

Degree of Job Burnout Among Nurses in Private Hospitals of Marawi City

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Abstract— This study examined the degree of job burnout among nurses in private hospitals of Marawi City and explored whether gender and age influence burnout levels. Utilizing a descriptive–comparative research design, the study included all 48 nurses from Mindalano Specialist Foundation Inc. and Dr. Abdullah Hospital, with data collected through a validated survey questionnaire measuring work relationships, psychological/emotional factors, and occupational factors. Descriptive statistics, weighted means, and t-tests were employed to analyze demographic profiles, burnout levels, and significant differences across groups. Findings indicate that the majority of respondents are young (21–30 years), female, single, and early in their nursing careers, primarily assigned to high-demand units such as Medical and Pediatric wards. Overall, nurses experience moderate or occasional burnout, with the highest influence stemming from work relationships (AWM = 3.39), followed by occupational (AWM = 2.90) and psychological/emotional factors (AWM = 2.49). Specific indicators reveal frequent physical and emotional fatigue, although nurses maintain engagement and professional commitment. Comparative analyses show no significant differences in burnout based on gender ($t = 1.49$, $CV = 1.96$) or age ($t = 1.09$, $CV = 1.96$), suggesting that workplace conditions rather than demographic factors primarily affect burnout. These findings underscore the importance of supportive work environments, effective communication, and recognition programs in mitigating nurse burnout. The study recommends interventions targeting nurses, hospital management, policymakers, patients, and the community, alongside further research on longitudinal effects and additional contributing factors.

Keywords— nurse burnout, private hospitals, work relationships, psychological stress, occupational factors, Marawi City.

INTRODUCTION

Background of the Study

Job burnout among nurses has been an increasing issue within the healthcare facilities especially in the private hospitals where the work demands tend to increase due to restricted resources and staffing factors. Burnout is a multidimensional phenomenon that is expressed in the strained working relationships, psychological and emotional exhaustion, and work stress. Nurses are often exposed to excessive working hours, large patient load, emotionally challenging circumstances and more complicated clinical duties, all of which add up to fatigue, loss of motivation and low performance at work. The clinical conditions are subject to change depending on the age, gender, work experience, and the unit assigned to nurses, and job burnout is a serious problem that influences not only the individual nurse but also the healthcare organization.

The importance of researching job burnout in nurses is not entirely unsubstantiated in literature. Studies have revealed that nurses with high workloads, insufficiency in staffing, and unfavorable working conditions are highly susceptible to burnout (Maslach and Leiter, 2016). The authors of the research study conducted by Dall’Ora et al. (2016) discovered that emotional exhaustion and work stress are related to high job demands and lack of time to recover. On the same note, Gomez-Urquiza et al. (2017) pointed out that burnout had adverse impacts on the psychological well-being of nurses and their job satisfaction. In subsequent research, it was found that burnout is linked to a higher turnover intention and decreased patient care quality (Moloney et al., 2018; Tawfik et al., 2019). These results make it clear that the assessment of burnout dimensions is needed in order to safeguard the well-being of nurses and maintain the quality of healthcare delivery.

Even though there is a large amount of research on the subject of nurse burnout, there are significant gaps in the literature. The focus of most of the extant literature has focused on government hospitals and major urban healthcare environments with little focus on private hospitals, especially those in conflict-prone regions or those in resource-strained environments. When applied to Marawi City, the consequences of the Marawi Siege caused further burden to the healthcare systems, causing a surge in the demand of services but with limited resources. Nevertheless, there is a lack of empirical research on job burnout among nurses in the context of privately operated hospitals in this specific area. This gap in context indicates that special research is required to gain insight into burnout experiences among nurses in the private healthcare facilities of Marawi City.

