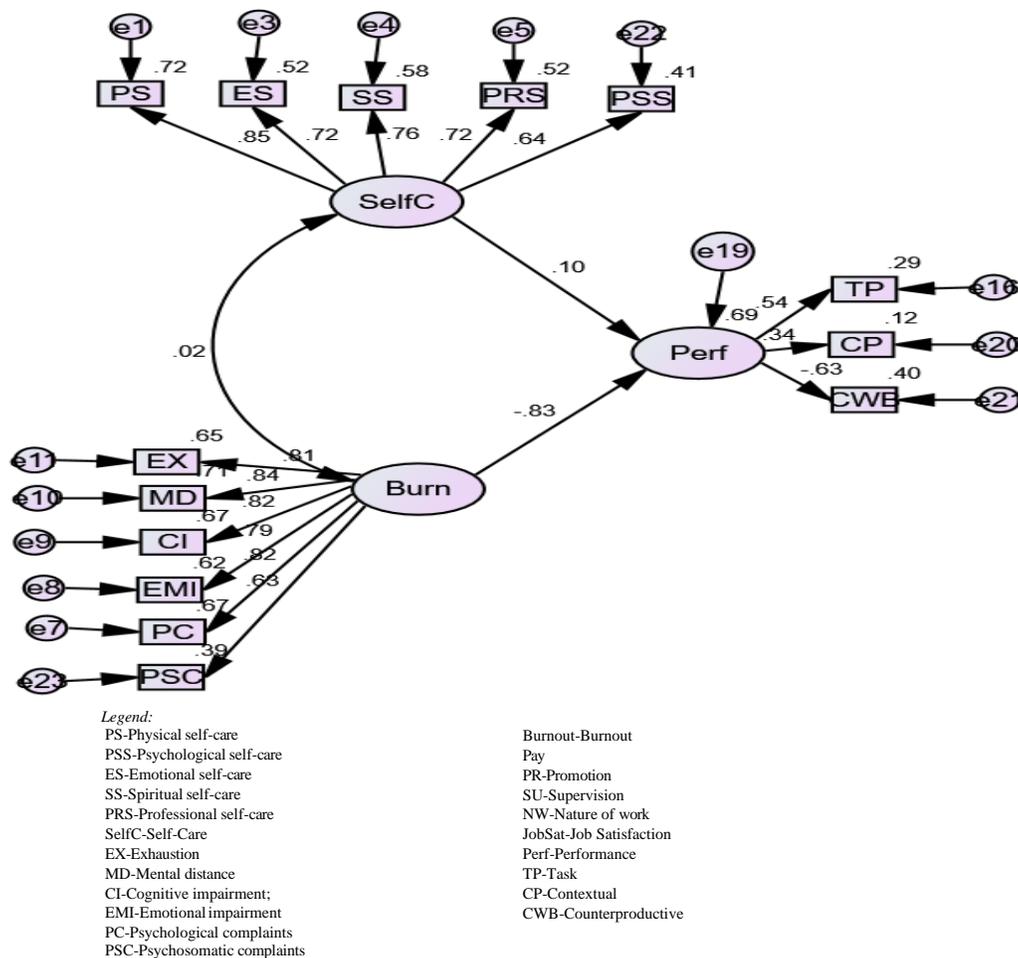
	Value	Value	Value	Interpretation
The ratio of Chi-Square to Degrees of Freedom (CMIN/df)	≤2	≤3	3.44	Not a Good Fit
Probability Value (P-Value)	≥.05		.000	Not a Good Fit
Root-Mean-Square Error of Approximation (RMSEA)	≤.05	≤.08	.089	Not a Good Fit
Tucker-Lewis coefficient (TLI)	≥.95	≥.90	.839	Not a Good Fit
Normalized Fit Index (NFI)	≥.95	≥.90	.821	Not a Good Fit
Comparative Fit Index (CFI)	≥.97	≥.95	.864	Not a Good Fit
Goodness-of-fit Index (GFI)	≥.95	≥.90	.867	Not a Good Fit

