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Keywords: job burnout, performance of staff nurses, job burnout and performance of staff nurses.

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Job Burnout and Performance of Staff Nurses in Selected Hospitals in Metro Manila

Kathleen G. De Leon [α], Jennifer P. Reyes [σ] & Ma. Cecilia O. Martinez [ρ]

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, and no significant differences for the rest of the profile variables except when group according to age in terms of exhaustion; a significant difference between the levels of performance of the staff nurses when grouped according to length of work experience as nurse practitioner as to task performance, contextual performance and overall performance; when they are grouped according to nurse-patient ratio as to task performance; when they are grouped according to census per area as task performance and counterproductive work behavior; significant relationships between the degree of agreement in relation to job burnout (disengagement) and overall level of performance of the staff nurses.

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I. Introduction

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, burnout appears to be a common phenomenon among nurses worldwide, with evidence indicating high proportions of nurses in North America, Europe, and Asia. This happens because nursing as a profession requires spending more time and energy. As Grubb and Grosch (2012) said, it is inevitably a demanding profession. It involves close association with patients, often in demanding circumstances as they work inside a high-tech healthcare environment constantly in direct connection with these patients who have different expectations and degrees of 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 themselves, the researchers often observed that many nurses suffer from burnout as they are associated with multiple and conflicting demands (being done on an extended 10 to 12 hours shift), imposed by their patients' needs; Some of them face various challenges at the job on a daily basis such as physical and emotional abuse from patients e.g. from substance abusers, violent or dissatisfied patients. Some feels that they lack recognition and positive feedback which led them to become demoralized. Other verbalized to the researchers that some of their co-workers, other health care providers, patients, clients and some physicians lack in showing respect to them. All these make these nurses feel somewhat unappreciated and undervalued producing significant toll on their physical and emotional wellbeing. According to Gunnarsdóttir, Clarke, Rafferty and Nutbeam (2009) this greater workloads and responsibilities predispose nurses to negative health outcomes (feeling of being exhausted, becoming overwhelmed, becoming short-tempered, and overall developing a high amount of stress) and may ultimately influence their performance and the quality of care.

The above conditions motivated the researchers to pursue this study, combined with the verbalizations of some of their colleagues that they have lost the enjoyment of their job; that they feel that their efforts were being unnoticed; and they feel overworked. In addition, as nurses the researchers also experience times that they cannot even have a good night's rest, feeling too tired to go to bed and wake up still feeling tired. They also feel that most nurses lack the time and energy to participate in home activities because of the excessive demand of their job.

Through this study, the degree of agreement in relation to job burnout of the staff-nurses and their level of performance were determined. This paved a way for hospital administrators to develop new plans and programs to help their staff nurses overcome their feelings of burnout, making them more energetic and enthusiasts in performing their job.

II. Method

This study utilized the descriptive type of research specifically the descriptive-correlational design

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to determine the job burnout and performance of staff nurses in selected tertiary hospitals in Manila.

III. Results

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

a) Personal profile

Table 1: Personal Profile of the Staff Nurses

Profile	Frequency	Percentage
Age		
20 - 29 years old	77	42.10%
30 - 39 years old	57	31.10%
40 – 49 years old	41	22.40%
50 – 59 years old	8	4.40%
Total	*183*	*100.00%*
Sex		
Male	57	31.10%
Female	126	68.90%
Total	*183*	*100.00%*
Marital Status		
Married	75	41.00%
Single	108	59.00%
Total	*183*	*100.00%*
Salary		
10,000 – 20,000 pesos	49	26.80%
More than 20,000 pesos	134	73.20%
Total	*183*	*100.00%*
Work Position		
Nurse 1	58	31.70%
Nurse 2	69	37.70%
Nurse 3	35	19.10%
Nurse 4 and up	21	11.50%
Total	*183*	*100.00%*
Unit of Practice		
General Wards	106	57.90%
Special Areas	61	33.30%
Other Areas / Office	16	8.70%
Total	*183*	*100.00%*
Length of Experience as Nurse Practitioner		
2 - 4 Years	55	30.10%
5 - 7 Years	52	28.40%
8 - 10 Years	40	21.90%
More than 10 Years	36	19.70%
Total	*183*	*100.00%*

Table 1 presents the personal profile of the staff nurses. In terms of age, results showed that generally the staff nurse-respondents belonged to the 20 – 29 years old group with 77 out of 183 or 42.10%; in terms of sex, mostly they are female with 126 out of 183 or 68.90%; Basically, this finding show that the respondents are female dominated; in terms of marital status, most of the staff nurse-respondents are single with 108 out of 183 or 59.0%; in terms of salary, most of them are earning more than 20,000 pesos with 134 out of 183 or 73.20%; in terms of work position, most of them are Nurse 2 with 69 out of 183 or 37.70%; in terms of unit of practice, mostly they are assigned in the general wards (OB Ward, Medical Ward, Surgery Ward, Pediatric Ward, Pay Ward) with 106 out of 183 or 57.90%; lastly in terms of length of practice as nurse practitioner, they mostly belonged in the 2 to 4 years with 55 out of 183 or 30.10%.

b) Work Profile

Table 2: Work Profile of the Staff Nurses

Profile	Frequency	Percentage
Nurse-Patient Ratio		
1 Nurse to below 10 Patients	58	31.70%
1 Nurse to 10 - 19 Patients	50	27.30%
1 Nurse to 20 To 29 Patients	35	19.10%
1 Nurse to 30 To 39 Patients	40	21.90%
Total	*183*	*100.00%*
Census per Area		
Below 10	67	36.60%
10 – 19	10	5.50%
20 – 29	16	8.70%
30 – 39	19	10.40%
40 – 49	20	10.90%
50 – 59	24	13.10%
60 and more	27	14.80%
Total	*183*	*100.00%*

Table 2 presents the work profile of the staff nurses. In terms of nurse-patient ratio, results shows that generally the staff nurse-respondents works with ratio of 1 nurse to less than 10 patients with 58 out of 183 or 31.70%; in terms of census per area, most of the staff nurse-respondents works with a census of less than 10 patients with 67 out of 183 or 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)?

a) Exhaustion

Table 3 displays the degree of agreement in relation to job burnout of the staff-nurses using the Oldenburg Burnout Inventory (OLBI) in terms exhaustion, with an overall mean score of 2.60 interpreted as high degree of agreement in relation to burnout. This finding 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." These are the unusual feeling of tiredness or drowsiness especially when at work. When this happen, nurses becomes cynical about their value or the value of their occupation and even doubt their own capacity to perform as staff nurses. This kind of feeling can be traced from the modern nursing working structures that tremendously evolved through the years (and still evolving). According to Kozier et al (2011) modern nursing working structures

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range from: care giving (taking into account the whole (physical, cultural, spiritual, emotional and developmental) aspects of the patient/client, being a teacher (imparting or providing health education to patients/clients with), being an advocate (taking into consideration the patients' rights and making lawful decisions on behalf of the patients when they are unable to do so), being a communicator (talking in sense with patients and their families as effective communication supports healing), being a decision maker and managers. According to the authors, all of these roles are very important and are dependent on each other in order to make the patient/client healing process successful. The implications for this finding (high degree of agreement in relation to burnout) in terms of exhaustion include simultaneous experience of high levels of chronic fatigue, and to distance themselves emotionally and cognitively from their work activities. The staff nurses' feelings of powerlessness, isolation, and low self-esteem would lead to inability to act in a professionally autonomous manner on behalf of patients. The worst analogy of this finding is that, the nurses may not believe in themselves anymore as to how they can be of service to others. They will start to lack self-concept which is very important, as it is their perceptions of self that often affects their patient care quality and safety. This finding is confirmed by the works of Cheung and Chow (2011) which reported that burnout among health care providers relates to their well-being, the quality of life of their patients, and caring effectiveness.