With the intention of filling these gaps, this research seeks to establish the level of job burnout among nurses in Marawi City private hospitals in regards to work relationship, psychological and emotional, and occupational aspects. It also aims to determine the presence of substantial differences in the levels of burnout when nurses are classified in terms of age and gender. The results of the current research can be used as a foundation to create workplace-stress interventions, stress-management activities, and organizational policies in the area of burnout reduction, better nurse retention, and increased quality of healthcare provision in private hospitals.

Theoretical Framework

The present research is grounded on the Burnout Theory developed by Maslach (1981) and the Conservation of Resources Theory developed by Hobfoll (1989). These theories give the idea of job burnout a strong theoretical framework to explain the phenomenon of job burnout as a psychological and occupational experience due to a long-term exposure to stress risks at work, especially at the occupations that demand significant stress at work such as the nursing profession.

The concept of Maslach Burnout Theory is developed to conceptualize burnout as a multidimensional concept that includes emotional fatigue,

depersonalization, and low personal achievement. Emotional exhaustion is an emotion of emotional overextension and the loss of emotional energy. The former describes depersonalization which is where negative, cynical or detached attitudes towards recipients of one's care develop, and reduced personal accomplishment is described as a drop in competence and achievement feelings at work. This theory explicates the role of chronic stress at work, work overload and poor interpersonal relationships in burning out, particularly in service-based occupation where emotional work is an order of the day.

In addition to this model, there is the Conservation of Resources Theory of Hobfoll which argues that people endeavor to acquire, maintain, and defend valuable resources including energy, emotional stability, time, and social support. When these resources are at stake, lost or not replenished adequately, this can lead to stress. Resource depletion in the nursing setting may be as a result of constant work demands, staffing shortage, organizational inadequate support, and emotional traumatic situations. In cases where nurses cannot regain lost resources, chronic stress can later lead to job burnout.

The theories can be applied in the current research because they describe how labour-related pressures in the private hospitals can contribute to burnout among nurses. The strained work relations are consistent with depersonalization and the loss of social resources, psychological and emotional aspects are associated with emotional exhaustion, and occupational aspects are connected with the achievement of less personal accomplishment and continued resources loss. The age and gender variations in levels of burnout can also be attributed to differences in the coping style, experience and availability of personal resources.

Various researchers have been able to use these theories in the study of nurse burnout. In a study by Maslach and Leiter (2016), the authors were able to use the Burnout Theory to describe the connection between work environment and emotional exhaustion among healthcare workers. Dall'Ora et al. (2016) used the burnout dimensions in determining the well-being of nurses working in hospitals, whereas Gomez-

Urquiza et al. (2017) resorted to the framework to investigate the emotional exhaustion and psychological distress in nurses. Equally, the resource loss as the basis of the studies has shown that burnout and turnover intention among nurses can be greatly predicted by sustained resource loss (Moloney et al., 2018; Tawfik et al., 2019).

The applicability of these theories in the current study is that they have the capacity to describe the underlying processes of job burnout among nurses in the Marawi City, in a private hospital. The combination of the two theories gives the study a broad insight into the role of emotional strain, work demands, and resource limitation in burnout. The frameworks facilitate the recognition of the main dimensions of burnout and help to understand the results, thus, being crucial in designing evidence-based interventions that can support burnout reduction and enhance the well-being and working performance of nurses.

Statement of the Problem

This study investigated the level of job burnout experienced by nurses in private hospitals in Marawi City. Specifically, it sought to answer the following questions:

What is the profile of the respondents in terms of:

- Age
- Gender
- Marital status
- Work experience
- Area or unit assignment

What is the degree of job burnout among the respondents in terms of:

- Work relationship
- Psychological and emotional aspects
- Occupational aspects
- Is there a significant difference in job burnout between male and female nurses?
- Is there a significant difference in job burnout between younger and older nurses?

Hypothesis

Ho1: There is no significant difference in the level of job burnout between male and female nurses.

Ho2: There is no significant difference in the level of job burnout between younger and older nurses.

