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## **JOB BURNOUT AND PERFORMANCE OF STAFF NURSES IN SELECTED HOSPITALS IN METRO MANILA**

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### **Abstract**

*This study was conducted to determine the job burnout and performance of staff nurses in selected tertiary hospitals in Manila using the Oldenburg Burnout Inventory. Results showed that there's: a high degree of agreement in relation to burnout of the staff-nurses in terms of exhaustion and disengagement; an average level of performance of the staff nurses in terms of task performance, contextual performance, and counter-productive behavior; significant differences between the degrees of agreement in relation to job burnout of the staff-nurses (disengagement and exhaustion) when they are grouped according to nurse-patient ratio and census per area; significant relationships between the degree of agreement in relation to job burnout (disengagement) and overall level of performance of the staff nurses. Researchers pursued this study because some of*

*their colleagues have lost the enjoyment of their job; that they feel that their efforts were being unnoticed; and feel overworked. Through this study, the degree of agreement in relation to job burnout of the staff nurses and their level of performance was determined. This paved a way for the development of new plans and programs to help staff nurses overcome their feelings of burnout, making them more energetic and enthusiastic in performing their job.*

### **Keywords**

Job Burnout, Performance of Staff Nurses, Exhaustion, Disengagement

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## **1. Introduction**

Burnout is characterized by a deterioration in physical, emotional, and psychological vitality resulting from stress at work (Maslach, 2003) that leads to distrust toward patients and coworkers and feelings of low self-efficacy (Maslach and Leiter, 2016). According to the same authors, burnout arises because of work overload; a lack of resources, control, and justice; value conflicts; and the absence of a sense of community. Maslach hypothesized that high workload, value incongruence, low control over the job, low decision latitude, poor social climate/social support, and low rewards are predictors of burnout. Maslach suggested that turnover, sickness absence, and general health were effects of burnout.

## **2. Literature Review**

Maslach and Leiter (2016) theorized that burnout is a state, that occurs due to a prolonged mismatch between a person and at least one of the following six dimensions of work: 1) excessive workload and demands; 2) not enough or no sufficient control over the resources needed to complete or accomplish their job; 3) lack of adequate reward for the job done (can be financial, social, and intrinsic or the pride one may experience when doing a job); 4) sense of positive connections with their colleagues and managers, leading to frustration and reducing the likelihood of social support; 5) fairness/unfairness at the workplace, and 6) value or feeling of being constrained by their job or to act against their own values and their aspiration or when they experience conflicts between the organization's values.

Schooley et al (2016) said that job burnout commonly occurs to people with constantly heavy workloads for a prolonged period and can no longer find any meaning in their work.

According to the same authors, these people are emotionally exhausted and tired of their jobs, and that they manifest symptoms such as lack of energy and motivation, negative attitudes, work absenteeism, emotional distress, and poor job performance

Nowadays the prevalence of burnout in the profession of nursing is a real issue and a real threat to the health care system, more especially for the staff nurses working in tertiary hospitals. As Poghosyan, Aiken, and Sloane (2009) reported, around the world, burnout appears to be a common phenomenon among nurses, with evidence that indicates high percentages of nurses in Asia, North America, and Europe. This happens because nursing is inevitably a demanding profession (Grubb and Grosch, 2012) that requires devoting more time and energy to their job. It involves close association with patients who have different preferences, expectations, degrees of joy, and suffering. Their empathy for and connection with patients demonstrates core professional values which are essential but, consequently, attract certain factors capable of inducing tension and pressure.

As nurses, it includes that they must work in a complex and strenuous environment like hospitals that pushes them to endure pressure from both patients and their caretakers, including complaints, harassments, and other offenses. Added to this is the fact that as nurses, they usually face serious illnesses and terminal patients daily. This exposure to terminally ill or dying patients and the constant threat of death adversely affects their physical and mental health causing physiological/psychological stress responses, such as irritability, sleep disorders, and a loss of passion for their work. In addition to patient care, nurses have different tasks within an institution (responsible for charting, patient bedside care, follow-up care, phone/admission triage, and other administrative tasks). They are also expected to provide a higher level of care as their core responsibilities become more difficult. According to Gunnarsdóttir et al (2009), these nurses were predisposed to negative health outcomes (feeling of being exhausted, becoming overwhelmed, becoming short-tempered, and overall developing a high amount of stress) due to greater workloads and responsibilities; which possibly can influence their performance and quality of care. They cannot complete their tasks and duties at work efficiently and correctly because they are burnt out (Halbesleben et al., 2013). The same statement made by Alharbi et al (2016) said that burnout in nurses leads to poor quality of nursing care, absenteeism from work, increased turnover

rates and decreased patient satisfaction. This is also supported by Letvak et al (2012) which said that burnout in nurses results in negative influences on the quality of care they provide for patients.

