

# **Work–Life Balance Among Nurses in Public and Private Hospitals in Albay, Philippines: A Comparative Descriptive–Correlational Study**

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**Abstract**— Work–life balance is an important concern in healthcare systems, particularly for nurses who manage demanding clinical responsibilities while maintaining personal well-being. This study examined the work–life balance among nurses working in public and private hospitals in Albay, Philippines. Specifically, it aimed to determine the level of work–life balance among nurses, assess the extent of work-related challenges affecting their work–life balance, and identify whether significant differences exist when nurses are grouped according to selected profile variables such as hospital type, employment status, and monthly income. A comparative descriptive–correlational research design was employed. The study involved 220 registered nurses from selected public and private hospitals in Albay who had at least one year of clinical experience. Data were collected using a structured questionnaire that included the Work–Life Balance Scale developed by Hayman (2005) and items adapted from the Nursing Stress Scale of Gray-Toft and Anderson (1981). Descriptive statistics and inferential analyses, including independent samples t-test and one-way analysis of variance (ANOVA), were utilized. Results revealed that nurses generally experience a high level of work–life balance (overall mean = 3.60). Work-related challenges were experienced to a moderate extent (overall mean = 2.91), with workload and staffing conditions identified as common concerns. Employment status showed a significant difference in work–life balance, while hospital type and income did not. The findings highlight the importance of employment stability and supportive organizational practices in promoting nurses’ well-being and sustaining a resilient healthcare workforce.

**Keywords**— Work–life balance; Nursing workforce; Occupational stress; Hospital nurses; Philippines.

## **I. INTRODUCTION**

Work–life balance has become an increasingly important issue in healthcare systems worldwide, particularly for nurses who are required to manage demanding clinical responsibilities while maintaining their personal well-being. Nurses constitute a substantial portion of the global healthcare workforce and play a crucial role in delivering safe and effective patient care. According to the World Health Organization (2022), nurses account for nearly half of the global health workforce, highlighting their essential role in sustaining healthcare delivery systems. However, the nature of nursing work—including long shifts, emotional demands, and high patient workloads—often makes it difficult for nurses to maintain equilibrium between professional obligations and personal life. The International Council of Nurses (2023) has emphasized that

ensuring supportive working environments for nurses is necessary to maintain workforce stability and improve health outcomes.

Work–life balance refers to an individual’s ability to effectively manage work responsibilities alongside personal and family life without experiencing significant conflict between the two domains. In nursing, maintaining this balance is particularly challenging because of shift work, staffing shortages, and unpredictable schedules. Studies have shown that long working hours and extended shifts contribute to fatigue, stress, and reduced life satisfaction among nurses (Dall’Ora et al., 2021). Similarly, lack of schedule control has been associated with increased burnout and emotional exhaustion among healthcare professionals (Van den Bulck & Van Laethem, 2022). Work-related stressors such as heavy patient loads and

role conflict further contribute to psychological strain and work–family conflict in nursing populations (Wang et al., 2023).

International research has consistently highlighted organizational and demographic factors as key determinants of nurses’ work–life balance. Workplace conditions, including staffing adequacy, workload distribution, and institutional support, significantly influence nurses’ well-being and job satisfaction. For instance, Almutairi et al. (2021) found that quality of work life among hospital nurses is strongly linked to organizational support and working conditions. In addition, employment stability and income levels have been shown to affect work–life balance perceptions among healthcare workers, as individuals with secure employment and higher compensation often experience better work–life integration (Tan et al., 2024). Organizational culture and leadership practices also play a role in shaping nurses’ work experiences and psychological well-being (Ahmed & Hussain, 2023).

Within Asia, studies have reported that shift work and rotating schedules significantly influence nurses’ fatigue levels and personal life satisfaction. For example, research conducted among nurses in Singapore demonstrated that irregular schedules and night shifts contribute to fatigue and difficulty maintaining work–life balance (Lim et al., 2021). Similarly, working-hour characteristics have been found to significantly affect nurses’ health and work–life balance outcomes in South Korea (Kim & Park, 2022). These findings illustrate that structural and organizational factors within healthcare systems strongly influence nurses’ ability to manage professional and personal roles.