II. RESEARCH METHODOLOGY

This study employed a descriptive-comparative research design to assess the level of job burnout among nurses in private hospitals in Marawi City and to determine differences when grouped according to gender and age. The research was conducted in two private hospitals, namely Mindalano Specialist Foundation Inc. and Dr. Abdullah Hospital, both of which provide essential healthcare services and employ licensed nurses directly engaged in patient care. All nurses working in these hospitals were included as respondents, regardless of their demographic characteristics or assigned units, ensuring a comprehensive representation of the population.

Data were gathered using a structured questionnaire adapted from Albieri and Salvagioni, consisting of two parts: respondents' demographic profile and items measuring job burnout across work relationships, psychological/emotional factors, and occupational factors using a five-point Likert scale. The instrument underwent validation through pilot testing with non-respondents and expert review, leading to necessary revisions for clarity and relevance. Prior to data collection, permission from hospital authorities and informed consent from participants were secured. Questionnaires were distributed and retrieved systematically to ensure accuracy and minimal disruption to hospital operations.

Ethical standards were strictly observed, including voluntary participation, confidentiality, anonymity, and the protection of respondents from any form of harm. Data were analyzed using frequency counts and percentages to describe respondent profiles, weighted means to determine burnout levels, and t-tests to identify significant differences based on gender and age at a 0.05 level of significance.

III. PRESENTATION, ANALYSIS, AND INTERPRETATION OF DATA

Table 1.1 Demographic Profile of Respondents in terms of Age

Age in year/s	Frequency	Percentage
21 – 30	26	54.17
31 – 41	21	43.75
41 above	1	2.08
Total	48	100.00%

Table 1.1 shows the age distribution of the respondents. Most of the nurses, 26 (54.17%), fall in within the 21 weeks to 30 years and 21 (43.75) in the 31 weeks to 41 years bracket and only 1 (2.08) is above 41 years of age and above. This means that majority of the respondents are young to early middle adulthood stage where they are physically fit and they can do

routine nursing duties effectively. Nevertheless, due to the stressful conditions of nursing career, the representatives of the aforementioned age groups might also be susceptible to work burnout when subjected to excessive workloads or other factors involving work pressure.

Table 1.2 Demographic Profile of Respondents in terms of Gender

Gender	Frequency	Percentage
Male	3	6.25
Female	45	93.75
Total	48	100.00%

Table 1.2 shows the representation of respondents in terms of gender. It shows that the majority (45, 93.75) of the respondents are female and only 3 (6.25) are male. This means that the sample is dominated by female nurses and so is the trend in the nursing

profession which is generally known to be dominated by females. The presented results show the gender balance among nursing staff and put into perspective the work dynamics and experience of job burnout in this environment.

Table 1.3 Demographic Profile of Respondents in terms of Civil Status

Civil Status	Frequency	Percentage
Single	43	89.58
Married	5	10.42
Total	48	100.00%

Table 1.3 shows the distribution of respondents in terms of civil status. The records indicate that most, 43 (89.58%), are single with only 5 (10.42%) married. It means that the majority of the respondents are single, which can give them more freedom and time to handle

nursing tasks successfully. However, these nurses, in spite of being single, remain vulnerable to job burnout especially in instances where their workloads are too high or they are under a lot of work-related stress.

Table 1.4 Demographic Profile of Respondents in terms of Work Experience

Year of Experience	Frequency	Percentage
1 – 5 years	43	89.58
6 – 10 years	3	6.25
11 years and above	2	4.17
Total	48	100.00%

Table 1.4. shows the distribution of the respondents in terms of their years of experience. The data shows that the highest number of participants, 43 (89.58%), have 1- 5 years' experience with 3 (6.25%) having 6-10 years' experience, and only 2 (4.17%) having 11 years and above experience. This indicates that the majority

of respondents are in their mid to early stages of nursing practice but have already adjusted to the routine and the duties of their jobs. The experience they have gained equips them to undertake nursing duties. Nevertheless, high workloads with time can still be a factor in job burnout.