Table 27 depicts the Results of Model Fit Indices of Structural Model-1 of Employees' Job Performance. As shown in the table, CMIN/df obtained value is 3.44 (>2), interpreted as not a good fit, the P-value is .000 (<.05), interpreted as not a good fit, RMSEA obtained value is .089 (>.05) interpreted as not a good fit, TLI obtained value is .839 (<.95) interpreted as not a good fit, NFI obtained value is .821 (<.95) interpreted as not a good fit, CFI obtained value is .864 (<.97) interpreted as not a good fit, and GFI obtained value is .867 (<.95) also interpreted as not a good fit. The data revealed that the obtained value of the seven fit indices used in this study is not within the standard range for a good fit value; thus, this structural model 1 cannot be regarded as the best fit structural model for this study.

Structural Model-2

Figure 2 illustrates Structural Model-2 of Employees' Job Performance, providing a detailed view of the relationships among Self-Care (SelfC), Burnout (Burn), and Job Performance (Perf). The model presents standardized regression weights, indicating the strength and direction of these relationships.

Figure 2. Structural Model-2 of Employees' Job Performance



Self-care (SelfC) is positively associated with job performance (Perf) but has a weak direct effect ($\beta = 0.10$). This suggests that while self-care practices contribute to job performance, their impact may be indirect or mediated by other factors, such as burnout. The



strongest relationship within the self-care construct is with Physical Self-Care (PS) ($\beta = 0.85$), followed by Spiritual Self-Care (SS) ($\beta = 0.76$) and Professional Self-Care (PRS) ($\beta = 0.64$). This indicates that maintaining physical and spiritual well-being and professional development is critical to an employee’s self-care routine.

Burnout (Burn) strongly negatively affects job performance ($\beta = -0.83$), highlighting its detrimental impact. Employees experiencing burnout, characterized by Exhaustion (EX) ($\beta = 0.81$), Mental Distance (MD) ($\beta = 0.82$), and Cognitive Impairment (CI) ($\beta = 0.79$), are more likely to struggle with job performance. These findings reinforce that burnout significantly undermines employees’ ability to complete tasks and maintain workplace engagement effectively.

In terms of job performance components, Task Performance (TP) ($\beta = 0.29$) and Contextual Performance (CP) ($\beta = -0.12$) are moderately influenced, while Counterproductive Work Behavior (CWB) ($\beta = -0.40$) shows a stronger negative association. This suggests that employees who experience burnout are more likely to engage in counterproductive behaviors, such as absenteeism or workplace conflict, further deteriorating overall job performance.

Overall, Structural Model 2 confirms that burnout is dominant in explaining employees’ job performance, with self-care as a preventive factor rather than a direct performance enhancer. These results emphasize the importance of organizational interventions that reduce burnout risks while promoting self-care initiatives to sustain employee well-being and productivity.

Table 28. Regression Weights on Structural Model-2 of Employees’ Job Performance

Path		B	S.E.	C.R.	Beta	P-value	Interpretation
Perf	<--- SelfC	.068	.044	1.535	.104	.125	Not Significant
Perf	<--- Burn	-.381	.048	-7.894	-.826	***	Significant
PS	<--- SelfC	1.000			.851		
ES	<--- SelfC	.840	.062	13.581	.722	***	Significant
SS	<--- SelfC	.729	.050	14.455	.760	***	Significant
PRS	<--- SelfC	.821	.061	13.493	.719	***	Significant
PC	<--- Burn	1.080	.066	16.364	.820	***	Significant
EMI	<--- Burn	1.029	.066	15.533	.789	***	Significant
CI	<--- Burn	.936	.057	16.371	.821	***	Significant
MD	<--- Burn	1.171	.069	16.960	.842	***	Significant
EX	<--- Burn	1.000			.807		
TP	<--- Perf	1.000			.535		Significant
CP	<--- Perf	.680	.145	4.704	.344	***	Significant
CWB	<--- Perf	-1.483	.209	-7.084	-.631	***	Significant
PSS	<--- SelfC	.773	.066	11.790	.644	***	Significant
PSC	<--- Burn	.789	.068	11.591	.626	***	Significant