In the Philippines, work–life balance among nurses has become a pressing concern due to persistent workforce challenges such as staffing shortages, heavy workloads, and migration of healthcare professionals. The Philippine healthcare system continues to experience a significant loss of nurses to international employment opportunities, which contributes to increased workload for those remaining in local hospitals (Alibudbud, 2023). Reports have also

indicated that low compensation and limited career development opportunities contribute to declining nurse production and retention in the country (Daily Tribune, 2025). Consequently, the imbalance between work demands and personal life has been linked to burnout, reduced job satisfaction, and higher turnover intentions among Filipino nurses (Reyes, 2025; Llanes, 2025).

Previous studies conducted in various regions of the Philippines have highlighted the impact of organizational and environmental factors on nurses’ work–life balance. For instance, research in Cebu City found that perceived organizational support and workload significantly influence nurses’ ability to maintain work–life balance (Granada, 2025). Similarly, Falguera et al. (2023) reported that work engagement among nurses is associated with improved patient outcomes and professional satisfaction. In Metro Manila, studies have shown that long working hours and extended shift schedules affect nurses’ well-being and job retention (Pastor & Faller, 2025). Meanwhile, rural nurses working in government hospitals have reported challenges balancing work demands with family responsibilities due to limited resources and staffing shortages (Chavez-Nicer & Faller, 2024).

The Philippine government has enacted several legislative measures aimed at protecting the welfare of healthcare professionals. The Philippine Nursing Act of 2002 (Republic Act No. 9173) establishes standards for nursing education and practice while promoting fair and safe working conditions for nurses. In addition, the Magna Carta for Public Health Workers (Republic Act No. 7305) provides benefits and protections for health personnel employed in government institutions, including provisions related to working hours, compensation, and occupational welfare. Furthermore, the Occupational Safety and Health Standards Act of 2018 (Republic Act No. 11058) mandates employers to ensure safe and healthy working environments for employees across industries. Despite these policies, many nurses continue to experience challenges related to workload, staffing shortages, and work–life imbalance in healthcare settings.

Although a growing body of literature has explored nurses' work–life balance in different regions of the Philippines, most studies have been conducted in major urban centers or specific institutional settings. Comparative research examining work–life balance between nurses working in public and private hospitals remains limited, particularly in provincial contexts. Existing evidence suggests that structural differences between hospital types—such as staffing levels, organizational policies, and compensation systems—may influence nurses' work–life experiences (De La Salle University, 2025). However, there is still limited empirical data examining these differences within specific provincial healthcare systems.

In Albay Province, healthcare institutions operate within a mixed public and private hospital system that may present distinct working conditions for nurses. Understanding how nurses in these settings manage their professional and personal responsibilities is important for informing policies aimed at improving workforce well-being and retention. Generating localized evidence is particularly valuable because provincial healthcare environments often face unique challenges related to staffing limitations, resource allocation, and service demands.

Therefore, this study aimed to examine the work–life balance among nurses working in public and private hospitals in Albay, Philippines. Specifically, it sought to determine the level of work–life balance among nurses, assess the work-related challenges they encounter, and identify differences in work–life balance when grouped according to selected demographic variables such as hospital type, employment status, and income level. By providing context-specific evidence, the study intends to contribute to the growing body of research on nurses' work–life balance and support the development of organizational strategies that promote nurse well-being and sustainable healthcare workforce practices.