Table 3: Degree of Agreement in Relation to Job Burnout of the Staff-Nurses Using the Oldenburg Burnout Inventory (OLBI) in Terms of Exhaustion

Items	WM	Ranking	Interpretation
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
Overall Mean Score	*2.60*		*High Degree of Agreement in Relation to Burnout*

Legend:	
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

Another support for the finding above is the work of Iglesias, Vallejo and Fuentes (2010) which reported that bodily and emotional exhaustion is the effect of job burnout which includes being pessimistic on their job, resigning and having negative feelings toward the customers and the clients. In other words, according to the authors, this syndrome is related to bodily problems, psychological health and variables of job performance like being unsatisfied about job, absenteeism and efficacy.

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b) *Disengagement*

Table 4: Degree of Agreement in Relation to Job Burnout of the Staff-Nurses using the Oldenburg Burnout Inventory (OLBI) 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 that 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
Overall Mean Score	*2.44*		*High Degree of Agreement in relation to Burnout*

Table 4 shows the degree of agreement in relation to job burnout of the staff-nurses using the Oldenburg Burnout Inventory (OLBI) in terms disengagement, with an overall mean score of 2.44 interpreted as high degree of agreement. This 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. Nurses do this kind of attitude because they were cynical about their value or the value of their occupation and were doubtful about their own capacity to perform as staff nurses. The doubts made them think they cannot anymore continue to do their job well so they focused more on the tasks at hand and less interpersonal relationships with their patients / clients, so they will not make any errors. This happens when nurses were having workloads that are more than they can handle especially when the conditions in the work environment influenced their process of disengagement such as the lack of time, the culture of productivity (hospital administrations admit more patients that the hospital can handle and mandate their nurses to render safe and quality care for them) and patient characteristics (annoying, demanding, treat nurses as their maid or helpers). It can be denoted that disengagement of staff nurses is likely a direct consequence of practice environments that ultimately have impacts on both staff and patient outcomes. This finding is also similar to the works of Sharma et al (2014) which reported that 80% of nurses had no time for rest and found their job tiring. This need to rest and relax came from the staff nurse-respondents feeling of becoming powerless and cannot anymore work efficiently with their patients as stated above. Cause of this needs are workload, work hours, work structures, and many other factors which indirectly or directly cause their feeling of burnout.

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

a) *Task Performance*

Table 5: 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
Overall Mean Score	*2.67*		*Average Level of Performance*

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

TP = Task Performance
CP = Contextual Performance
CWB = Counter-Productive Work Behavior

Table 5 shows the level of performance of the staff nurses in terms of task performance, with 2.67 as its overall mean score interpreted as average level of performance. This indicates that the staff nurse-respondents are moderately doing well in their job. The rationale for this is that their performance as nurses are critical to the delivery of quality patient care, therefore, even if they feel burnout, they still perform their tasks. They cannot just abandon their patients because they feel low or sad about their work; their job means life is at stake and it cannot be redo or rewritten like that job of a clerk in an office. They are mandated by Philippine Code of Ethics for Nurses, that every day they need to support each other in order 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 similar to the study by Gandi, beben and Gyarazama (2011) which reported that nurses felt they were doing their job very well, having on average high levels of personal accomplishment.

b) Contextual Performance

Table 6: Level of Performance of the Staff Nurses in Terms of Contextual Performance

Items	WM	Ranking	Interpretation
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 challenge in my work.	2.22	8	Average Level of Performance
13. I actively participated in meeting and/or consultations.	2.26	6.5	Average Level of Performance
Overall Mean Score	*2.32*		*Average Level of Performance*

Table 6 illustrates the level of performance of the staff nurses in terms of contextual performance, with 2.32 as its overall mean score, interpreted as average level of performance. 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. The implications for this is that staff nurses knew how to follow organizational rules and procedures; as well as how to endorse, support, and defend their organizational objectives, which are good qualities of a professional nurse. This finding is supported by the

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works of Ployhart, Schneider and Schmitt (2006) which stated that contextual or civic activities support and create the context or social environment in which the technical core of the organization must function; while task activities serve to support and create the technical core itself. Supporting also to this claim is the works of Altindis (2011) which said that job performance is a function of motivation.

c) *Counterproductive Work Behavior*

Table 7: Level of Performance of the Staff Nurses in terms of Counterproductive Work Behavior

Items	WM	Ranking	Interpretation
14. I complained about minor work-related issues at work.	0.98	2	Average Level of Performance
15. I made problems at work bigger that they were.	0.50	5	Low Level of Performance
16. I focused on the negative aspects of situation at work instead of 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
Overall Mean Score	*0.83*		*Average Level of Performance*

Table 7 illustrates the level of performance of the staff nurses in terms of counter-productive behavior, with 0.83 as its overall mean score, interpreted as average level of performance. This shows that the staff nurse-respondents were moderately performing behavior that undermines the goals and interests of the hospital. This kind of performance comes in many different forms, but can include tardiness, theft, fraud, sexual harassment, workplace bullying, absenteeism, substance abuse, workplace aggression, or sabotage. Nurses do this kind of attitude at work because of the burnout they feel about it. Sometimes this helps them cope with the major intrigues that work gave them; others do this to take revenge; some do this for the pleasure of just doing it in order to counteract the negative sides of their work. The implication for this is not good. These types of behavior not only impacted the quality of work produced by the staff nurses engaging in counter-productive behaviors but also can negatively affect the productivity of other employees in the hospital and create undesirable risks for the hospital administration. In general, the hospital administration should seek to hire individuals or professional nurses who are less likely to engage in any counterproductive work behaviors. Another helpful intervention is pre-employment tests which can help assess the likelihood that an individual is more prone to this kind of behaviors. Specifically, behavioral tests and integrity/honesty tests can help employers mitigate risk related to counterproductive work behaviors by measuring conscientiousness, rule adherence, attitudes towards theft, and overall reliability. This finding is supported by the works of Spector (2012) which reported that counterproductive work behavior consist of employees engaging in physical and verbal aggression, directing hostile and nasty behavior at co-worker, destroying organizational property, purposely doing work incorrectly, stealing, sabotage, theft, and withholding task performance.

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?

a) *Age*

Table 8: 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	x^2	Asymp. Sig.	Decision	Interpretation
Disengagement	20 - 29 Years Old	86.34	3	3.752	.290	*Accept Ho*	*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 Ho*	*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.

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Table 8 shows the significant difference between the degrees of agreement in relation to job burnout of the staff-nurses when they are grouped according to age. The Kruskall-Wallis H test showed 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, with mean rank scores of: 86.34 for 20-29 years old, 94.33 for 30-39 years old, 102.98 for 40 -49 years old, 73.63 for 50-59 years old, 86.34 for 60 years old and above; b) also in terms of exhaustion as determine by X^2 (3)= 1.603, p = .659, with mean rank scores of: 86.61 for 20-29 years old, 96.04 for 30-39 years old, 94.33 for 40-49 years old, 103.13 for 50-59 years old, 86.61 for 60 years old and above. 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 for 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.