Table 1.5 Demographic Profile of Respondents in terms of Unit Area Assigned

Unit Area Assigned	Frequency	Percentage
Medical	12	25.00
Surgical	7	14.58
OB-GYNE	10	20.83
PEDIA	12	25.00
ICU	0	0.0
OR/DR/NICU	3	6.25
OPD/ER	4	8.33
Total	48	100.00%

Table 1.5 shows the distribution of the respondents based on their unit or area of assignment. The statistics indicate that the biggest percentage of nurses 12 (25%), work both at the Medical and Pediatric unit and at OB-GYNE and Surgical with 10 (20.83) and 4 (8.33) respectively, and at OR/DR/NICU with 3 (6.25). The ICU did not have any respondents. It

means that fifty percent of the respondents work in the Medical and Pediatric wards that are generally busy locations that demand full attention and care. The tasks of these units are usually high and physically and emotionally demanding, which may predispose nurses to job burnout.

Table 2.1 Degree of Job Burnout in terms of Work-relationship

Indicators	Weighted Mean	Description
A. Work Relationship		
1. Feel drained from my work	4.01	Often
2. I feel tired at the end of my work	4.00	Often
3. I feel tired when I get up in the morning and have to face another day on the job	3.89	Often
4. Working all day on the job	3.90	Often
5. I can effectively solve the problems that arise in my work	3.50	Often
6. I feel burned out from my job	3.01	Sometimes
7. I feel I'm making an effective contribution to what the hospital I'm working for offers	3.75	Often
8. I have become less interested in my work since I started this job	2.92	Sometimes
9. I have become less enthusiastic about my work	2.15	Rarely
10. In my opinion, I am good at my job	3.50	Often
11. I feel exhilarated when I accomplish something at my work	3.80	Often
12. I have accomplished many worthwhile things in my job	3.60	Often
13. I just want to do my job and not be bothered	3.15	Sometimes
14. I doubt the significance of my work	2.90	Sometimes

15. I have become more cynical about whether my work contributes anything	2.80	Sometimes
Average	3.39	Sometimes

Table 2.1 presents the respondents' perceived degree of job burnout in the dimension of Work-Relationship. The overall average weighted mean is 3.39, which falls under the descriptive level "Sometimes". It means that, on the balances, on average, nurses sometimes have the symptoms of burnout concerning their relationships with both colleagues and patients as well as job demands, which reflects the moderate strain in their interactions with colleagues, patients, and job demands. Although burnout is detected, it is not always at a high rate in all respondents.

Examining the specific indicators, the highest-rated statement is "I feel drained from my work" (4.01 – Often), followed closely by "I feel tired at the end of my work" (4.00 – Often), "Working all day on the job" (3.90 – Often), and "I feel exhilarated when I accomplish something at my work" (3.80 – Often). These items indicate that nurses frequently experience fatigue and physical exhaustion but still find occasional satisfaction from accomplishments in their roles. Conversely, the lowest-rated statements include "I have become less enthusiastic about my work" (2.15

– Rarely) and "I have become more cynical about whether my work contributes anything" (2.80 – Sometimes), which demonstrates that even the lowest indicators are positive at least to some degree, as the majority of respondents are engaged and committed to their work even when they experience some symptoms of burnout.

The findings align with the recent research on nurse burnout, which indicates that physical fatigue and emotional exhaustion rates are prevalent even among early-career nurses, whereas professional commitment does not decline (Almaraz et al., 2020).

In a similar vein, Smith and Garcia (2019) observed that moderate burnout when dealing with daily work interactions is frequently reported by the nurses, yet the relationships with the supporting team members and a feeling of achievement can curb the effects of disengagement in the long term. These findings are affirmed by the results of this study, emphasizing a role of work relationships as a factor in the overall experience of job burnout among nurses.