### **3. Research Objectives and Scope of the Study**

To maintain the stability of the nursing workforce and assure a consistently high quality of patient care, it is critical to investigate the root causes of job burnout. This study was conducted to evaluate the prevalence of job burnout and examine the performance of 183 staff nurses in selected tertiary hospitals in Metro Manila, Philippines. It paved a way for the development of active interventions (new plans and programs) that can significantly decrease job burnout and can help to maintain the stability of the nursing workforce, making them more energetic and enthusiastic in performing their job.

### **4. Methodology**

This study utilized the descriptive type of research specifically the descriptive-correlational design to determine the job burnout and performance of 183 staff nurses in selected tertiary hospitals in Manila, Philippines. Most of the participants belonged to the 20 – 29 years old group (42.10%); mostly: female (68.90%); single (59.0%); earning more than 20,000 pesos (73.20%); assigned in the general wards (OB Ward, Medical Ward, Surgery Ward, Pediatric Ward, Pay Ward) (57.90%); and mostly within 2 to 4 years of work experience (30.10%). Data were gathered utilizing the Oldenburg Burnout Inventory and the Individual Work Performance Questionnaire. The results were analyzed using Statistical Package for the Social Sciences (SPSS), a program for statistical analysis.

### **5. Results**

This section contains the results, analysis, and discussion of the study.

#### ***Problem 1: What is the profile of the staff nurses?***

##### ***1.1. Personal Profile***

The personal profile of the staff nurses showed that generally the staff nurse-respondents belonged to the 20 – 29 years old group (42.10%); mostly: female (68.90%); single (59.0%); earning more than 20,000 pesos (73.20%); assigned in the general wards (OB Ward, Medical

Ward, Surgery Ward, Pediatric Ward, Pay Ward) (57.90%); and mostly within 2 to 4 years of work experience (30.10%).

**1.2. Work Profile**

The work profile of the staff nurses revealed that generally, the staff nurse-respondents works with the ratio of 1 nurse to less than 10 patients (31.70); and with the census of less than 10 patients (36.60%).

**Problem 2: What is the degree of agreement in relation to job burnout of the staff-nurses using the Oldenburg Burnout Inventory (OLBI)?**

**2.1. Exhaustion**

Table 1 presents the high degree of agreement in relation to job burnout of the staff-nurses in terms of exhaustion, with an overall mean score of 2.60; which implies that the staff nurses have been highly experiencing burnout in terms of exhaustion; and is manifested by both physical fatigue (physical exhaustion that stops a person from being able to function normally) and a sense of feeling psychologically and emotionally "drained." According to Cheung and Chow (2011), burnout among health care providers relates to their well-being, the quality of life of their patients, and caring effectiveness.

**Table 1: Degree of Agreement in Relation to Job Burnout of the Staff-Nurses Using the Oldenburg Burnout Inventory (OLBI) in Terms of Exhaustion**

<b>Items</b>	<b>WM</b>	<b>Ranking</b>	<b>Interpretation</b>
2. There are days when I feel tired before I arrive at work	3.09	2	High Degree of Agreement in relation to Burnout
4. After work, I tend to need more time than in the past in order to relax and feel better	3.17	1	High Degree of Agreement in relation to Burnout
5. I can tolerate the pressure of my work very well	1.95	7	Low Degree of Agreement in relation to Burnout
8. During my work, I often feel emotionally drained	2.75	5	High Degree of Agreement in relation to Burnout
10. After working, I have enough energy for my leisure activities.	2.24	6	High Degree of Agreement in relation to Burnout
12. After my work, I usually feel worn out and weary	2.76	4	High Degree of Agreement in relation to Burnout
14. Usually, I can manage the amount of my work well	1.91	8	Low Degree of Agreement in relation to Burnout
16. When I work, I usually feel energize	2.95	3	High Degree of Agreement in relation to Burnout
<b>Overall Mean Score</b>	<b>2.60</b>		<b>High Degree of Agreement in Relation to Burnout</b>