The above findings can be attributed also to the fact that most of the staff nurse-respondents belonged to the 20-29 years old population (young and new nurses population) where specific features of personality arises such that being enthusiastic on the job, motivated and highly energetic, that was why they have the same attitude towards burnout; which is contrary to the studies of Tomic and colleagues (2004), Lackritz (2004) and Ahola and colleagues (2005) that showed that there is a significant relationship between burnout and age.

b) Sex

Table 9: 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	x^2	Asymp. Sig.	Decision	Interpretation
Disengagement	Male	89.04	1	.262	.609	*Accept Ho*	*No Significant Difference*
	Female	93.34					
Exhaustion	Male	76.34	1	7.428	.006	*Reject Ho*	*Significant Difference*
	Female	99.08					

Table 9 displays the significant difference between the degrees of agreement in relation to job burnout of the staff-nurses when they are grouped according to sex. The Kruskall-Wallis H test showed 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, with mean rank scores of: 89.04 for male and 93.34 for females; 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, with mean rank scores of: 76.34 for male and 99.08 for females. These findings show that in terms of disengagement, 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. That is why when they want to disconnect themselves to their work; they just focus on the tasks being performed in order to still protect their patients and self. It is in the culture also as a Filipino to care for anyone (as it was taught at home) even if they are not in the good mood to do so. This finding is somehow similar to that of Maslach, Schaufeli and Leiter (2001) wherein the demographic variable of sex has not been a strong predictor of burnout. Again, this finding can be attributed to the profile of the staff nurse –respondents which is mostly female, that was why they have the same attitude or degree of agreement towards burnout in terms of disengagement.

In terms of exhaustion, there was a significant difference between male and female because females easily get tired and has less strength to carry on tasks especially when they are on a long shift per day. This is actually a fact based on the physical structure of both sexes. Men are physically stronger than women, on average as confirmed by the study of Hoffman, Policastro, Quick and Lee (2006) which found that men had an average of 26 lbs. (12 kilograms) more skeletal muscle mass than women.

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, Guan, Chang and Zhang, 2014), Japan (Yao, Yao, Wang, Li and Lan, 2013), and Nigeria (Lasebukan and Oyetunde, 2013) which reported that females were found to suffer more emotional exhaustion than their male colleagues.

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c) *Marital Status*

Table 10: 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	x^2	Asymp. Sig.	Decision	Interpretation
Disengagement	Married	97.07	1	1.178	.278	*Accept Ho*	*No Significant Difference*
	Single	88.48					
Exhaustion	Married	91.99	1	.000	.998	*Accept Ho*	*No Significant Difference*
	Single	92.01					

Table 10 displays the significant difference between the degrees of agreement in relation to job burnout of the staff-nurses when they are grouped according to marital status. The Kruskall-Wallis H test showed 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 with mean rank scores of: 97.07 for married and 88.48 for single; b) also in terms of exhaustion as determine by X^2 (1)= 0.000, p = 0.998 with mean rank scores of: 91.99 for married and 92.01 for single.

The finding above shows that marital status does not affect or influence the feelings of burnout for the staff nurse-respondents. This is because nurses again are mandated to perform their tasks according to their Code of Ethics. Their resilience enabled them to cope with their work despite all the challenges that burnout give them may they be married or single. 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.

In addition, the finding of this study is contrary to that of most studies which found that nurses who were married were more prone to emotional exhaustion (Li, Guan, Chang and Zhang, 2014; Ohue, Moriyama and nakaya, 2011; Xie, Wang and Chen, 2011), while others reported that single participants scored significantly higher than the married participants (Yao, Yao, Wang, Li, Lan, 2013).

d) *Salary*

Table 11 presents the significant difference between the degrees of agreement in relation to job burnout of the staff-nurses when they are grouped according to salary. The Kruskall-Wallis H test showed 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 with mean rank scores of: 99.10 for 10,000 – 20,000 pesos salary and 89.40 for more than 20,000 pesos salary; b) also in terms of exhaustion, as determine by X^2 (1)= 0.283, p = 0.595 with mean rank scores of: 88.60 for 10,000 – 20,000 pesos salary and 93.24 for more than 20,000 pesos salary.

Table 11: 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					

The finding above signifies that 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). Working in a government hospital means that the nurses knew what kind of salary they have to get based on their position at work, therefore they cannot attest to this fact and ask for more just to augment their feeling of burnout. The finding of this study is contrary to that of Yang and Wang (2015), which found out that nurses with different monthly income have significant differences in the life satisfaction dimensions and total score of subjective well-being.

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e) *Work Position*

Table 12: Degrees of Agreement in Relation to Job Burnout of the Staff-Nurses When Grouped According to Work Position

Degrees of Agreement in Relation To Job Burnout	Work Position	Mean Rank	df	x^2	Asymp. Sig.	Decision	Interpretation
Disengagement	Nurse 1	90.75	3	5.882	.117	*Accept Ho*	*No Significant Difference*
	Nurse 2	86.59					
	Nurse 3	110.66					
	Nurse 4 and Up	82.14					
Exhaustion	Nurse 1	86.42	3	2.877	.411	*Accept Ho*	*No Significant Difference*
	Nurse 2	90.68					
	Nurse 3	93.86					
	Nurse 4 and Up	108.64					

Table 12 presents the significant difference between the degrees of agreement in relation to job burnout of the staff-nurses when they are grouped according to work position. The Kruskall-Wallis H test showed 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 work position: a) in terms of disengagement, as determine by X^2 (3)= 5.882, p = 0.117 with mean rank scores of: 90.75 for Nurse 1, 86.59 for Nurse 2, 110.66 for Nurse 3, 82.14 for Nurse 4 and up; b) also in terms of exhaustion, as determine by X^2 (3)= 2.877, p = 0.411 with mean rank scores of: 86.42 for Nurse 1, 90.68 for Nurse 2, 93.86 for Nurse 3, 108.64 for Nurse 4 and up.

The finding of no significant difference above implies that the work position of the staff nurse-respondents does not affect their feeling of disengagement and exhaustion. This is because they are mostly Nurse 2, mostly advance beginner nurses. They are just beginning to master the different aspects of nursing as they construct a professional identity. They usually work based on organizational, educational, and personal strategies that are important to their development, including tailored orientation, opportunities for skill acquisition, and personal support. This is why they are compelled to be instructed, to follow/obey what tasks are given to them and how they would execute/perform these tasks. This is supported by the works of Benner (1984) which said that nurses at the advanced beginner stage use learned procedures and rules to determine what actions are required for the immediate situation.

The findings above is contrary to that of Queiros et al's (2013) and those of Lasebikan and Oyetunde (2013) which reported that job rank has also been found to play a significant role in burnout, with literature suggesting that the higher an individual's rank, the higher his scores on personal accomplishment.

f) *Unit of Practice*

Table 13: 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^2	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 13 shows the significant difference between the degrees of agreement in relation to job burnout of the staff-nurses when they are grouped according to unit of practice. The Kruskall-Wallis H test showed 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 unit of practice in terms of disengagement as determine by X^2 (2)= 6.672, p = 0.036 with mean rank scores of: 98.85 for General Wards, 87.35 for Special Areas, 64.34 for Other Areas; 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 unit of practice in terms of exhaustion as determine by X^2 (2)= 0.627, p = 0.731 with mean rank scores of: 90.00 for General Wards, 96.30 for Special Areas, 88.88 for Other Areas.