Table 2.2 Degree of Job Burnout in terms of Psychological Factor / Emotional Aspects

Indicators	Weighted Mean	Literal Dimension
1. I experience decreased job satisfaction and accomplishment	2.50	Often
2. I have enough emotional support	2.92	Often
3. I am feeling alone and helpless and experience a sense of failure	2.33	Sometimes
4. I receive social support from my colleagues	3.00	Often
5. I receive support from my manager	2.25	Sometimes
6. As a team working together we attend team-building sessions or social events	1.96	Sometimes
Average	2.49	Often

Table 2.2 presents the respondents' perceived degree of job burnout in the dimension of Psychological Factors/Emotional Aspects. The overall average weighted mean is 2.49, which falls under the descriptive level "Often". This shows that nurses at times feel stressed emotionally and psychologically at work place and this factor may influence their job satisfaction and achievement. Although the burnout is

not permanent, such results indicate that there is moderate emotional pressure that may affect general well-being and performance at work. Looking at the specific indicators, the highest-rated statement is "I receive social support from my colleagues" (3.00 – Often), followed by "I have enough emotional support" (2.92 – Often) and "I experience decreased job satisfaction and accomplishment" (2.50 – Often).

These ratings suggest that peer support plays a crucial role in mitigating burnout, while feelings of reduced satisfaction are present but not overwhelming. Conversely, the lowest-rated statements are “As a team working together we attend team-building sessions or social events” (1.96 – Sometimes) and “I receive support from my manager” (2.25 – Sometimes), indicating limited formal emotional support structures. Despite being the lowest, these items still indicate some positive engagement, as reflected in the “Sometimes” rating.

These results are attributed to recent studies that highlight why emotional and social support is important in alleviating burnout in nurses. Indicatively, in another study, Lee et al. (2020) stated

that peers supported nurses had a lower rate of emotional exhaustion, and lack of managerial support caused moderate psychological burden.

On the same note, Park and Kim (2019) reported that team building and emotional reinforcement increase job satisfaction and resilience among nurses in hospitals.

These findings are confirmed by the outcomes of this work; in particular, psychological and emotional drivers, which are justified by the colleagues and the support provided by the managers sometimes, are central to conceptualize and deal with job burnout in the context of the private hospitals.

Table 2.3 Degree of Job Burnout in terms of Occupational Factors

Occupational Factors	Weighted Mean	Literal Description
1. Feel uncertain about what should be accomplished in my job (role ambiguity)	3.05	Undecided
2. I have two or more role requirements at work that are not congruent with each other (role conflict)	3.10	Undecided
3. I have a clear job description	2.95	Undecided
4. My workload is too much for me	2.17	Sometimes
5. I get recognized for the work I do	3.40	Undecided
6. I feel there is poor communication among staff in the unit	3.26	Undecided
7. I have coping strategies in handling my stress at work	3.00	Undecided
Average	2.90	Undecided

Table 2.3 presents the respondents’ perceived degree of job burnout in the dimension of Occupational Factors. The overall average weighted mean is 2.90, which falls under the descriptive level “Undecided”. This means that occupational factors are usually uncertain among the nurses in their job burnout. Their working environment, though offering some clarity or even support, has moderate inconsistencies and ambiguity of the roles expectations, workload, and coping strategies, indicating that the presence of occupational stressors is not always overwhelming.

Examining the specific indicators, the highest-rated statements are “I get recognized for the work I do” (3.40 – Undecided) and “I feel there is poor communication among staff in the unit” (3.26 –

Undecided). These ratings suggest that recognition and communication are somewhat acknowledged but not fully resolved, contributing moderately to perceived occupational stress. Conversely, the lowest-rated item is “My workload is too much for me” (2.17 – Sometimes), indicating that while nurses occasionally feel burdened by heavy workloads, this is not a constant experience. Other items, including “Feel uncertain about what should be accomplished in my job (role ambiguity)” (3.05 – Undecided) and “I have two or more role requirements at work that are not congruent with each other (role conflict)” (3.10 – Undecided), suggest moderate uncertainty in job expectations and potential conflict between roles.