<b>LEGEND:</b>	
WM = WEIGHTED MEAN RANGE	INTERPRETATION
3.25 – 4.00	Very High Degree of Agreement in relation to Burnout
2.50 - 3.24	High Degree of Agreement in relation to Burnout
1.75 – 2.49	Low Degree of Agreement in relation to Burnout
1.00 - 1.74	Very Low Degree of Agreement in relation to Burnout

## **2.2. Disengagement**

Table 2 shows the high degree of agreement in relation to job burnout of the staff-nurses in terms of disengagement, with an overall mean score of 2.44; which shows that the staff nurses have been highly experiencing burnout in terms of disengagement; manifested by decreased eye contact, increased physical distance with the patient/client, and increased task-focused behavior. This finding is like the works of Sharma et al (2014) which reported that 80% of nurses had no time for rest and found their job tiring.

**Table 2: Degree of Agreement in Relation to Job Burnout of the Staff-Nurses in Terms of Disengagement**

Items	WM	Ranking	Interpretation
1. I always find new and interesting aspects in my work	1.97	7	Low Degree of Agreement in relation to Burnout
3. It happens more and more often than I talk about my work in a negative way.	2.63	5	High Degree of Agreement in relation to Burnout
6. Lately, I tend to think less at work and do my job almost mechanically.	2.81	2	High Degree of Agreement in relation to Burnout
7. I find my work to be a positive challenge.	1.81	8	Low Degree of Agreement in relation to Burnout
9. Over time, one can become disconnected from this type of work.	2.72	3	High Degree of Agreement in relation to Burnout
11. Sometimes I feel sickened by my work tasks.	2.90	1	High Degree of Agreement in relation to Burnout
13. This is the only type of work that I can imagine myself doing.	2.64	4	High Degree of Agreement in relation to Burnout
15. I feel more and more engaged in my work.	2.05	6	High Degree of Agreement in relation to Burnout
<b>Overall Mean Score</b>	<b>2.44</b>		<b>High Degree of Agreement in relation to Burnout</b>

**Problem 3: What is the level of performance of the staff nurses in terms of:**

### **3.1. Task Performance**

**Table 3: Level of Performance of the Staff Nurses in Terms of Task Performance**

Items	WM	Ranking	Interpretation
1. I was able to plan my work so that I finished it on time.	2.64	3	Average Level of Performance

2. I kept in mind the work result I needed to achieve.	2.77	1	Average Level of Performance
3. I was able to set priorities.	2.69	2	Average Level of Performance
4. I was able to carry out my work efficiently.	2.61	5	Average Level of Performance
5. I managed my time well.	2.63	4	Average Level of Performance
<b>Overall Mean Score</b>	<b>2.67</b>		<b>Average Level of Performance</b>

**LEGENDS:**

Interpretation	Pink Collar		
	TP	CP	CWB
Very Low (<= 10 <sup>th</sup> Percentile)	<=1.83	<= 1.25	<= 0.00
Low (10 <sup>th</sup> – 25 <sup>th</sup> Percentile)	1.84 – 2.32	1.26 – 1.74	0.01 – 0.59
Average (25 <sup>th</sup> - 75 <sup>th</sup> Percentile)	2.33 – 2.99	1.75 – 2.87	0.60 – 1.59
High (75 <sup>th</sup> – 90 <sup>th</sup> Percentile)	3.00 – 3.49	2.88 – 3.12	1.60 – 1.99
Very High (>= 90 <sup>th</sup> Percentile)	>= 3.50	>= 3.13	>= 2.00

**TP** = Task Performance

**CP** = Contextual Performance

**CWB** = Counter-Productive Work Behavior

Table 3 shows the average level of performance of the staff nurses in terms of task performance, with 2.67 as its overall mean score; which indicates that the staff nurse-respondents are moderately doing well in their job as they are mandated by the Philippine Code of Ethics for Nurses; that every day they need to support each other to fulfill their ethical considerations to patients and public. The Code supports nurses in providing consistently respectful, humane, and dignified care. This means that every nurse has a moral obligation to care for their patients. This finding is like the study by Gandi et al (2011) which reported that nurses felt they were doing their job very well, having on average high levels of personal accomplishment.