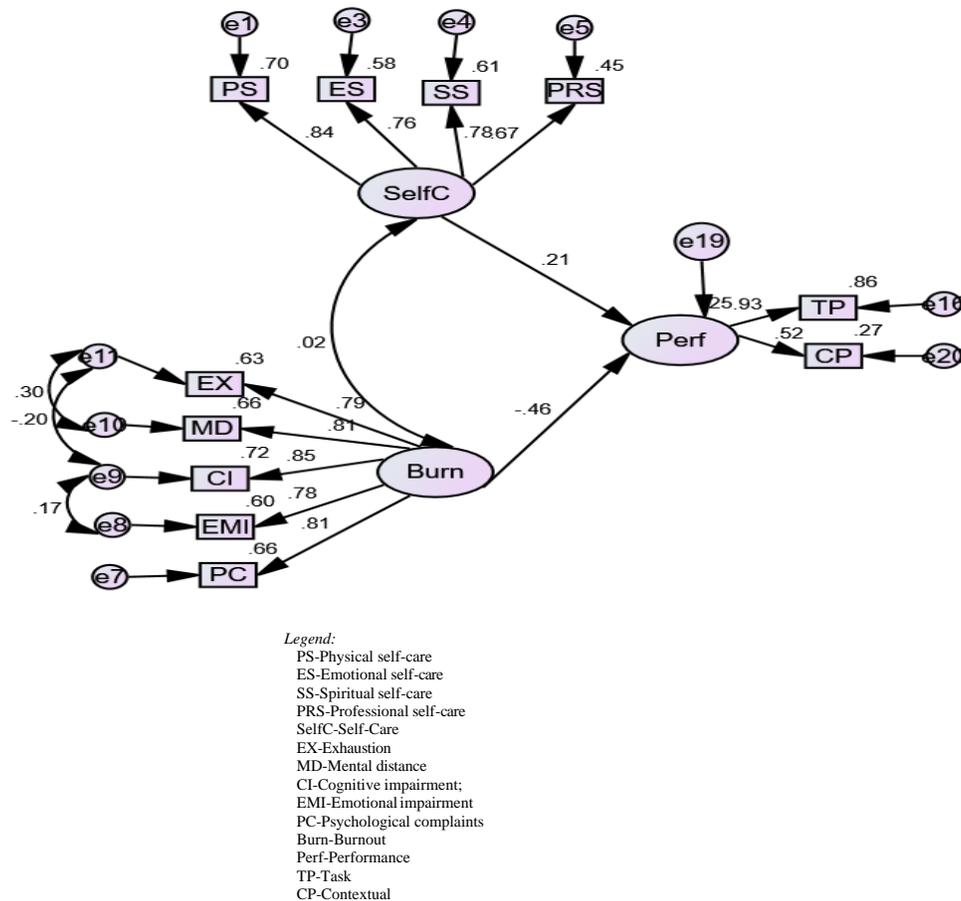
Table 28 presents the Results of Regression Weights on Structural Model 2 of Employees’ Job Performance. As shown in the table, the variable Self-care ($p > .05$) has no significant influence on respondents’ job performance, while burnout ($\beta = -.826$, $p < .05$) showed a negative impact on respondents’ job performance. In terms of self-care, the variable exerted the highest significant influence on spiritual self-care ($\beta = .760$, $p < .05$). As to burnout, it exerted the highest significant influence on mental distance ($\beta = .842$, $p < .05$). Regarding job performance, this variable exerted highest negative significant influence on counterproductive ($\beta = -.634$, $p < .05$). These findings are supported by the study by Isac and Saleh (2019), which emphasized that burnout significantly reduces employee engagement and productivity, leading to higher rates of absenteeism and lower work efficiency. Furthermore, research by Cho et al. (2024) highlighted that burnout, particularly emotional exhaustion, is strongly linked to mental distance, which results in employees feeling disengaged and disconnected from their work responsibilities. Additionally, a study by Ali et al. (2021) found that burnout contributes to counterproductive work behaviors, as employees experiencing high levels of exhaustion are more likely to exhibit withdrawal behaviors and reduced task performance. These studies reinforce the findings of this model, confirming the critical role of burnout in shaping job performance outcomes.