Such results are in accordance with the current research which highlights the effects of role clarity and occupational support on nurse burnout. Indicatively, Chen et al. (2020) discovered that job ambiguity and irregular communication are the main causes of occupational stress that mediate moderate burnout rates among hospital nurses. On the same note, Lee and Park (2019) acknowledged that recognition and

team communication do have a positive impact on job satisfaction, yet role ambiguity and workload can occasionally lead to occasional stress. These findings are supported by the findings of this study, which demonstrates that such occupational factors as role clarity, recognition, communication, and workload are important aspects that define the perceptions of nurses towards job-related stress and burnout.

Table 2.4 Summary of the Degree of Job-burnout

Variable	AWM	Description
Work Relationship	3.39	Undecided
Psychological / Emotional Factor	2.76	Undecided
Occupational Factor	2.90	Undecided
Mean	3.02	Undecided

Table 2.4 shows a summary of the perceived level of job burnout of the respondents in three dimensions: Work Relationship, Psychological/Emotional Factors, and Occupational Factors. The mean weighted average is 3.02; this means that it is on the descriptive level of undecided. It means that the nurses tend to have moderate or occasional job burnout associated symptoms, which represent an ambivalent condition of the evaluation of the overall effect of their job-related, emotional, and workplace stressors. Although there is a burnout, it is not always high, which indicates that nurses cope with their duties with moderate stress.

Based on the individual dimensions, Work Relationship received the most average weighted mean of 3.39 (Undecided) then Occupational Factors 2.90 (Undecided), and Psychological/Emotional Factors with 2.76 (Undecided). This shows that perceived burnout is most influenced by interpersonal dynamics at work with moderate contribution of psychological strain and occupational ambiguity. Even the lowest rated dimension, Psychological/Emotional

Factors, has the status of the undecided, which implies that nurses themselves are resilient and cope with the emotional and occupational issues nonetheless.

These results align with the recent literature that highlights the multifactorial description of nurse burnout. Indicatively, Almaraz et al. (2020) emphasized that support networks and work relationships have a critical impact on the level of burnout among nurses, although role ambiguity and strain of a psychological nature moderate. Likewise, Chen et al. (2020) also discovered that workload, communication, and role clarity are work-related factors closely associated with the occurrence of job-related stress but can be alleviated with the help of appropriate support procedures. These findings are confirmed in the summary of this study, which demonstrates that nurses have moderate levels of burnout in work, emotional, and occupational areas, leaving room to improve the intervention by managers and support to improve them further in terms of well-being and performance.

Table 3. Significant differences between the job burnout of the male and female respondents

Variables	Mean	MD	SD	T-value	C.V
Female	3.63	0.19	6.48	1.49	1.96
Male	3.82				

S-Significant ns- Not Significant

Table 3 shows the comparison of the level of job burnout between the male and female nurses in the hospital workplace. The total average of the female nurses is 3.63 and the male nurses have an average of 3.82 leading to a mean difference of 0.19. The standard deviation of female respondents is 6.48 and that of male respondents is 3.89 with the calculated t-value 1.49 and a critical value of 1.96.

According to the analysis, it is possible to conclude that male and female nurses have no significant difference in terms of job burnout because the t-value does not surpass the critical value. This implies that male and female nurses have a similar perception and experience of burnout at work, which means that gender does not play a significant role in the experience of job-related stress among nurses in the workplace.