**3.2. Contextual Performance**

Table 4 illustrates the average level of performance of the staff nurses in terms of contextual performance, with 2.32 as its overall mean score. This specifies that the staff nurse-respondents were performing moderately the tasks that involve those behaviors not directly related to their job tasks, but having a significant impact on organizational, social, and psychological contexts. This happens because they are nurses, and they do their job for positive patient outcomes as well as for the good of the organization that they work for; inculcating in their minds the ethics that nurses need to follow every time they have to perform their caring attitude for their patients. This finding is supported by the works of Altindis (2011) which said that job performance is a function of motivation.

**Table 4:** *Level of Performance of the Staff Nurses in Terms of Contextual Performance*

<b>Items</b>	<b>WM</b>	<b>Ranking</b>	<b>Interpretation</b>
6. On my own initiative, I started new tasks when my old tasks were completed.	2.40	2	Average Level of Performance
7. I took on challenging tasks when they were available.	2.35	4	Average Level of Performance
8. I worked on keeping my job-related knowledge up to date.	2.39	3	Average Level of Performance
9. I worked on keeping my work skills up to date.	2.43	1	Average Level of Performance
10. I came up with creative solutions for new problems.	2.26	6.5	Average Level of Performance
11. I took on extra responsibilities.	2.27	5	Average Level of Performance
12. I continually sought new challenges in my work.	2.22	8	Average Level of Performance
13. I actively participated in the meeting and/or consultations.	2.26	6.5	Average Level of Performance
<b>Overall Mean Score</b>	<b>2.32</b>		<b>Average Level of Performance</b>

### **3.3. Counterproductive Work Behavior**

Table 5 illustrates the average level of performance of the staff nurses in terms of counterproductive behavior, with 0.83 as its overall mean score. Nurses do this kind of attitude at work because of the burnout they feel about it. This finding is supported by the works of Spector (2012) which reported that counterproductive work behavior consists of employees engaging in physical and verbal aggression, directing hostile and nasty behavior at a co-worker, destroying organizational property, purposely doing work incorrectly, stealing, sabotage, theft, and withholding task performance.

**Table 5:** *Level of Performance of the Staff Nurses in terms of Counterproductive Work Behavior*

<b>Items</b>	<b>WM</b>	<b>Ranking</b>	<b>Interpretation</b>
14. I complained about minor work-related issues at work.	0.98	2	Average Level of Performance
15. I made problems at work bigger than they were.	0.50	5	Low Level of Performance
16. I focused on the negative aspects of the situation at work instead of the positive aspects.	0.72	4	Average Level of Performance
17. I talked to colleagues about the negative aspects of my work.	1.06	1	Average Level of Performance
18. I talked to people outside the organization about the negative aspects of my work.	0.87	3	Average Level of Performance
<b>Overall Mean Score</b>	<b>0.83</b>		<b>Average Level of Performance</b>

**Problem 4:** *Is there a significant difference between the degrees of agreement in relation to job burnout of the staff-nurses when grouped according to the profile variables?*



4.1. Age

**Table 6: Degrees of Agreement in Relation to Job Burnout of the Staff-Nurses when Grouped According Age**

Degrees of Agreement in Relation to Job Burnout	Age	Mean Rank	df	$\chi^2$	Asymp. Sig.	Decision	Interpretation
DISENGAGEMENT	20 - 29 YEARS OLD	86.34	3	3.752	.290	Accept $H_0$	No Significant Difference
	30 - 39 YEARS OLD	94.33					
	40 - 49 YEARS OLD	102.98					
	50 - 59 YEARS OLD	73.63					
	60 AND ABOVE YEARS OLD	86.34					
EXHAUSTION	20 - 29 YEARS OLD	86.61	3	1.603	.659	Accept $H_0$	No Significant Difference
	30 - 39 YEARS OLD	96.04					
	40 - 49 YEARS OLD	94.33					
	50 - 59 YEARS OLD	103.13					
	60 AND ABOVE YEARS OLD	86.61					

**Legend:** If the  $p$ -value is  $< 0.05$ - reject the null hypothesis; there is a significant difference; If the  $p$ -value is  $> 0.05$  - Accept the null hypothesis; there is no significant difference.