Table 29. Regression Weights on Structural Model-1 of Employees’ Job Performance

Model Fit Indices	Good Fit Value	Acceptable Fit Value	Obtained Value	Fitness/ Interpretation
The ratio of Chi-Square to Degrees of Freedom (CMIN/df)	≤ 2	≤ 3	4.13	Not a Good Fit
Probability Value (P-Value)	$\geq .05$		.000	Not a Good Fit
Root-Mean-Square Error of Approximation (RMSEA)	$\leq .05$	$\leq .08$	.101	Not a Good Fit
Tucker-Lewis coefficient (TLI)	$\geq .95$	$\geq .90$	.867	Not a Good Fit
Normalized Fit Index (NFI)	$\geq .95$	$\geq .90$	.863	Not Good Fit
Comparative Fit Index (CFI)	$\geq .97$	$\geq .95$	.892	Not a Good Fit
Goodness-of-fit Index (GFI)	$\geq .95$	$\geq .90$	.873	Not a Good Fit

Table 29 depicts the Results of Model Fit Indices of Structural Model-2 of Employees’ Job Performance. As shown in the table, CMIN/df obtained value is 4.13 (>2) interpreted as not a good fit, the P-value is .000 (<.05), interpreted as not a good fit, RMSEA obtained value is .101 (>.05) interpreted as not a good fit, TLI obtained value is .867 (<.95) interpreted as not a good fit, NFI obtained value is .867 (<.95) interpreted as not a good fit, CFI obtained value is .892 (<.97) interpreted as not a good fit, and GFI obtained value is .873 (<.95) also interpreted as not a good fit. The data revealed that the obtained value of the seven fit indices used in this study is not within the standard range for a good fit value; thus, structural model 2 cannot be regarded as the best fit structural model for this study.

Figure 3. Structural Model-3 of Employees’ Job Performance



The Structural Model-3 of Employees’ Job Performance highlights the relationships between self-care, burnout, and job performance. The model suggests that self-care (SelfC), which comprises physical self-care (PS), emotional self-care (ES), spiritual self-care (SS), and professional self-care (PRS), has a positive association with employees’ well-being. Among these, physical self-care (loading = .84) and spiritual self-care (loading = .76) strongly contribute to self-care, implying that maintaining physical and spiritual well-being is essential to an employee’s self-care practices.

Burnout (Burn), which consists of exhaustion (EX), mental distance (MD), cognitive impairment (CI), emotional impairment (EMI), and psychological complaints (PC), has a strong negative effect on job performance (Perf) (beta = -0.46). The strongest predictor of burnout is cognitive impairment (CI = .85), followed closely by emotional impairment (EMI = .81) and psychological complaints (PC = .75). This suggests that employees experiencing burnout struggle with cognitive functions, emotional stability, and psychological distance from work, which negatively impacts their overall performance.

Interestingly, self-care shows a weak direct relationship with job performance (beta = .21), suggesting that while self-care contributes to well-being, its direct impact on performance is not as strong as expected. Instead, the model suggests that self-care plays a more significant role in reducing burnout and improving job performance. This indicates that employees who engage in self-care may not immediately experience enhanced job performance. Still, they are less likely to suffer from burnout, which indirectly leads to better work outcomes.