## II. METHODOLOGY

The study employed a comparative descriptive–correlational research design to examine the work–life balance of nurses in selected public and private hospitals in Albay, Philippines. The descriptive

component was used to determine the demographic profile of the respondents and to assess the overall level of work–life balance and the challenges encountered by nurses in their professional roles. The comparative aspect of the design allowed the researcher to determine whether differences existed in work–life balance when nurses were grouped according to selected profile variables such as hospital type, employment status, and monthly income. Meanwhile, the correlational component enabled the examination of relationships between these demographic variables and nurses' work–life balance without manipulating any variables, making it appropriate for analyzing naturally occurring workplace conditions among nurses.

The study was conducted in selected public and private hospitals in the province of Albay, including Josefina Belmonte Duran Albay Provincial Hospital, Legazpi City Hospital, Daraga Doctors Hospital, and Tanchuling General Hospital. A total of 220 registered nurses with at least one year of professional experience participated in the study, ensuring that respondents had adequate exposure to the work environment and workplace demands. Total enumeration was used to include all eligible nurses from the selected institutions. Data were collected using a structured questionnaire composed of three parts: respondents' demographic profile, the assessment of work–life balance, and the identification of work-related challenges affecting balance. Participation in the study was voluntary, and confidentiality of responses was ensured through ethical procedures and the use of coded data.

Two validated instruments were utilized to gather quantitative data. The Work–Life Balance Scale developed by Hayman (2005) was used to measure the level of work–life balance across three dimensions: work interference with personal life, personal life interference with work, and work–personal life enhancement. In addition, workplace challenges were assessed using items adapted from the Nursing Stress Scale developed by Gray-Toft and Anderson (1981). Descriptive statistics such as frequency, percentage, and weighted mean were used to summarize the data, while inferential statistical tests were applied to

determine group differences. Specifically, an independent samples t-test was used to compare work–life balance between two groups, while one-way analysis of variance (ANOVA) was used to examine differences among multiple income groups. All statistical tests were interpreted at a 0.05 level of significance to determine whether observed differences were statistically significant.

### III. RESULTS & DISCUSSION

#### *Level of Work–Life Balance Among Nurses in Public and Private Hospitals in Albay*

The findings presented in Table 1 indicate that nurses working in both public and private hospitals in Albay

generally experience a high level of work–life balance, with an overall weighted mean of 3.60. When analyzed by hospital type, nurses in private hospitals reported a slightly higher overall work–life balance (WM = 3.64) compared with those in public hospitals (WM = 3.55). Although the difference is minimal, the results suggest that nurses across both institutional contexts are able to maintain a relatively balanced integration between their professional responsibilities and personal lives. This finding reflects the capacity of nurses to adapt to demanding healthcare environments while maintaining personal well-being, a critical factor for sustaining workforce resilience and quality patient care.

**Table 1.** Level of Work–Life Balance Among Nurses in Public and Private Hospitals (N = 220)

Work–Life Balance Dimension	Public Hospitals	Private Hospitals	$\bar{x}$	Int.
Work Interference with Personal Life	3.32	3.35	3.33	Moderate
Personal Life Interference with Work	3.70	3.99	3.83	High
Work–Personal Life Enhancement	3.64	3.58	3.60	High
Overall Work–Life Balance	3.55	3.64	3.60	High

In terms of specific dimensions, the Work Interference with Personal Life dimension obtained an overall mean of 3.33, interpreted as moderate. This suggests that work responsibilities occasionally interfere with nurses’ personal lives, particularly in terms of time availability, family involvement, and participation in non-work activities. Such interference is expected in healthcare environments where nurses are frequently exposed to heavy workloads, shift rotations, and time-sensitive clinical responsibilities. The moderate level observed implies that while work demands do intrude into personal life, the extent of interference remains manageable for most respondents. This indicates that nurses are still able to maintain a degree of control over their personal commitments despite professional pressures.

The Personal Life Interference with Work dimension obtained a higher overall mean of 3.83, interpreted as high. This finding suggests that personal life factors, including family obligations, fatigue, or emotional stress, may occasionally influence nurses’ performance and energy levels at work. Private hospital nurses reported slightly higher scores in this dimension compared with public hospital nurses,

indicating that personal concerns may have a somewhat stronger effect on work functioning within private healthcare settings. This pattern reflects the reciprocal relationship between work and personal life, highlighting that while work responsibilities can affect personal well-being, personal circumstances can likewise influence professional performance.