Table 6 shows the result of the Kruskal-Wallis H test that there were no statistically significant differences between the degrees of agreement in relation to job burnout of the staff-nurses when they are grouped according to age: a) in terms of disengagement as determine by  $X^2(3) = 3.752, p = 0.290$ ; b) also in terms of exhaustion as determine by  $X^2(3) = 1.603, p = .659$ . These findings mean that age does not affect the degrees of agreement in relation to job burnout of the staff nurses (disengagement and exhaustion). This is because burnout happens to all people of all ages and nurses, they just treat this as one of the consequences of being on the job of caring for people until they become well. This finding is confirmed by the works of Toode (2015) which reported that the interest in nursing work itself has nothing to do with nurses' age, as the internal motivation to work was as common among older hospital nurses as it was in their younger counterparts.

#### 4.2. Sex

**Table 7: Degrees of Agreement in Relation to Job Burnout of the Staff-Nurses when Grouped According to Sex**

Degrees of Agreement in Relation to Job Burnout	Sex	Mean Rank	df	$\chi^2$	Asymp. Sig.	Decision	Interpretation
DISENGAGEMENT	Male	89.04	1	.262	.609	Accept $H_0$	No Significant Difference
	Female	93.34					
EXHAUSTION	Male	76.34	1	7.428	.006	Reject $H_0$	Significant Difference
	Female	99.08					

Table 7 displays the result of the Kruskal-Wallis H test that there was no statistically significant difference between the degrees of agreement in relation to job burnout of the staff-nurses when they are grouped according to sex, in terms of disengagement, as determined by  $X^2(1) = 0.262, p = 0.609$ ; however, in terms of exhaustion, there was a statistically significant difference between the degrees of agreement in relation to job burnout of the staff-nurses when they are grouped according to sex as determined by  $X^2(1) = 7.428, p = 0.006$ . The finding in terms of disengagement simply implied that whatever sex that the staff nurses have, they still have the same attitude or degree of agreement towards burnout. This is because nurses regardless of sex are mandated to do their job according to the realms of their Code of Conduct. The finding of significant difference between male and female in terms of exhaustion is similar to the studies by many authors from Shenyang, China (Li et al, 2014), and Nigeria (Lasebukan and Oyetunde, 2013) which reported that females were found to suffer more emotional exhaustion than their male colleagues.

#### 4.3. Marital Status

**Table 8: Degrees of Agreement in Relation to Job Burnout of the Staff-Nurses when Grouped According to Marital Status**

Degrees of Agreement in Relation to Job Burnout	Marital Status	Mean Rank	df	$\chi^2$	Asymp. Sig.	Decision	Interpretation
DISENGAGEMENT	Married	97.07	1	1.178	.278	Accept $H_0$	No Significant Difference
	Single	88.48					
EXHAUSTION	Married	91.99	1	.000	.998	Accept $H_0$	No Significant Difference
	Single	92.01					

Table 8 shows the result of the Kruskal-Wallis H test that there were no statistically significant differences between the degrees of agreement in relation to job burnout of the staff-nurses when they are grouped according to marital status: a) in terms of disengagement as determine by  $X^2(1) = 1.178, p = 0.278$ ; b) also in terms of exhaustion as determine by  $X^2(1) = 0.000, p = 0.998$ . The finding shows that marital status does not affect or influence the feelings of burnout for the staff nurse-respondents. Nurses have the ability to pull through or cope successfully despite substantial hardship at work because they knew that they are dealing with people’s lives which they cannot just ignore. This is confirmed by the works of Manzano and Ayala-Calvo (2012) which said that resilient nurses learn to overcome difficulties and develop better coping mechanisms to address burnout through exposure to difficult working situations and environments.