Regarding job performance, task performance (TP) has a high loading of .86, indicating that it is a crucial component of overall performance. In contrast, contextual performance (CP) has a lower loading of .27. This suggests that employees’ ability to complete



tasks efficiently is more significantly affected by burnout than their contextual performance, such as teamwork and adaptability.

Overall, the model shows the role of burnout in mediating the relationship between self-care and job performance. While self-care practices help mitigate burnout, reducing workplace stressors and psychological strain remains essential to enhancing employee productivity. This suggests that organizations should encourage self-care and implement policies that prevent burnout, such as workload management and mental health support programs.

Table 30. Regression Weights on Structural Model-3 of Employees' Job Performance

Path	Estimate	S.E.	C.R.	Beta	P-value	Interpretation
Perf <--- SelfC	.246	.069	3.561	.213	***	Significant
Perf <--- Burn	-.373	.051	-7.349	-.457	***	Significant
PS <--- SelfC	1.000			.837		
ES <--- SelfC	.901	.065	13.883	.762	***	Significant
SS <--- SelfC	.763	.054	14.241	.782	***	Significant
PRS <--- SelfC	.778	.065	11.983	.670	***	Significant
PC <--- Burn	1.091	.076	14.404	.813	***	Significant
EMI <--- Burn	1.032	.077	13.337	.776	***	Significant
CI <--- Burn	.987	.070	14.012	.850	***	Significant
MD <--- Burn	1.149	.065	17.767	.811	***	Significant
EX <--- Burn	1.000			.792		
TP <--- Perf	1.000			.927		
CP <--- Perf	.589	.121	4.868	.515	***	Significant

Table 30 presents the Results of Regression Weights on Structural Model 3 of Employees' Job Performance. As shown in the table, the variable Self-care (beta=.213, p<.05) positively influenced respondents' job performance. In contrast, burnout (beta=-.457, p<.05) negatively influenced respondents' job performance. In terms of self-care, the variable exerted the highest significant influence on physical self-care (beta=.837, p<.05). As to burnout, it exerted the highest positive significant influence on cognitive impairment (beta=.850, p<.05). Regarding the job performance, this variable exerted highest positive considerable influence on task (beta=.927, p<.05).

These findings align with the study of Koutsimani and Montgomery (2022), which found that workplace burnout may impair short-term memory, attention, and other cognitive processes essential for daily work activities. Additionally, Slowiak and DeLongchamp (2021) reported that self-care strategies and job-crafting practices among behaviour analysts predict perceptions of work-life balance, work engagement, and burnout. Furthermore, Kalalo (2024) identified job burnout as a prevalent workplace challenge among Filipino nurses, leading to lower job satisfaction and heightened psychological stress.

In summary, the results underscore the significant impact of self-care, particularly physical self-care, on job performance and the detrimental effects of burnout, especially cognitive impairment, on employees' performance.

Table 32 depicts the Results of Model Fit Indices of Structural Model-3 of Employees' Job Performance. As shown in the table, CMIN/df obtained value is 1.30 (<2) interpreted as a good fit, P-value is .098 (>.05) interpreted as a good fit, RMSEA obtained value is .031 (<.05) interpreted as a good fit, TLI obtained value is .990 (>.95) interpreted as a good fit, NFI obtained value is .971 (>.95) interpreted as a good fit, CFI obtained value is .993 (>.97) interpreted as a good fit, and GFI obtained value is .971 (>.95) also interpreted as a good fit.

Table 31. Model Fit Indices of Structural Model-3 of Employees' Job Performance

Model Fit Indices	Good Fit Value	Acceptable Fit Value	Obtained Value	Fitness/ Interpretation
The ratio of Chi-Square to Degrees of Freedom (CMIN/df)	≤2	≤3	1.30	Good Fit
Probability Value (P-Value)	≥.05		.098	Good Fit
Root-Mean-Square Error of Approximation (RMSEA)	≤.05	≤.08	.031	Good Fit
Tucker-Lewis coefficient (TLI)	≥.95	≥.90	.990	Good Fit
Normalized Fit Index (NFI)	≥.95	≥.90	.971	Good Fit
Comparative Fit Index (CFI)	≥.97	≥.95	.993	Good Fit
Goodness-of-fit Index (GFI)	≥.95	≥.90	.971	Good Fit

The data revealed that the obtained value of the seven fit indices used in this study are within the standard range for a good fit value; thus, this structural model 3 was shown as the best fit structural model for this study.