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The above finding implies that in terms of disengagement, there were significant differences for the staff nurse-respondents in terms of unit of practice. The reason for this is that different unit in the hospitals have different workloads of nurses, different kinds of patients turn-overs and different status of work being facilitated. Staff nurses when feeling disengaged becomes focus on their tasks and does not mind other people around even their patients, so if they are assigned in the special areas which have few nurses assigned but with high turn-over of patients (which made them see and care for them for just a short period of time), they just stayed focused on performing the tasks assigned to them and in a fast pace also because their condition are critical and need constant assessment and evaluation; on the other hand, if they care for patients at the general wards (with more nurses assigned than in special wards, who extends time to be accommodated as long as they are recuperating from their illness) they need to care for them for longer periods of time with completion of almost the same tasks every day. Practically nurses can be more disengaged in the Special Areas than in the General Wards because of this condition. This is supported by the works of Duffield, Roche, Merrick (2006) which suggested that a higher proportion of registered nurses in the nursing staff results in lower workload, less disengagement and better patient outcomes.

g) Length of Work Experience as Nurse Practitioner

Table 14 displays the significant difference between the degrees of agreement in relation to job burnout of the staff-nurses when they are grouped according to length of work experience as nurse practitioner. The Kruskall-Wallis H test showed 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 length of work experience as nurse practitioner: a) in terms of disengagement, as determine by X^2 (3)= .629, p = 0.890 with mean rank scores of: 96.44 for 2-4 years, 89.47 for 5-7 years, 89.13 for 8-10 years and 92.07 for more than 10 years; b) also in terms of exhaustion, as determine by X^2 (3)= 3.181, p = 0.365 with mean rank scores of: 93.45 for 2-4 years, 101.21 for 5-7 years, 85.49 for 8-10 years and 83.72 for more than 10 years.

Table 14: 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^2	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	*Accept Ho*	*No Significant Difference*
	5 - 7 Years	101.21					
	8 - 10 Years	85.49					
	More than 10 Years	83.72					

The finding of no significant difference above implies that the length of work experience as nurse practitioner of the staff nurse-respondents does not affect their feeling of disengagement and exhaustion. This is because of 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. Beginning nurses are those who strive to make it good all the time in order for them to be retained and be promoted. They managed to follow rules and regulations as they are those nurses who need support from their head nurses or supervisors in order to perform their tasks well.

In general, nurses had a lifelong commitment to their careers, and that they have to perform "well" in their jobs in accordance with standards. These positive characteristics of the nurse include, but are not limited to, their positive work history, high professionalism, intention to remain in the job and high job motivation, which are all predictive of high job performance. 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 on it.

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h) Nurse-Patient Ratio

Table 15: 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	*Reject Ho*	*Significant Difference*
	I 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	*Reject Ho*	*Significant Difference*
	I 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					

Table 15 presents the significant difference between the degrees of agreement in relation to job burnout of the staff-nurses when they are grouped according to nurse – patient ratio. The Kruskall-Wallis H test showed 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 nurse-patient ratio: a) in terms of disengagement as determine by X^2 (3)= 29.640, p = 0.000 with mean rank scores of: 65.97 for 1 nurse to below 10 patients, 93.17 for 1 nurse to 10-19 patients, 96.31 for 1 nurse to 20-29 patients, and 124.51 for 1 nurse to 30-39 patients; b) also in terms of exhaustion, as determine by X^2 (3)= 7.870, p = 0.049 with mean rank scores of: 86.90 for 1 nurse to below 10 patients, 80.44 for 1 nurse to 10-19 patients, 110.56 for 1 nurse to 20-29 patients, and 97.61 for 1 nurse to 30-39 patients.

The finding above implies that the nurse-patient ratio really affects their degree of agreement when it comes to burnout. This can be rationalized from the fact that heavy workloads is different from those light workloads as far as nursing is 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. This is why nurses have differences in their attitude towards burnout. Heavy workloads for nurses mean that they are given more than what they can handle. This heavy workloads are in terms of the number of patients and the number of tasks to be perform for them; the more number of patients given, the more tasks lime vital signs monitoring, feeding, medications administration every now and then, charting the doctor's orders and carrying them all out. If these workloads are not carried out, adverse patient outcomes will result. 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 andWilk (2011) which reported that high burnout levels in nursing have been associated with heavy workloads.

i) Census per area

Table 16: 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^2	Asymp. Sig.	Decision	Interpretation
Disengagement	Below 10	65.49	6	59.475	.000	*Reject Ho*	*Significant Difference*
	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	*Reject Ho*	*Significant Difference*
	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					

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Table 16 presents the significant difference between the degrees of agreement in relation to job burnout of the staff-nurses when they are grouped according to census per area. The Kruskall-Wallis H test showed 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 with mean rank scores of: 65.49 for below 10, 20.80 for 10-19, 108.47 for 20-29, 114.58 for 30-39, 104.55 for 40-49, 113.56 for 50-59 and 130.04 for 60 and more; b) also in terms of exhaustion, as determine by X^2 (6)= 24.656, p = 0.000 with mean rank scores of: 86.71 for below 10, 22.15 for 10-19, 101.69 for 20-29, 86.00 for 30-39, 105.08 for 40-49, 107.81 for 50-59 and 105.74 for 60 and more.

The finding above 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 patient. The most loaded would be are the general wards which is where the patients go when they are recuperating from sickness; while in the special areas, there is a fast turnover of patients that is why mostly they have only below 10 census in their area. This causes the differences in the degrees of agreement in relation to job burnout of the staff-nurses (disengagement and exhaustion) when they are grouped according to census per area. 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. In most hospitals, staff assignments are for a particular shift on a specific patient care unit. Thus, for a hospital, the most disaggregated level of nurse staffing measurement available is usually the patient care unit. Patient care units can be aggregated by type of care they provide; for example, a hospital might have five medical–surgical care units that can be grouped together. Finally, all hospital units can be aggregated to the level of the hospital.

Problem 5: Is there a significant difference between the levels of performance of the staff nurses when grouped according to the profile variables?

a) Age

Table 17: Levels of Performance of the Staff Nurses When Grouped According to Age

Level of Performance	Age	Mean Rank	df	x^2	Asymp. Sig.	Decision	Interpretation
Task Performance	20 - 29 Years Old	84.47	3	4.231	.238	*Accept Ho*	*No Significant Difference*
	30 - 39 Years Old	99.47					
	40 - 49 Years Old	91.29					
	50 - 59 Years Old	114.81					
Contextual Performance	20 - 29 Years Old	90.79	3	1.072	.784	*Accept Ho*	*No Significant Difference*
	30 - 39 Years Old	88.76					
	40 - 49 Years Old	95.99					
	50 - 59 Years Old	106.25					
Counterproductive Work Behavior	20 - 29 Years Old	96.08	3	2.996	.392	*Accept Ho*	*No Significant Difference*
	30 - 39 Years Old	90.66					
	40 - 49 Years Old	91.91					
	50 - 59 Years Old	62.69					
Overall Performance	20 - 29 Years Old	87.91	3	.956	.812	*Accept Ho*	*No Significant Difference*
	30 - 39 Years Old	93.76					
	40 - 49 Years Old	95.33					
	50 - 59 Years Old	101.75					

Table 17 displays the significant difference between the levels of performance of the staff nurses when they are grouped according to age. The Kruskall-Wallis H test showed that there were no statistically significant differences between the levels of performance of the staff nurses when they are grouped according to age: a) in terms of task performance as determine by X^2 (3)= 4.231, p = 0.238, with mean rank scores of: 84.47 for 20-29 years old, 99.47 for 30-39 years old, 91.29 for 40-49 years old and 114.81 for 50-59 years old; b) in terms of contextual performance as determine by X^2 (3)= 1.072, p = 0.784 with mean rank scores of: 90.79 for 20-29 years old, 88.76 for 30-39 years old, 95.99 for 40-49 years old and 106.25 for 50-59 years old; c) in terms of counter-productive work behavior as determine by X^2 (3)= 2.996, p = 0.392 with mean rank scores of: 96.08 for 20-29 years old, 90.66 for 30-39 years old, 91.91 for 40-49 years old and 62.69 for 50-59 years old; d) in terms of overall performance as determine by X^2 (3)= 0.956, p = 0.812 with mean rank scores of: 87.91 for 20-29 years old, 93.76 for 30-39 years old, 95.33 for 40-49 years old and 101.75 for 50-59 years old.