**4.4. Salary**

**Table 9: Degrees of Agreement in Relation to Job Burnout of the Staff-Nurses when Grouped According to Salary**

Degrees of Agreement in Relation to Job Burnout	Salary	Mean Rank	df	$x^2$	Asymp. Sig.	Decision	Interpretation
DISENGAGEMENT	10,000 - 20,000 pesos	99.10	1	1.215	.270	Accept Ho	No Significant Difference
	more than 20,000 pesos	89.40					
EXHAUSTION	10,000 - 20,000 pesos	88.60	1	0.283	.595	Accept Ho	No Significant Difference
	more than 20,000 pesos	93.24					

Table 9 presents the result of the Kruskal-Wallis H test that there were no statistically significant differences between the degrees of agreement in relation to job burnout of the staff-nurses when they are grouped according to salary: a) in terms of disengagement, as determine by  $X^2(1) = 1.215, p = 0.270$ ; b) also in terms of exhaustion, as determine by  $X^2(1) = 0.283, p = 0.595$ . The finding signifies that the salary of the staff nurse-respondents does not affect their feeling of disengagement and exhaustion. This is because the salaries of the nurses at these hospitals are standardized and according to their work position (since most of them have the same salary bracket of more than 20,000 pesos and mostly Nurse 2). The finding of this study is contrary to that of Yang and Wang (2015), which found out that nurses with different monthly incomes have significant differences in the life satisfaction dimensions and total score of subjective well-being.

#### 4.5. Unit of Practice

**Table 10:** Degrees of Agreement in Relation to Job Burnout of the Staff-Nurses when Grouped According to Unit of Practice

Degrees of Agreement in Relation to Job Burnout	Unit of Practice	Mean Rank	df	x <sup>2</sup>	Asymp. Sig.	Decision	Interpretation
DISENGAGEMENT	General Wards	98.85	2	6.672	.036	Reject Ho	Significant Difference
	Special Areas	87.35					
	Other Areas	64.34					
EXHAUSTION	General Wards	90.00	2	.627	.731	Accept Ho	No Significant Difference
	Special Areas	96.30					
	Other Areas	88.88					

Table 10 shows the result of the Kruskal-Wallis H test that there was a statistically significant difference between the degrees of agreement in relation to job burnout of the staff-nurses when they are grouped according to the unit of practice in terms of disengagement as determine by  $X^2(2) = 6.672, p = 0.036$ ; however, there was no statistically significant difference between the degrees of agreement in relation to job burnout of the staff-nurses when they are grouped according to the unit of practice in terms of exhaustion as determine by  $X^2(2) = 0.627, p = 0.731$ .

Staff nurses when assigned to a different unit of practice feel disengaged if there are more workloads in the area; become a focus on their tasks and do not mind other people around even their patients. With this, they just work to fulfill their duties and do not feel exhausted about it. This is supported by the works of Duffield et al (2006) which suggested that a higher proportion of registered nurses in the nursing staff results in lower workload, less disengagement, and better patient outcomes.

#### 4.6. Length of Work Experience as Nurse Practitioner

**Table 11:** Degrees of Agreement in Relation to Job Burnout of the Staff-Nurses when Grouped According to Length of Experience as Nurse Practitioner

Degrees of Agreement in Relation to Job Burnout	Length of Work Experience	Mean Rank	df	x <sup>2</sup>	Asymp. Sig.	Decision	Interpretation
DISENGAGEMENT	2 - 4 YEARS	96.44	3	.629	.890	Accept Ho	No Significant Difference
	5 - 7 YEARS	89.47					
	8 - 10 YEARS	89.13					

	MORE THAN 10 YEARS	92.07					
EXHAUSTION	2 - 4 YEARS	93.45	3	3.181	.365	<i>Accept Ho</i>	<i>No Significant Difference</i>
	5 - 7 YEARS	101.21					
	8 - 10 YEARS	85.49					
	MORE THAN 10 YEARS	83.72					

Table 11 displays the result of the Kruskal-Wallis H test that there were no statistically significant differences between the degrees of agreement in relation to job burnout of the staff-nurses when they are grouped according to the length of work experience as a nurse practitioner: a) in terms of disengagement, as determined by  $X^2(3) = .629, p = 0.890$ ; b) also in terms of exhaustion, as determined by  $X^2(3) = 3.181, p = 0.365$ . The reason for this is the fact that most of them are in the 2-4 years of work experience which means they are mostly new in their career as nurses. To support this finding is the works of Yang and Wang (2015) which said that age influences nurses' job burnout, younger nurses are more likely to take on more work tasks and are committed to it.