Conclusion

This study examined how self-care, burnout, and job satisfaction affect job performance among nurses in a government hospital. It aimed to understand how self-care influences burnout, how it impacts job satisfaction and performance, and which factors best predict job performance. A quantitative research method was used to analyze these relationships, including correlation analysis, multiple regression, and structural equation modeling (SEM). The study highlighted that self-care helps reduce burnout, and job satisfaction is essential in improving performance.

Government nurses in Agusan del Sur were given a survey questionnaire online and in person to gather data. The responses were analyzed using statistical tools such as mean, standard deviation, Pearson Product Moment Correlation Coefficient, multiple linear regression, and SEM. These methods helped identify patterns and connections between self-care, burnout, job satisfaction, and job performance.

In the final analysis, the study identified the best structural model to explain job performance among nurses. Several measures, including CMIN/df, p-value, Goodness of Fit Index (GFI), Normed Fit Index (NFI), Tucker–Lewis Index (TLI), Comparative Fit Index (CFI), and Root Mean Square Error of Approximation (RMSEA), were used to check how well the model fits the data. These results confirmed that the model accurately represents the factors affecting nurses' job performance and provides valuable insights for improving workplace conditions in healthcare settings.

The study was successfully conducted with the proper research methodology and yielded valuable insights. The findings of the study are as follows:

The first research objective focused on assessing the respondents' level of self-care in terms of physical, psychological, emotional, spiritual, and professional self-care. The results indicated the overall mean of $M=4.05$ ($SD=0.63$), which is described as “often,” suggesting that respondents generally practice a high level of self-care in terms of professional self-care. The standard deviation ($SD=.63$) indicates that the data are moderately dispersed around the mean. These findings suggest that nurses in a government hospital prioritize emotional and spiritual well-being as key aspects of their self-care practices. This highlights the importance of mental and emotional stability in maintaining job efficiency and managing workplace stress. Moreover, the relatively high level of professional self-care implies that nurses are committed to their professional development, continuously improving their skills and knowledge to enhance patient care. However, the results also indicate that psychological self-care scored lower than other dimensions, suggesting a need for further support in addressing stress management and mental resilience among nurses. This reinforces the importance of workplace interventions that promote well-being to prevent burning out and improve job performance.

The second objective of research focused on assessing the nurses' level of core burnout symptoms, which include exhaustion, mental distance, cognitive impairment, and emotional impairment, as well as secondary symptoms such as psychological complaints and psychosomatic complaints. The results indicated the overall mean of $M=2.30$ ($SD=.89$), which is described as “rare,” suggesting that respondents generally experience a low level of burnout. The standard deviation ($SD=.89$) indicates that the data are primarily dispersed around the mean. These findings suggest that while nurses in a government hospital experience some degree of exhaustion and psychosomatic complaints, their overall level of burnout remains relatively low. This could imply that while workplace stressors exist, coping mechanisms and institutional support may help mitigate the more severe effects of burnout. However, symptoms such as exhaustion and psychological distress highlight the need for continued efforts to enhance workplace well-being and prevent potential burnout escalation. Strengthening mental health programs, improving workload distribution, and promoting supportive work environments may further help reduce burnout risks among nurses.