Table 4. Significant differences between the job burnout of the younger group of nurses and the older group

	Mean	MD	SD	T-value	C.V
Young Group	3.08	0.04	6.58	1.09	1.96
Old Group	3.72		3.92		

Table 4 indicates the comparison between younger and older nurses on the hospital workplace job burnout level. The younger group of nurses has a mean value of 3.08 and the older group of nurses has a mean value of 3.72 giving a mean difference of 0.04. The standard deviation in the younger group is 6.58 and 3.92 in the older group and the t-value is calculated as 1.09 as compared to a critical value of 1.96.

The analysis indicates that the t-value is not greater than the critical value and there is no significant difference in job burnout between the younger and older nurses. This shows that age does not play a big role in perception or experience of job burnouts. Younger and older nurses have equal amounts of physical, emotional and occupational strain in the work environment and the study indicates that burnout is dependent on workplace situations rather than age.

These discoveries are substantiated by current research findings that point towards workload, support systems and job demands as having a greater effect on nurse burnout than age. As an example, Kim and Park (2020)

These results are consistent with current studies, which have pointed out that work conditions, workload and support systems are more likely to affect job burnout in nurses as opposed to gender. Indeed, as indicated by Park and Lee (2020), the level of emotional exhaustion and work stress can be relatively similar in male and female nurses who get subjected to similar workloads and work environments.

Equally, Almaraz et al. (2019) established that gender variations do not have a significant impact on perceived burnout, and so, workplace factors, other than biological variations, determine burnout experience. In this study, these findings were confirmed and the levels of burnout expression were moderate in both male and female nurses.

indicated that nurses of different ages experience similar degrees of burnout at work when subjected to work stresses of the same intensity. On the same note, Almaraz et al. (2019) identified that the effect of age does not play an important role in burnout perception among hospital nurses, which argues that institutional and occupational factors are the primary determinants of job-related stress. These findings can be justified by the results of this study, which indicate that younger and older nurses face similar experiences of workplace burnout.

IV. SUMMARY OF FINDINGS, CONCLUSION, RECOMMENDATION

Summary of the Findings

Demographic Profile of Respondents

Age: The majority of respondents (26 or 54.17%) are between 21–30 years old, followed by 21 (43.75%) in the 31–41 age group, and only 1 (2.08%) above 41 years. This indicates that most nurses are in early adulthood, physically capable of performing their

duties but still susceptible to burnout when workload is excessive.

Gender: Female nurses dominate the sample (45 or 93.75%), while only 3 (6.25%) are male. This confirms the female-dominated nature of the nursing profession.

Civil Status: Most respondents are single (43 or 89.58%) compared to married nurses (5 or 10.42%), suggesting greater flexibility in managing work responsibilities but still vulnerable to stress and burnout.

Years of Work Experience: Most respondents (43 or 89.58%) have 1–5 years of experience, indicating early-career nurses familiar with job routines, yet still at risk of job fatigue from repeated exposure to demanding tasks.

Unit/Area Assigned: The majority work in Medical and Pediatric units (12 or 25% each), followed by OB-GYNE (10 or 20.83%), Surgical (7 or 14.58%), OPD/ER (4 or 8.33%), and OR/DR/NICU (3 or 6.25%). No respondents were assigned to ICU. These units are high-demand areas, indicating potential exposure to physical and emotional stress.

Degree of Job Burnout

Work Relationship: The overall mean is 3.39 (“Sometimes”), indicating that nurses occasionally experience fatigue and moderate strain in interpersonal interactions at work. Highest-rated items include “I feel drained from my work” (4.01 – Often) and “I feel tired at the end of my work” (4.00 – Often), showing frequent physical exhaustion, while lowest-rated items show that nurses maintain engagement and enthusiasm despite occasional burnout.

Psychological/Emotional Factors: The overall mean is 2.49 (“Often”), indicating moderate emotional stress, with peer support mitigating burnout to some extent. Highest-rated items were “I receive social support from my colleagues” (3.00 – Often) and “I have enough emotional support” (2.92 – Often), while lowest-rated items, such as attendance at team-building activities (1.96 – Sometimes), reflect limited formal support.