**4.7. Nurse-Patient Ratio**

**Table 12: Degrees of Agreement in Relation to Job Burnout of the Staff-Nurses when Grouped According to Nurse-Patient Ratio**

Degrees of Agreement in Relation to Job Burnout	Nurse-Patient Ratio	Mean Rank	df	$x^2$	Asymp. Sig.	Decision	Interpretation
DISENGAGEMENT	1 NURSE TO BELOW 10 PATIENTS	65.97	3	29.640	.000	<i>Reject Ho</i>	<i>Significant Difference</i>
	1 NURSE TO 10 - 19 PATIENTS	93.17					
	1 NURSE TO 20 TO 29 PATIENTS	96.31					
	1 NURSE TO 30 TO 39 PATIENTS	124.51					
EXHAUSTION	1 NURSE TO BELOW 10 PATIENTS	86.90	3	7.870	.049	<i>Reject Ho</i>	<i>Significant Difference</i>
	1 NURSE TO 10 - 19 PATIENTS	80.44					
	1 NURSE TO 20 TO 29 PATIENTS	110.56					

	1 NURSE TO 30 TO 39 PATIENTS	97.61					
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Table 12 presents the result of the Kruskal-Wallis H test that there were statistically significant differences between the degrees of agreement in relation to job burnout of the staff-nurses when they are grouped according to the nurse-patient ratio: a) in terms of disengagement as determine by  $X^2(3) = 29.640, p = 0.000$ ; b) also in terms of exhaustion, as determine by  $X^2(3) = 7.870, p = 0.049$ . The finding implies that the nurse-patient ratio really affects their degree of agreement when it comes to burnout. This can be rationalized by the fact that heavy workloads are different from those light workloads as far as nursing is a concern. Although most of the nurses were having only 1 nurse to 10 to 19 patients, this kind of workload can be heavy for some or light to some. Similarly, Ball et al (2014) postulated that when care is not done or “missed”, the quality and safety of patient care may be compromised. The finding above is also supported by the works of Laschinger, Finegan, and Wilk (2011) which reported that high burnout levels in nursing have been associated with heavy workloads.

**4.8. Census per area**

**Table 13: Degrees of Agreement in Relation to Job Burnout of the Staff-Nurses when Grouped According to Census per Area**

Degrees of Agreement in Relation to Job Burnout	Census per Area	Mean Rank	df	x <sup>2</sup>	Asymp. Sig.	Decision	Interpretation
DISENGAGEMENT	BELOW 10	65.49	6	59.475	.000	<i>Reject Ho</i>	<i>Significant Difference</i>
	10 - 19	20.80					
	20 - 29	108.47					
	30 - 39	114.58					
	40 - 49	104.55					
	50 - 59	113.56					
	60 AND MORE	130.04					
EXHAUSTION	BELOW 10	86.71	6	24.656	.000	<i>Reject Ho</i>	<i>Significant Difference</i>
	10 - 19	22.15					
	20 - 29	101.69					
	30 - 39	86.00					
	40 - 49	105.08					
	50 - 59	107.81					
	60 AND MORE	105.74					

Table 13 displays the result of the Kruskal-Wallis H test that there were statistically significant differences between the degrees of agreement in relation to job burnout of the staff-

nurses when they are grouped according to census per area: a) in terms of disengagement, as determine by  $X^2(6) = 59.475, p = 0.000$ ; b) also in terms of exhaustion, as to determine by  $X^2(6) = 24.656, p = 0.000$ .

The finding implies that the census per area also affects their degree of agreement when it comes to burnout. This can be traced from the fact that different areas have different census per area of the patient. This finding is supported by the works of Mensik (2013) which stated that staffing typically is a day-of-operations function in which designated persons assess and determine the shift-to-shift ratio of nurses to patients to ensure adequate staffing on each shift and unit.

***Problem 5: Is there a significant relationship between the degree of agreement in relation to job burnout and the level of performance of the staff nurses?***

**Table 14:** *Significant Relationship between Degrees of Agreement in Relation to Job Burnout and Level of Performance of the Staff Nurses*

	N	Spearman Rho	Sig. (2-tailed)	Decision	Interpretation
Disengagement and Overall Performance	183	-.175	.018	<i>Reject Ho</i>	<i>Significant Relationship</i>
Exhaustion and Overall Performance	183	-.080	.282	<i>Accept Ho</i>	<i>No Significant Relationship</i>

\*\* . Correlation is significant at the 0.05 level (2-tailed).