The finding above means that age does not affect the level of performance of nurses. This is because the staff nurse-respondents belonged to young

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population; that they have the same enthusiast in work as they are gaining skills in their career as a nurse for now. One implication for this is that, they will become productive nurses even if they have some feeling of burnout at work. This finding is supported by the works of Mrayyan (2008) which said that nurses' career commitment appears to influence job performance and is influenced by the nurses' characteristics and organizational factors in the workplace. Enhancing nurses' career commitment and their job performance should produce positive outcomes for nurses, patients and organizations.

Another reason for the no significant difference finding is the culture of the Filipinos wherein respect and hospitality matters most. Filipino nurses tend to care as long as they can because it is in their nature and hone by their culture of caring. This is supported by the works of Aiken et al (2012) which said that when patients have positive experiences of nursing care, nurses also experience a good and healthy work environment. Also as additional support, the works of Disch (2002) stated that healthy work environment fosters a climate in which nurses are challenged to use their expertise, skills and clinical knowledge in order to provide patients with excellent nursing care.

b) Sex

Table 18 presents the significant difference between the levels of performance of the staff nurses when they are grouped according to sex. The Kruskall-Wallis H test showed that there were no statistically significant differences between the levels of performance of the staff nurses when they are grouped according to sex: a) in terms of task performance as determine by X^2 (1)= 0.445, p = 0.505, with mean rank scores of: 95.86 for male, and 90.05 for female; b) in terms of contextual performance as determine by X^2 (1)= 0.531, p = 0.466 with mean rank scores of: 87.77 for male, and 93.91 for female; c) in terms of counter-productive work behavior as determine by X^2 (1)= 2.705, p = 0.100 with mean rank scores of: 82.51 for male, and 96.29 for female; d) in terms of overall performance as determine by X^2 (1)= 0.391, p = 0.532 with mean rank scores of: 88.36 for male, and 93.65 for female.

Table 18: Levels of Performance of the Staff Nurses When Grouped According Sex

Level of Performance	Sex	Mean Rank	df	x²	Asymp. Sig.	Decision	Interpretation
Task Performance	Male	95.86	1	.445	.505	*Accept Ho*	*No Significant Difference*
	Female	90.25					
Contextual Performance	Male	87.77	1	.531	.466	*Accept Ho*	*No Significant Difference*
	Female	93.91					
Counter-productive Work Behavior	Male	82.51	1	2.705	.100	*Accept Ho*	*No Significant Difference*
	Female	96.29					
Overall Performance	Male	88.36	1	.391	.532	*Accept Ho*	*No Significant Difference*
	Female	93.65					

The finding above means that sex does not affect the level of performance of nurses. This is because in the new era of nurses, everyone is equal; the division of work is levelled to everyone even if they are male or female. Nowadays, female nurses can also perform what male nurses do and vice versa. This is because most of them are trained well during their undergraduate level and before they are commissioned to their jobs in the hospitals. This finding is similar to the study by Myhren, Ekeberg and Stokland (2013) which reported that there are no differences between genders or due to experience with regard to job satisfaction, job stress, or burnout scores.

c) Marital Status

Table 19: Levels of Performance of the Staff Nurses When Grouped According to Marital Status

Level of Performance	Marital Status	Mean Rank	df	x²	Asymp. Sig.	Decision	Interpretation
Task Performance	Married	91.56	1	.009	.925	*Accept Ho*	*No Significant Difference*
	Single	92.31					
Contextual Performance	Married	89.85	1	.212	.646	*Accept Ho*	*No Significant Difference*
	Single	93.50					
Counter-productive Work Behavior	Married	86.17	1	1.565	.211	*Accept Ho*	*No Significant Difference*
	Single	96.05					
Overall Performance	Married	90.87	1	.058	.809	*Accept Ho*	*No Significant Difference*
	Single	92.79					

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Table 19 displays the significant difference between the levels of performance of the staff nurses when they are grouped according to marital status. The Kruskall-Wallis H test showed that there were no statistically significant differences between the levels of performance of the staff nurses when they are grouped according to marital status: a) in terms of task performance as determine by X^2 (1)= 0.009, p = 0.925, with mean rank scores of: 91.56 for married, and 92.31 for single; b) in terms of contextual performance as determine by X^2 (1)= 0.212, p = 0.646 with mean rank scores of: 89.85 for married, and 93.50 for single; c) in terms of counter-productive work behavior as determine by X^2 (1)= 1.565, p = 0.211 with mean rank scores of: 86.17 for married, and 96.05 for single; d) in terms of overall performance as determine by X^2 (1)= 0.058, p = 0.809 with mean rank scores of: 90.87 for married, and 92.79 for single. The finding of no significance denotes that marital status does not affect the level of performance of staff nurses. This is because of the hardships of life (high cost of living like food, housing, clothes) that nurses have to endure, that even married or single, they have to perform well in their job so as to be retained in their work and be compensated. Those married nurses have children to feed, to send to school and a house to maintained; same with the single nurse who have parents and siblings to take care of, continuing education to fulfill and bills to pay for the family. These factors relate to the needs of the nurses that made them strive hard to perform well. This finding is contrary to that of the study by Lasebikan and Oyetunde (2013) which reported that although there are number of studies that explored the relations between personal accomplishment and marital status which resulted to minimal, the results were consistent, reporting that unmarried individuals scored lower on personal accomplishment as compared to their married counterparts.

d) Salary

Table 20: Levels of Performance of the Staff Nurses When Grouped According to Salary

Level of Performance	Salary	Mean Rank	df	x^2	Asymp. Sig.	Decision	Interpretation
Task Performance	10,000-20,000 pesos	83.77	1	1.637	.201	*Accept Ho*	*No Significant Difference*
	More than 20,000 pesos	95.01					
Contextual Performance	10,000-20,000 pesos	95.72	1	.333	.564	*Accept Ho*	*No Significant Difference*
	More than 20,000 pesos	90.64					
Counter-productive Work Behavior	10,000-20,000 pesos	97.54	1	.745	.388	*Accept Ho*	*No Significant Difference*
	More than 20,000 pesos	89.97					
Overall Performance	10,000-20,000 pesos	92.90	1	.019	.890	*Accept Ho*	*No Significant Difference*
	More than 20,000 pesos	91.67					

Table 20 displays the significant difference between the levels of performance of the staff nurses when they are grouped according to salary. The Kruskall-Wallis H test showed that there were no statistically significant differences between the levels of performance of the staff nurses when they are grouped according to marital status: a) in terms of task performance as determine by X^2 (1)= .1.637, p = 0.201, with mean rank scores of: 83.77 for 10,00-20,000 pesos salary, and 95.01 for more than 20,000 pesos salary; b) in terms of contextual performance as determine by X^2 (1)= 0.333 p = 0.564 with mean rank scores of: 95.72 for 10,00-20,000 pesos salary, and 90.64 for more than 20,000 pesos salary;; c) in terms of counter-productive work behavior as determine by X^2 (1)= 0.745, p = 0.388 with mean rank scores of: 97.54 for 10,00-20,000 pesos salary, and 89.97 for more than 20,000 pesos salary; d) in terms of overall performance as determine by X^2 (1)= 0.019, p = 0.890 with mean rank scores of: 92.90 for 10,00-20,000 pesos salary, and 91.67 for more than 20,000 pesos salary.