The third research objective examined the respondents' level of job satisfaction in terms of pay, promotion, supervision, and the nature of work. The results indicated that the overall mean was $M=3.24$ ($SD=.71$), which is described as “neutral,” suggesting that respondents have a moderately high level of job satisfaction. The standard deviation ($SD=.71$) indicates that the data are primarily dispersed around the mean. These findings suggest that among the different aspects of job satisfaction, the nature of work is the most positively perceived by nurses, indicating that they generally find fulfillment in their professional roles. However, satisfaction with supervision and pay received lower scores, highlighting potential areas of improvement in leadership support and compensation structures. Addressing these concerns through fair salary adjustments, clear career progression opportunities, and enhanced managerial support could improve job satisfaction. Ensuring nurses feel valued and supported in their work environment will likely contribute to increased motivation and improved job performance.

The fourth research objective assessed the respondents' level of job performance in terms of task performance, contextual performance, and counterproductive work behavior. The results showed the overall mean of $M=3.46$ ($SD=.824$), which is described as “often,” indicating that respondents generally exhibit high job performance. The standard deviation ($SD=.824$) suggests that the data are widely dispersed around the mean. These findings suggest that nurses in a government hospital are highly engaged in their tasks and demonstrate strong contextual performance, meaning they contribute positively to their work environment and collaborate effectively with their colleagues. However, the presence of counterproductive work behaviors, although relatively low, suggests the need for continuous efforts to maintain professional ethics, reduce workplace stressors, and ensure a supportive hospital culture. Enhancing leadership development, providing additional training, and fostering positive workplace relationships may improve job performance.

and minimize negative work behaviors.

The fifth research objective examined the correlation between job performance and self-care, burnout, and job satisfaction. The results of the Pearson R Correlation revealed that psychological self-care, exhaustion, mental distance, cognitive impairment, psychological complaints, and psychosomatic complaints showed no significant relationship with job performance. However, physical self-care, emotional self-care, spiritual self-care, professional self-care, overall self-care, pay, supervision, and nature of work demonstrated a small but significant positive relationship with job performance. This suggests that an increase in these variables may result in a slight improvement in job performance. Furthermore, promotion and overall job satisfaction positively correlated with job performance. This implies that as promotion opportunities and overall job satisfaction increase, respondents will likely experience a moderate improvement in their job performance. These findings suggest that while certain aspects of self-care and job satisfaction contribute to better performance, job satisfaction—particularly in terms of promotion and work conditions—substantially enhances overall job performance.

The sixth research objective sought to identify which independent variables, individually or in combination, best predict job performance. The multiple regression analysis examined self-care, burnout, and job satisfaction as predictors. The final model was statistically significant, $F(16, 293) = 5.06$, $p < .05$, with an R^2 value of 0.217. This result suggests that cognitive impairment and job satisfaction accounted for 21.7% of the variation in job performance, while the remaining 78.3% was influenced by other factors not included in the study. Further analysis indicated that cognitive impairment ($t = -2.07$, $p < .05$) negatively impacted job performance, meaning that as cognitive impairment increased, job performance declined. In contrast, job satisfaction ($t = 3.70$, $p < .05$) was a strong positive predictor, indicating that higher job satisfaction levels were associated with improved job performance. These findings highlight the critical role of job satisfaction in enhancing work efficiency, while cognitive strain negatively affects performance. Organizations should improve job satisfaction through career development programs, better supervision, and fair compensation while addressing cognitive stressors to maintain high job performance levels among nurses. Investing in strategies that improve work conditions and reduce cognitive burden can lead to a more effective and motivated nursing workforce.

Lastly, the seventh problem statement examines whether the structural model best fits employee job performance. The results of the model fit indices indicate that Structural Model-3 provides a strong and reliable fit for understanding employee job performance. The obtained values—CMIN/df = 1.30 (<2), P-value = .098 (>.05), RMSEA = .031 (<.05), TLI = .990 (>.95), NFI = .971 (>.95), CFI = .993 (>.97), and GFI = .971 (>.95)—all fall within the acceptable thresholds, confirming that the model accurately represents the relationships among self-care, burnout, and job performance. These results suggest that Structural Model 3 effectively explains how self-care practices contribute positively to job performance while burnout negatively affects employees' ability to work efficiently. The firm model fit reinforces its validity as a framework for analyzing the factors that impact workplace productivity.