The Work–Personal Life Enhancement dimension also yielded a high overall mean of 3.60, indicating that nurses perceive positive interactions between their work and personal lives. This suggests that experiences in one domain may contribute positively to the other. Personal relationships, family support, and life satisfaction may help improve nurses’ mood and motivation at work, while professional achievements and meaningful patient interactions may enhance personal fulfillment and self-esteem. The presence of this positive interaction demonstrates that work and personal life are not solely sources of conflict but may also serve as sources of mutual support and enrichment for nurses.

The findings of the present study are consistent with several studies in the literature that emphasize the

complex interaction between work demands and personal well-being among nurses. For instance, Seragon and Cruz (2025) reported that although nurses generally maintained a positive level of work–life balance, role conflict arising from shift schedules and emotional demands remained a common challenge. Similarly, Granada (2025) found that heavy workloads and organizational demands influenced nurses’ perceptions of balance, although supportive workplace environments helped mitigate these effects. Pastor and Faller (2025) also identified a significant relationship between work–life balance, job retention, and perceived safety among nurses working extended shifts in private hospitals in Metro Manila. These studies collectively support the present findings by demonstrating that nurses can maintain a relatively favorable work–life balance despite occupational pressures, particularly when supportive institutional conditions and personal coping mechanisms are present.

**Work-Related Challenges Affecting Nurses’ Work–Life Balance**

Table 2 presents the extent of work-related challenges affecting nurses’ work–life balance in selected public and private hospitals in Albay. The results indicate that nurses experience an overall moderate extent of challenges (overall mean = 2.91). This suggests that while nurses are able to maintain a relatively favorable work–life balance, several workplace conditions still

create difficulties that may occasionally interfere with their professional responsibilities and personal well-being. These findings reflect the demanding nature of nursing practice, where clinical workload, staffing patterns, and administrative tasks can influence nurses’ capacity to manage both work and personal commitments effectively.

Among the identified challenges, missing or shortening meal and rest breaks due to workload ( $\bar{x} = 3.37$ ) obtained the highest mean, indicating that workload pressures often limit nurses’ opportunities for adequate rest during shifts. This was followed by working in understaffed shifts ( $\bar{x} = 3.19$ ) and handling more patients than manageable for safe care delivery ( $\bar{x} = 3.11$ ), both interpreted as moderate in extent. These findings highlight the continuing impact of workload intensity and staffing limitations within healthcare institutions.

When nurses are assigned large patient loads or work in understaffed units, they may experience physical fatigue, increased stress levels, and reduced time for recovery, which can affect both job performance and personal well-being.

Although these challenges occur at a moderate level, their cumulative effect may still influence nurses’ capacity to maintain an optimal balance between professional duties and personal responsibilities.

**Table 2.** Extent of Work-Related Challenges Affecting Nurses’ Work–Life Balance

Work-Related Challenges	$\bar{x}$	Int.
Handling more patients than manageable for safe care	3.11	Moderate
Working in understaffed shifts	3.19	Moderate
Missing or shortening meal/rest breaks due to workload	3.37	Moderate
Sudden changes in duty schedules	2.90	Moderate
Mandatory overtime	2.84	Moderate
Assigned to unfamiliar units without preparation	2.14	Low
Excessive documentation workload	2.82	Moderate
Overall Mean	2.91	Moderate Extent

Other challenges identified in the study include sudden changes in duty schedules ( $\bar{x} = 2.90$ ) and mandatory overtime ( $\bar{x} = 2.84$ ), both of which were also interpreted as moderate. Irregular scheduling practices may disrupt nurses’ ability to plan personal activities,

fulfill family obligations, or obtain sufficient rest outside the workplace. Additionally, excessive documentation workload ( $\bar{x} = 2.82$ ) was identified as a moderate challenge, suggesting that administrative and reporting responsibilities consume a portion of

nurses' time that could otherwise be devoted to patient care or recovery periods during shifts. In contrast, the item "assigned to unfamiliar units without preparation" ( $\bar{x} = 2.14$ ) was interpreted as having a low extent, indicating that such occurrences are relatively less frequent in the participating hospitals. This finding may reflect existing organizational policies that limit reassignment without adequate orientation or training.