The finding of no significance above indicates that salary do not affect the performance of the staff nurse-respondents. The reason for this is similar to that from the no significance of marital status in relationship to level of performance in the sense that most of the nurses nowadays have similar salaries in accordance to their work position. This salary is used to pay the bills and support their family. Therefore, they need to perform well to be compensated enough to make the means for their family. Also, the nature of caring for the nurses is always above of all their characteristics that they care for patients even if their salary is not that high because nursing is caring. They cannot just leave their patients unattended and become frail because their salary is not a match to their workload. This is nurses being resilient. This is confirmed by the works of Earvolino-Ramirez (2007) which reported that resilience is the ability to bounce back or cope successfully despite substantial adversity. Another support is the works of Manzano and Ayala-Calvo (2012) which reported that resilient nurses learn to overcome difficulties and develop better coping mechanisms to address burnout through exposure to difficult working situations and environments.

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e) Work Position

Table 21: Levels of Performance of the Staff Nurses When Grouped According to Work Position

Level of Performance	Work Position	Mean Rank	df	x^2	Asymp. Sig.	Decision	Interpretation
Task Performance	Nurse 1	88.46	3	.474	.925	*Accept Ho*	*No Significant Difference*
	Nurse 2	93.93					
	Nurse 3	94.87					
	Nurse 4 and Up	90.64					
Contextual Performance	Nurse 1	93.74	3	3.849	.278	*Accept Ho*	*Significant Difference*
	Nurse 2	90.33					
	Nurse 3	81.73					
	Nurse 4 and Up	109.81					
Counter-productive Work Behavior	Nurse 1	91.46	3	.834	.841	*Accept Ho*	*No Significant Difference*
	Nurse 2	92.01					
	Nurse 3	97.47					
	Nurse 4 and Up	84.33					
Overall Performance	Nurse 1	90.57	3	.217	.975	*Accept Ho*	*Significant Difference*
	Nurse 2	92.00					
	Nurse 3	91.50					
	Nurse 4 and Up	96.79					

Table 21 displays the significant difference between the levels of performance of the staff nurses when they are grouped according to work position. The Kruskall-Wallis H test showed that there were no statistically significant differences between the levels of performance of the staff nurses when they are grouped according to work position: a) in terms of task performance as determineby X^2 (3)= 0.474, p = 0.925, with mean rank scores of: 88.46 for Nurse 1, 93.93 for Nurse 2, 94.87 for Nurse 3 and 90.64 for Nurse 4 and up; b) in terms of contextual performance as determine by X^2 (3)= 3.849 p = 0.278 with mean rank scores of: 93.74 for Nurse 1, 90.33 for Nurse 2, 81.73 for Nurse 3 and 109.81 for Nurse 4 and up; c) in terms of counter-productive work behavior as determine by X^2 (3)= 0.834, p = 0.841 with mean rank scores of: 91.46 for Nurse 1, 92.01 for Nurse 2, 97.47 for Nurse 3 and 84.33 for Nurse 4 and up; d) in terms of overall performance as determine by X^2 (3)= 0.217, p = 0.975 with mean rank scores of: 90.57 for Nurse 1, 92.00 for Nurse 2, 91.50 for Nurse 3 and 96.79 for Nurse 4 and up. These findings indicate that the work position of the staff nurse respondents do not affect their level of performance. The rationale if that most of them have the same work position which is Nurse 2, implying that they accomplished their work almost similarly. Like the previous findings of no significances between age and level of performance, sex and level of performance, marital status and level of performance, salary and level of performance, the finding of no significance between the levels of performance of the staff nurses when they are grouped according to work position indicates that the staff nurse-respondents are truly resilient and they work really hard and committed to perform to the best they could even if they feel burnout; this is because of their commitment as a nurse, that is care and to save lives. Nurses really do have a commitment to the service of mankind which has always been a key concept of professional nursing; as nurses they are willing to make considerable efforts to achieve professional goals, a sacrifice for the love of their career even in any position at work. This made nurses satisfied with their work even if they feel burnout. To support this claim is the works of Lu et al (2007) which found that professional commitment increases nurse job satisfaction.

f) Unit of Practice

Table 22: Levels of Performance of the Staff Nurses When Grouped According Unit of Practice

Level of Performance	Unit of Practice	Mean Rank	df	x^2	Asymp. Sig.	Decision	Interpretation
Task Performance	General Wards	97.08	2	2.477	.290	*Accept Ho*	*No Significant Difference*
	Special Areas	83.90					
	Other Areas	89.19					
Contextual Performance	General Wards	93.64	2	.595	.743	*Accept Ho*	*No Significant Difference*
	Special Areas	87.92					
	Other Areas	96.72					
Counter-productive Work	General Wards	96.20	2	1.985	.371	*Accept Ho*	*No Significant Difference*
	Special Areas	88.10					

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Behavior	Other Areas	79.06					
Overall Performance	General Wards	97.03	2	2.418	.298	*Accept Ho*	*No Significant Difference*
	Special Areas	83.90					
	Other Areas	89.53					

Table 22 displays the significant difference between the levels of performance of the staff nurses when they are grouped according to unit of practice. The Kruskall-Wallis H test showed that there were no statistically significant differences between the levels of performance of the staff nurses when they are grouped according to unit of practice: a) in terms of task performance as determine by X^2 (2)= 2.477, p = 0.290, with mean rank scores of: 97.08 for general wards, 83.90 for special areas and 89.19 for other areas; b) in terms of contextual performance as determine by X^2 (2)= 0.595, p = 0.743 with mean rank scores of: 93.64 for general wards, 87.93 for special areas and 96.72 for other areas; c) in terms of counter-productive work behavior as determine by X^2 (2)= 1.985, p = 0.371 with mean rank scores of: 96.20 for general wards, 88.10 for special areas and 79.06 for other areas; d) in terms of overall performance as determine by X^2 (2)= 2.418, p = 0.298 with mean rank scores of: 97.03 for general wards, 83.90 for special areas and 89.53 for other areas. These findings indicate that the unit of practice of the staff nurse respondents does not affect their level of performance. This is because most of the nurses were assigned in the general wards, where patients they attend to do not need close observation and one-to-one care. This makes these nurses have more time to be with the patients they care and to attend to their needs. Their caring commitment can be expressed entirely and patients can have positive outcomes because of this. Since they have same patients almost every day, they can master the tasks they have to perform for them on a daily basis. This makes the work become easier for the nurses. To support this claim is the works of Hahn, Binnewies, Sonnentag and Mojza (2011) which reported that employees can also learn how to better cope with their exhaustion by mastering the activities that are most helpful for recovery from their work-related efforts.

g) Length of Work Experience as a Nurse Practitioner

Table 23: Levels of Performance of the Staff Nurses When Grouped According to Length of Work Experience as a Nurse Practitioner