Based on the findings of the study, the following conclusions are hereby drawn:

Nurses in a government hospital actively engage in self-care practices, particularly in physical, emotional, spiritual, and professional aspects, which are crucial in reducing burnout and enhancing job performance. However, psychological self-care was found to be the least prioritized, suggesting a need for additional institutional support to help nurses manage stress and maintain mental resilience. This suggests that strengthening workplace programs promoting mental well-being, such as counseling services, mindfulness training, and peer support groups, can significantly improve job performance.

Although burnout levels among nurses are relatively low, there are persistent signs of exhaustion and psychological distress that preventive strategies remain necessary. Job satisfaction emerged as a key factor in improving job performance, with promotion opportunities, supervision, and compensation playing significant roles. This insinuates that nurses who perceive fair career advancement and strong managerial support demonstrate higher motivation and productivity. Addressing concerns related to salary adjustments, leadership effectiveness, and work environment improvements can further enhance job satisfaction and overall job performance. Interventions such as structured mentorship programs, leadership training, and performance-based incentives can help foster a more supportive workplace culture.

There are two best predictors of job performance among nurses. The strongest predictor is job satisfaction, indicating that as job satisfaction increases, job performance also improves. Conversely, cognitive impairment negatively impacts performance, highlighting the detrimental effect of mental strain on work efficiency. This implies the importance of reducing excessive workload, ensuring adequate rest periods, and providing cognitive support programs such as stress management workshops and workload redistribution strategies.

The best-fitting model that explains job performance is Structural Model 3, confirming that self-care positively contributes to job performance while burnout hinders it. This is called Cubillan's Model on Job Performance.

Based on this study's findings and conclusions, several recommendations are proposed to enhance nurses' job performance. These recommendations aim to assist the Department of Health, government hospital administrations, nurses, and future researchers in developing strategies to improve self-care, reduce burnout, and increase job satisfaction in healthcare settings.

Department of Health. National policies may be established to prioritize nurses' self-care and mental well-being. Implementing

standardized wellness programs, integrating mental health support services, and ensuring equitable workload distribution can help mitigate burnout and cognitive impairment. The DOH should also allocate sufficient funding for staff training, career development programs, and salary adjustments to enhance job satisfaction. Moreover, nationwide initiatives should be launched to promote workplace well-being, including counseling services, resilience training, and employee assistance programs tailored for nurses working in high-stress environments.

Government hospital administrators. Practical measures may be taken to improve nurses' working conditions at the institutional level. Ensuring proper shift rotations, fair workload distribution, and providing adequate staffing are crucial measures to prevent exhaustion and work-related stress. Hospital management should actively support self-care practices by offering wellness programs, designated rest areas, and psychological support services within the hospital setting. Leadership training for supervisors should also be strengthened to improve managerial support and foster a positive work environment. Additionally, transparent career progression opportunities and performance-based incentives should be implemented to boost job satisfaction and motivation among nurses.

Nurses. Self-care practices, mainly psychological self-care, may prioritize to build resilience against burnout and stress. Engaging in mindfulness activities, seeking peer support, and utilizing hospital-provided wellness programs can improve mental well-being. Nurses should also use professional development opportunities to enhance their competencies and job satisfaction. Maintaining open communication with hospital management and advocating for necessary workplace improvements can contribute to a healthier and more supportive work environment.

Future researchers. Additional factors influencing nurses' job performance may be explored, such as hospital policies, patient interactions, and external stressors. Longitudinal studies could assess the long-term effects of self-care, job satisfaction, and burnout on nurses' overall performance and retention. Further validation and refinement of the structural model proposed in this study can help determine its applicability in different healthcare settings. By addressing these recommendations, healthcare institutions can work towards a more sustainable and supportive environment for nurses, ultimately leading to improved patient care and overall healthcare system efficiency.

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