Overall, the findings suggest that although nurses in Albay experience several workplace challenges, these difficulties occur at a manageable level and do not completely undermine their ability to maintain work-life balance. However, the presence of moderate challenges—particularly those related to workload, staffing shortages, and missed rest breaks—highlights the need for organizational strategies that address these issues. Interventions such as improved staffing allocation, workload management, and structured rest periods may help reduce the burden on nurses and further strengthen their capacity to balance professional and personal roles.

The present findings are supported by previous studies emphasizing the impact of workload and organizational conditions on nurses' work-life balance. For instance, Granada (2025) reported that heavy workloads and insufficient organizational support were major factors affecting nurses' ability to balance work and personal responsibilities in hospital settings. Similarly, Seragon and Cruz (2025) found that nurses often encounter role conflict and emotional strain due to demanding clinical duties and rotating schedules. In addition, Pastor and Faller (2025) identified workload intensity and extended shift patterns as significant contributors to stress and reduced quality of work life among nurses. These studies collectively support the present results by

demonstrating that workload pressures, staffing limitations, and administrative demands remain common challenges affecting nurses' work-life balance across healthcare institutions.

***Differences in Work-Life Balance According to Nurses' Profile Variables***

Table 3 presents the results of the statistical analysis examining whether significant differences exist in the level of work-life balance among nurses when grouped according to selected profile variables, namely hospital type, employment status, and monthly income. The analysis utilized independent samples t-tests for variables with two categories and one-way analysis of variance (ANOVA) for variables with more than two categories. The results indicate that among the profile variables examined, only employment status showed a statistically significant difference in work-life balance, while hospital type and monthly income did not demonstrate significant differences.

In terms of hospital type, the independent samples t-test revealed a test value of  $t = 0.98$  with a p-value of 0.33, indicating no statistically significant difference in the level of work-life balance between nurses working in public and private hospitals. This finding suggests that nurses across both institutional settings experience relatively similar levels of balance between their professional responsibilities and personal lives. Despite differences that may exist in administrative structures, compensation systems, or organizational policies between public and private healthcare institutions, these factors do not appear to significantly influence the overall work-life balance of nurses in the study area. This result indicates that the demands and pressures associated with nursing practice may be relatively comparable across hospital types within the province.

**Table 3.** Differences in Work-Life Balance According to Profile Variables

Profile Variable	Statistical Test	Test Value	p-value	Decision
Hospital Type (Public vs Private)	Independent t-test	$t = 0.98$	0.33	Not Significant
Employment Status (Permanent vs Contractual)	Independent t-test	—	<0.05	Significant
Monthly Income	One-way ANOVA	—	>0.05	Not Significant

In contrast, employment status demonstrated a statistically significant difference in work–life balance ( $p < 0.05$ ) between permanent and contractual nurses. This result suggests that the stability associated with permanent employment may positively influence nurses' ability to maintain balance between their work and personal lives. Permanent nurses may benefit from greater job security, more predictable schedules, and improved access to institutional benefits, which may contribute to a more stable work environment and reduced occupational stress. On the other hand, contractual or job-order nurses may face uncertainties related to job continuity, workload allocation, and professional advancement opportunities, which may affect their overall well-being and perceived balance between work and personal responsibilities.