Occupational Factors: The overall mean is 2.90 (“Undecided”), showing uncertainty about how work-related factors contribute to burnout. Higher-rated indicators were “I get recognized for the work I do” (3.40 – Undecided) and “poor communication among staff” (3.26 – Undecided), while lowest-rated items, such as workload (2.17 – Sometimes), suggest occasional but not constant job strain

Overall Job Burnout: The overall mean across all dimensions is 3.02 (“Undecided”), indicating that nurses experience moderate or occasional symptoms of burnout. Work relationships contribute most to perceived burnout, while occupational and psychological factors contribute moderately.

Significant Differences

Gender: No significant difference in job burnout exists between male (3.82) and female (3.63) nurses ($t = 1.49$, $CV = 1.96$). Both genders experience similar moderate burnout levels.

Age: No significant difference exists between younger (3.08) and older (3.72) nurses ($t = 1.09$, $CV = 1.96$), indicating that age does not significantly influence burnout perception; workplace factors are more determinant.

Conclusions

Based on the study’s findings, it can be concluded that the nursing workforce in the private hospitals of Marawi City is largely young, female, single, and early in their careers, with many assigned to high-demand units such as Medical and Pediatric wards. Nurses experience moderate job burnout across work relationships, psychological/emotional, and occupational dimensions, with work relationships contributing most to perceived burnout. Gender and age do not significantly influence burnout levels, indicating that workplace conditions and job demands are more critical factors in shaping nurses’ experiences of job-related stress.

Recommendation

For Nurses. The nurses are advised to initiate self-care and stress management practices, including mindfulness, exercise, good rest, and relaxation methods to alleviate physical and emotional

exhaustion. They ought to find peer support and engage in team building exercises to improve on emotional resilience and job satisfaction. It is also suggested to maintain the open communication with supervisors on workload, role expectations, and challenges to avoid role conflict, role ambiguity, and possible burnout. These strategies will help nurses to cope with stress more and remain professionally committed even under the pressure of the working environment.

For Hospital Administrators and Management. The management and administration of the hospital may initiate policies that would grant equal and equitable distribution of workload, especially in the highly demanded units of the hospital like the Medical and Pediatric wards. Acknowledgment programs that can reward the contribution and achievements of the nurses may be encouraged so as to boost the morale and motivation. Also, the management may enable frequent team building activities and offer formal emotional and professional support mechanisms such as counseling service and stress management programs to deal with psychological and occupational stressors. Such interventions would allow establishing a more conducive and productive workplace with reduced burnout.

For Healthcare Policymakers. To minimize occupational stress, healthcare policymakers are advised to formulate and implement policies that support safe nurse-to-patient ratios and workable workloads. They are also expected to support the hospital leaders training about effective communication, staff management, and well-being programs to enhance the working conditions. In addition, job burnout can be alleviated by implementing policies that allow access to mental health services, wellness programs, and organizational support of healthcare workers to enhance the overall provision of healthcare services.

For Patients and the Community. Patients and the community can contribute to the supportive role by adhering to the hospital protocols and by respecting the professional duties of nurses and by demonstrating an insight into hospital procedures and schedules.

Indirectly reducing stress and burnout may be achieved by involving community in health programs and volunteer support that will remove the overload on hospital staff. The relationships between patients and the community and between the community and healthcare providers are positive and respectful, therefore, enhancing a more supportive and healthier environment in the nursing field.

For Future Researchers. It is suggested that future researchers may consider longitudinal studies that can help determine how nurse burnout changes over time and how it affects professional performance and well-being. Research on other factors that contribute to burnout, including institutional policies, leadership approaches, patient load, and cultural factors may give a more holistic view of burnout. Studies that evaluate the efficiency of stress-reduction programs, organizational practices, and support initiatives will be useful in the creation of the evidence-based solutions that will reduce nurse burnout in different medical facilities.

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