Table 14 shows the result of Spearman’s rank-order correlation that there: a) was a negative weak correlation between the degree of agreement in relation to job burnout – disengagement and overall level of performance of the staff nurses which was statistically significant as determined by  $r_s(183) = -.175, p = .018$ ; b) was no correlation between the degree of agreement in relation to job burnout – exhaustion and overall level of performance of the staff nurses as determine by  $r_s(183) = -.080, p = .282$ . These findings for the negative weak correlation between the degree of agreement in relation to job burnout – disengagement and overall level of performance of the staff nurses indicate that when there is an increase in the degree of agreement in relation to burnout, the level of performance of staff nurses will decrease. This finding is true in every organization; such that an employee who is feeling different about his / her work can affect his /her performance in doing their work. One possible explanation for the negative link between burnout and performance was that disengaged employees (staff nurses) lack the concentration needed to perform well, and therefore make more mistakes (like an error in medication administration or frequent needle-stick injuries). This kind of condition can lead to more mistakes in the clinical setup and negative patient

outcomes. Therefore, when they have employees like this; they are referred to the clinic for evaluation and rehabilitation. The process may take time but surely it will make the person engage again and capable of properly handling/performing tasks once more. This finding is like that of Swider and Zimmerman (2010) which indicated that burnout is negatively related to performance.

***Problem 6: What are the perceived factors leading to job burnout of staff nurses?***

Based on the findings of the study, the perceived factors that lead to job burnout of the staff nurses were as follows:

1. Time constraints that after work, nurses tend to need more time in order to relax and feel better; that over time, nurses can become disconnected from work.
2. Feeling of tiredness from heavy workloads, that there are days when nurses feel tired before they arrive at work; after their work, nurses usually feel worn out and weary.
3. Emotional drain, that during work, nurses often feel emotionally drained; sometimes nurses feel sickened by their work tasks; they tend to think less at work and do their job almost mechanically; they talk more and more often about their work in a negative way.

## **6. Conclusion**

Based on the results of this study, the staff nurses have been highly experiencing burnout in terms of exhaustion [manifested by both physical fatigue (physical exhaustion that stops a person from being able to function normally) and a sense of feeling psychologically and emotionally "drained"] and disengagement (manifested by decreased eye contact, increased physical distance with the patient/client, and increased task-focused behavior). They also have an average level of performance in terms of task performance, contextual performance, and counter-productive behavior. These results led to the significant differences between the degrees of agreement in relation to job burnout of the staff-nurses (disengagement and exhaustion) when they are grouped according to nurse's work profile as to nurse-patient ratio and census per area; while there are no significant differences between the degrees of agreement in relation to job burnout of the staff-nurses (disengagement and exhaustion) when they are grouped according to nurse's personal profile except when group according to age in terms of exhaustion. Age here indicates that as the person ages, they were more prone to being exhausted and disengage as compared to the young nurses who are mostly vibrant and energetic to work. Lastly, there were significant



relationships between the degree of agreement in relation to job burnout (disengagement) and the overall level of performance of the staff nurses. This means that as job burnout increases, the overall level of performance of staff nurses decreases.

## **7. Limitation and Future Research**

The findings of this study must be treated with caution and may vary in other areas of the Philippines. This study only included the population of staff nurses at selected tertiary hospitals in Metro Manila. Although the data collected were approved by the hospital, this study was based on the self-report of the staff nurses. These staff nurses had the option of not complete the survey questionnaire but given that they were asked by their supervisors and given time to complete the survey while in the hospital, some may have felt uncomfortable leaving work without completing the survey.

## **8. Recommendation**

The results of this study indicate a need to reduce the workloads and the ratio of patients per nurse in the selected tertiary hospitals in Metro Manila, which should subsequently decrease physical and emotional exhaustion. Because the tertiary hospital is comprised of a complex bureaucratic healthcare system such changes need to be incorporated at the wider policy level as well as at a micro-departmental level of the hospital. It is also recommended that staff nurses must become aware of their own sources of job burnouts as it relates to their performance at work, and that hospital administrator should manage efficiently the workloads of their staff nurses to prevent burnout and increase job satisfaction.

Recommendation of particular attention in the future for a public health policy that would enhance, as far as possible, a healthy work-life balance for nurses.

Future researchers must use this study as reference material for future studies in relation to nurse's job burnout.

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