Level of Performance	Length of Work Experience	Mean Rank	df	x^2	Asymp. Sig.	Decision	Interpretation
Task Performance	2 - 4 Years	89.39	3	11.087	0.011	*Reject Ho*	*Significant Difference*
	5 - 7 Years	77.94					
	8 - 10 Years	92.61					
	More than 10 Years	115.61					
Contextual Performance	2 - 4 Years	104.01	3	12.810	0.005	*Reject Ho*	*Significant Difference*
	5 - 7 Years	76.03					
	8 - 10 Years	81.31					
	More than 10 Years	108.60					
Counter-productive Work Behavior	2 - 4 Years	96.04	3	1.199	0.753	*Accept Ho*	*No Significant Difference*
	5 - 7 Years	87.53					
	8 - 10 Years	88.11					
	More than 10 Years	96.61					
Overall Performance	2 - 4 Years	97.93	3	15.462	0.001	*Reject Ho*	*Significant Difference*
	5 - 7 Years	73.43					
	8 - 10 Years	85.76					
	More than 10 Years	116.69					

Table 23 displays the significant difference between the levels of performance of the staff nurses when they are grouped according to length of work experience as nurse practitioner. The Kruskall-Wallis H test showed that there were statistically significant differences between the levels of performance of the staff nurses when they are grouped according to length of experience as nurse practitioner: a) in terms of task performance as determine by X^2 (3)= 11.087, p = 0.011, with mean rank scores of: 89.39 for 2-4 years, 77.94 for 5-7 years, 92.61 for 8 – 10 years, and 115.61 for more than 10 years; b) in terms of contextual performance as determine byX^2 (3)= 12.810, p = 0.005 with mean rank scores of: 104.01 for 2-4 years, 76.03 for 5-7 years, 8113 for 8 – 10 years, and 108.60 for more than 10 years; c) in terms of overall performance as determine by X^2 (3)= 15.462, p = 0.001 with mean rank scores of: 97.93 for 2-4 years, 73.43 for 5-7 years, 85.76 for 8 – 10 years, and 116.69 for more than 10 years; however there was no statistically significant difference between the levels of performance of the staff nurses when they are grouped according to length of experience as nurse practitioner: a) in terms of counter-productive work behavior as determine by

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X^2 (3)= 1.199, p = 0.753 with mean rank scores of: 96.04 for 2-4 years, 87.53 for 5-7 years, 88.11 for 8 – 10 years, and 96.61 for more than 10 years. These findings of significant differences between task performance, contextual performance and overall performance with the level of performance of the staff nurse-respondents when grouped according to the length of work experience as a nurse practitioner imply that nurses' experience at work really affects their performance level. The rationale for this is that nurses learn as they progress at work and they become more skilful. The experiences nurses have from day 1 to the present made them become more mature at work and realized things that they should maintain, sustain or replenish/ improve. As nurses mature, they become more proficient or expert in their line of work; their caring practice becomes more intense and results to positive patient outcomes than those they do before. In lieu of this maturity and increase in knowledge, skills and attitude, their personal accomplishment also increases. As nurse as they go on with their work for years, they become mostly values by the person whom they care and cared for. This is supported by the works of Lasebikan and Oyetunde (2013) which reported that age and experience have also been found to be significant and consistent factors; that the older and more experienced an individual is, the higher his scores would be on personal accomplishment.

h) Nurse-Patient Ratio

Table 24: Levels of Performance of the Staff Nurses When Grouped According to Nurse-Patient Ratio

Level of Performance	Nurse-Patient Ratio	Mean Rank	df	x^2	Asymp. Sig.	Decision	Interpretation
Task Performance	1 Nurse to Below 10 Patients	99.87	3	10.614	0.014	*Reject Ho*	*Significant Difference*
	1 Nurse to 10 - 19 Patients	104.44					
	1 Nurse to 20 to 29 Patients	71.34					
	1 Nurse to 30 to 39 Patients	83.11					
Contextual Performance	1 Nurse to below 10 Patients	97.92	3	1.188	0.756	*Accept Ho*	*No Significant Difference*
	I Nurse to 10 - 19 Patients	90.75					
	1 Nurse to 20 to 29 Patients	89.73					
	1 Nurse to 30 to 39 Patients	86.96					
Counter-productive Work Behavior	1 Nurse to below 10 Patients	83.44	3	2.675	0.444	*Accept Ho*	*No Significant Difference*
	I Nurse to 10 - 19 Patients	92.41					
	1 Nurse to 20 to 29 Patients	97.13					
	1 Nurse to 30 to 39 Patients	99.41					
Overall Performance	1 Nurse to below 10 Patients	96.18	3	3.548	0.315	*Accept Ho*	*No Significant Difference*
	I Nurse to 10 - 19 Patients	99.61					
	1 Nurse to 20 to 29 Patients	80.06					
	1 Nurse to 30 to 39 Patients	86.88					

Table 24 illustrates the significant difference between the levels of performance of the staff nurses when they are grouped according to nurse-patient ratio. The Kruskall-Wallis H test showed that there was a statistically significant difference between the levels of performance of the staff nurses when they are grouped according to nurse-patient ratio: a) in terms of task performance as determine by X^2 (3)= 10.614, p = 0.014, with mean rank scores of: 99.87 for 1 nurse to below 10 patients, 104.44 for 1 nurse to 10-19 patients, 71.34 for 1 nurse to 20-29 patients, and 83.11 for1 nurse to 30-39 patients; however there were no statistically significant differences between the levels of performance of the staff nurses when they are grouped according to nurse-patient ratio: a) in terms of contextual performance as determine by X^2 (3)= 1.188, p = 0.756 with mean rank scores of: 97.92 for 1 nurse to below 10 patients, 90.75 for 1 nurse to10-19 patients, 89.73 for 1 nurse to 20-29 patients, and 86.96 for1 nurse to 30-39 patients; b) in terms of counter-productive work behavior as determine by X^2 (3) = 2.675, p = 0.444 with mean rank scores of: 83.44 for 1 nurse to below 10 patients, 92.41 for 1 nurse to 10-19 patients, 97.13 for 1 nurse to 20-29 patients, and 99.41 for1 nurse to 30-39 patients; c) in terms of overall performance as determine by X^2 (3)= 3.548, p = 0.315 with mean rank scores of: 96.18 for 1 nurse to below 10 patients, 99.61 for 1 nurse to 10-19 patients, 80.06 for 1 nurse to 20-29 patients, and 86.88 for1 nurse to 30-39 patients;

The finding of the significant difference in the level of performance of staff nurse-respondents as to nurse-patient ratio in terms of task performance means that the staff nurse-respondents have been handling different workloads in the hospitals. These workloads if not balanced between patient needs and nursing staff size can be a predictor for burnout. This can be traced from the fact that more workload need more time to accomplish task. This means that if they have more patients to attend to, they cannot easily perform all their tasks at once of completely do it as compared with those with small number of patients to attend to. This is similar to the finding of Hinno, Partanen and Vehviläinen-

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Julkunen (2012) whish reported that there is a direct relationship between nurses' workload and patient outcomes and nurse-reported quality of care. Since most of them are in the 2 – 4 years length of work experience and mostly Nurse 2, they are still struggling to cope with the demands of their job as a nurse. Heavy workloads or heavy tasks give a great toll on them as they still on the process of learning the art of nursing career.