With respect to monthly income, the one-way ANOVA results showed no significant difference in work–life balance ( $p > 0.05$ ) among nurses across different income categories. This finding indicates that variations in salary levels among respondents do not significantly influence their perceived work–life balance. Although income may affect financial stability and overall quality of life, the results suggest that other factors—such as workload, staffing conditions, organizational support, and work schedules—may play a more substantial role in shaping nurses' work–life experiences than income alone.

Overall, the results indicate that employment stability is a more influential factor in shaping nurses' work–life balance than hospital type or income level. These findings highlight the importance of employment conditions in promoting nurses' well-being and sustaining workforce stability. Healthcare institutions may therefore benefit from strengthening employment policies that support job security, fair workload distribution, and professional development opportunities, particularly for contractual nurses who may experience greater occupational uncertainty.

The findings of the present study are supported by existing literature that emphasizes the role of employment conditions and organizational structures in influencing nurses' work–life balance. Granada

(2025) reported that organizational support and workload distribution significantly affect nurses' perceptions of balance within hospital settings. Similarly, Olivar (2025) found that stable employment conditions are associated with stronger organizational commitment and improved work–life outcomes among nurses. In addition, comparative research conducted in Laguna reported that although nurses in public hospitals sometimes demonstrate slightly better perceptions of balance than those in private hospitals, institutional differences alone do not always produce statistically significant variations in work–life balance. These studies reinforce the present findings by highlighting that employment security and supportive organizational environments are key determinants of nurses' work–life balance, while other demographic factors such as income may have a more limited direct effect.

#### IV. CONCLUSIONS

This study examined the work–life balance of nurses in selected public and private hospitals in Albay by analyzing the level of work–life balance, the extent of work-related challenges encountered by nurses, and the differences in work–life balance when grouped according to selected profile variables. The findings revealed that nurses in both public and private hospitals generally experience a high level of work–life balance, indicating that most respondents are able to maintain a relatively positive relationship between their professional responsibilities and personal lives. Although moderate levels of work interference with personal life were observed, nurses reported that personal life also contributes positively to their work performance through increased motivation, improved mood, and enhanced emotional resilience. These findings suggest that despite the demanding nature of healthcare practice, nurses demonstrate a capacity to adapt and manage the dual demands of work and personal life.

The results also showed that nurses experience moderate levels of work-related challenges, particularly in relation to heavy patient loads, understaffed shifts, shortened meal or rest breaks, sudden schedule changes, and mandatory overtime. These challenges reflect common structural conditions

in healthcare environments where high workload intensity and staffing limitations remain persistent concerns. Although these challenges occur at a moderate extent, they may still contribute to fatigue and stress over time if not addressed through organizational interventions. Nonetheless, the relatively moderate level of reported challenges suggests that nurses are able to cope with these demands while still maintaining an overall favorable work–life balance.

Furthermore, the statistical analysis revealed that employment status significantly influences nurses’ work–life balance, while hospital type and monthly income do not demonstrate significant differences. Permanent nurses tend to experience better work–life balance compared with contractual or job-order nurses, highlighting the importance of employment stability and job security in promoting nurses’ well-being. These findings emphasize that organizational policies related to employment conditions may have a greater impact on nurses’ work–life balance than institutional classification or income levels. Overall, the study underscores the importance of supportive workplace environments and stable employment arrangements in sustaining nurses’ professional and personal well-being.

Based on the findings of the study, it is recommended that hospital administrators and healthcare policymakers strengthen institutional strategies that support nurses’ work–life balance. Efforts should focus on improving staffing allocation, reducing excessive workloads, and implementing more flexible scheduling systems to minimize disruptions to nurses’ personal lives. Healthcare institutions may also consider establishing wellness programs, stress management initiatives, and professional support systems that help nurses manage occupational demands more effectively. Additionally, policies that promote employment stability and equitable working conditions—particularly for contractual nurses—should be prioritized to enhance job security and professional satisfaction. Future research may also explore additional factors influencing work–life

balance, such as leadership support, organizational culture, and mental health resources, to provide a more comprehensive understanding of nurses’ well-being in healthcare settings.

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