Another support is to the findings above is the study by Westbrook, Duffield, Li and Creswick (2011) which reported that the time nurses spend with patients is associated with improved patient outcomes, reduced errors, and patient and nurse satisfaction. The authors claimed that the initiatives which are effective in allowing clinicians to shift their time to direct care are likely to produce improvements in health outcomes, and patient and health professionals' satisfaction, which may also impact upon improved staff retention.

i) Census per Area

Table 25: Levels of Performance of the Staff Nurses When Grouped According to Census per Area

Level of Performance	Length of Work Experience	Mean Rank	df	x^2	Asymp. Sig.	Decision	Interpretation
Task Performance	Below 10	99.78	6	21.968	0.001	*Reject Ho*	*Significant Difference*
	10-19	151.90					
	20-29	79.06					
	30-39	79.74					
	40-49	86.23					
	50-59	67.23					
	60 and more	93.09					
Contextual Performance	below 10	96.72	6	2.232	.0897	*Accept Ho*	*No Significant Difference*
	10-19	79.65					
	20-29	82.41					
	30-39	86.166					
	40-49	96.68					
	50-59	87.83					
	60 and more	94.91					
Counter-productive Work Behavior	below 10	84.10	6	30.590	0.000	*Reject Ho*	*Significant Difference*
	10-19	27.95					
	20-29	126.50					
	30-39	93.68					
	40-49	117.70					
	50-59	81.21					
	60 and more	104.24					
Overall Performance	below 10	96.23	6	4.745	0.577	*Accept Ho*	*No Significant Difference*
	10-19	98.80					
	20-29	96.25					
	30-39	84.42					
	40-49	94.85					
	50-59	72.25					
	60 and more	97.24					

Table 25 shows the significant difference between the levels of performance of the staff nurses when they are grouped according to census per area. The Kruskall-Wallis H test showed that there were statistically significant differences between the levels of performance of the staff nurses when they are grouped according to census per area: a) in terms of task performance as determine by X^2 (6)= 21.968, p = 0.001, with mean rank scores of: 99.78 for below 10 patients, 151.90 for 10-19 patients, 79.06 for 20-29 patients, 79.74 for 30-39 patients, 86.23 for 40-49 patients, 67.23 for 50-59 patients and 93.09 for 60 and morepatients; b) in terms of counter-productive work behavior as determine by X^2 (6)= 30.590, p = 0.000 with mean rank scores of: 84.10 for below 10 patients, 27.95 for 10-19 patients, 126.50 for 20-29 patients, 93.68 for 30-39 patients, 117.70 for 40-49 patients, 81.21 for 50-59 patients and 104.24 for 60 and more patients; however there were no statistically significant differences between the levels of performance of the staff nurses when they are grouped according to nurse-patient ratio: a) in terms of contextual performance as determine by X^2 (6)= 2.232, p = 0.897 with mean rank scores of: 96.72 for below 10 patients, 79.66 for 10-19 patients, 82.41 for 20-29 patients, 86.166 for 30-39 patients, 96.68 for 40-49 patients, 87.88 for 50-59 patients and 94.91 for 60 and more patients; b) in terms of overall performance as determine by X^2 (6)= 4.745,

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p = 0.577 with mean rank scores of: 96.23 for below 10 patients, 98.80 for 10-19 patients, 96.25 for 20-29 patients, 84.42 for 30-39 patients, 94.85 for 40-49 patients, 72.25 for 50-59 patients and 97.24 for 60 and more patients.

The finding of the significant differences in the level of performance of staff nurse-respondents when grouped to census per area, in terms of task performance and counter-productive work behavior, implies that the staff nurse-respondents are having a great deal of tasks in the hospital and is manifesting counter-productive work behavior about it that is why they have different level of performances. For some nurses, these tasks maybe too heavy and they cannot just get over it so they would tell anyone that they are having a hard time in the area; for some nurses, these tasks may just be enough for them to accomplish and do not say any negative words against their work or their area of assignment. Work accomplishments by nurses depends on the distribution of tasks given to them; if this matched their capability then it is just enough; however if not, then this will be a burden for them. This finding is supported by previous research reported by Aiken (2001), and that of O'Brien-Pallas, Thomson, Alksnis and Bruce (2001) which provided strong evidence that high nursing workloads at the unit level have a negative impact on patient outcomes and level of performance of nurses. From these studies of nurses, it was shown that higher levels of dissatisfaction and exhaustion are significantly associated with job demands such as high patient to nurse ratios, overtime and increasing patient acuity. As a result, increased workloads and high patient to nurse are resulting in high levels of nurse burnout and dissatisfaction.

Problem 6: Is there a significant relationship between the degree of agreement in relation to job burnout and level of performance of the staff nurses.

Table 26: 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	*Reject Ho*	*Significant Relationship*
Exhaustion and Overall Performance	183	-.080	.282	*Accept Ho*	*No Significant Relationship*

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

Table 26 shows the significant relationship between the degree of agreement in relation to job burnout and level of performance of the staff nurses. Spearman's rank-order correlation shows that there: a) was negative weak correlation between degree of agreement in relation to job burnout – disengagement and overall level of performance of the staff nurses which was statistically significant as determine by rs (183) = -.175, p = .018; b) was no correlation between degree of agreement in relation to job burnout – exhaustion and overall level of performance of the staff nurses as determine by rs (183) = -.080, p = .282. These findings for the negative weak correlation between 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 on every organization; such that an employee who is feeling different about his / her work can definitely 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 error in medication administration or frequent needle-stick injuries). Additionally, according to Fredrickson (2001) their negative emotions that are characteristic of burnout will narrow the breadth of their thought processing; also it will diminish their focus on new information and impair the quality of their decision-making. This kind of condition can lead to more mistakes in the clinical set-up and negative patient outcomes. More likely the staff nurse will also be called in attention and will be given certain reprimand for what she/he caused especially in terms of caring for their patients. They can be suspended or dismissed if the case was too heavy and caused the life of any of their patient. For the hospital, this will be detrimental and may affect their status as a good provider of service. This is why when they have employees like this; they are referred to the clinic for evaluation and rehabilitation. 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 similar to that of Madala et al (2014) which reported that burnout has negative effects on performance. Also similar to that of Swider and Zimmerman (2010) which indicated that burnout is negatively related to performance.

The above finding is also supported by the verbalizations of the staff nurses when they were interviewed as how they think their degree of agreement in relation to burnout relates to their level of performance; that almost all of the participants said yes that they have a relationship.

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One staff nurse said that:

"Definitely. Kasi nawawala yung gana ko magwork pag burnout na ako". ("Definitely. I lose my motivations whenever I feel burnout").

Another one staff nurse expressed:

"Oo, magkaugnay yang dalawa kasi mababa ang performance ko pag hindi maganda ang pakiramdam ko about my work." ("Yes, there is a relationship between the two wherein my performance decreases whenever I feel bad about my work").

One nurse in the other hospital said:

"Oo naman, kasi lagi magkatuwang yan. Mababa ang performance kapag feel mo burnout ka. Wala ka na kasing ganang magwork at ayaw mo na halos pumasok o gumalaw". ("Yes of course, there's a relationship. There is a decrease in performance when you feel burnout. There is no motivations to work as if you don't like to go to work or even move").

Another nurse said:

"Yes it has a relationship. Nobody van work efficiently if they feel stressed or burnout. It affects our mind and body kasi. Kaya we cannot work while we feel that way". (Yes it has a relationship. Nobody van work efficiently if they feel stressed or burnout. It affects our mind and body. That is why we cannot work while we feel that way").

Problem 7: 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;

IV. Conclusion

Based on the results of this study, there were 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 is 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; also, there is a significant difference between the levels of performance of the staff nurses when grouped according to length of work experience as nurse practitioner as to task performance, contextual performance and overall performance; when they are grouped according to nurse-patient ratio as to task performance; when they are grouped according to census per area as task performance and counterproductive work behaviour; lastly, there were significant relationships between the degree of agreement in relation to job burnout (disengagement) and overall level of performance of the staff nurses.

V. Recommendation

It was 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 administrators should manage efficiently the workloads of their staff nurses in order to prevent burnout.

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