

Psychological and Subjective Well-being and Resilience of Nurses in a Level 3 Government Hospital

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Abstracts

Introduction: Nursing is a highly stressful profession. Filipino nurses in government hospitals experienced farther stress during the COVID-19 pandemic. However, few studies explore the impact of Psychological and Subjective Well-being to Resilience. **Objectives:** This study determined the significant relationship and differences of Subjective and Psychological Well-being and Resilience of Filipino nurses in terms of age, gender, work position and area of assignment. **Methods:** This study utilized a cross-sectional survey using 3 adopted instruments; Psychological Well-being scale by Carol Ryff, Subjective Well-being scale by Ed Diener and Brief Resilience scale by Bruce Smith. Spearman Rho Correlation with the 0.05 level of significance was used to find relationship and Mann Whitney U test was used to determine differences among the variables. **Results:** A total of 200 nurses responded, rendering the results of moderate level of Psychological Well-being (mean = 5.26), moderate level of Subjective Well-being (mean = 4.11) and resilience level at (mean = 3.52). PWB ($r = 0.253$, $p < 0.001$) and SWB ($r = 0.359$, $p < 0.001$) had a result of weak positive and moderate positive relationship to Resilience. There was no significant difference on the variables when profile of the respondents was considered. **Conclusion:** Filipino nurses in government hospitals had moderate level of well-being and resilience whereas subjective well-being had stronger influence to Resilience than psychological well-being. Strategies and programs that improve well-being and resilience is beneficial to sustain a healthy workforce Filipino nurses in government hospitals.

Keywords:

Nursing, Resilience, Psychological Well-being, Well-being



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INTRODUCTION

Nurses are exposed to physical and emotional demand of the profession (Brennan, 2017). Enduring stress while caring for the critically ill, addressing end-of-life issues, performing cardiopulmonary resuscitation, post-mortem care, exposure to health hazards, emergency situations, inadequate equipment and supplies, decision making and events when values of the organization does align with their own (Caruso et al., 2017; Hittle, 2020; Rouhi-Balasi et al., 2020; Rushton & Pappas, 2020). Neglect of negative experiences lead to burnout. In a study among Filipino nurses, it showed that burnout results to emotional exhaustion, depersonalization and reduced personal accomplishment (George & Reyes, 2017). Similar findings on burnout during the pandemic was highlighted by Labrague & De los Santos, (2020), Alibudbud, (2023). Stress was extensive during the COVID-19 pandemic where Filipino nurses had moderate to high acute and chronic fatigue levels with lower inter-shift recovery (Caboral-Stevens et al., 2023).

The Eudaimonic approach captured the essence of the two great Greek imperatives: first, to know yourself, and second, to become what you are (Ryff & Singer, 1996). Carol Ryff used eudaimonia as foundation and constructed the six dimensions of positive psychological functioning such as Self-acceptance, Purpose in life, Positive relationship with others, Environmental mastery, and Autonomy (Martela, 2024; Ryff & Singer, 1996). Elghabbour et al., (2023) found that nurses with higher level of Resilience also had higher level of Psychological Well-being. This resulted enhanced social effectiveness and mental health (Elghabbour et al., 2023; Diener & Seligman, 2004). Similar to the concept of Broaden and Build Theory by Barbara Fredrickson, positive emotions broaden understanding and perspective and successful interaction to stimuli builds to stronger positive emotions (Fredrickson, 2004). This relates to the essence of assessing and utilizing emotions towards building resilience.

Subjective well-being has been linked to happiness and hedonistic approach to well-being (Kansky & Diener, 2017). It is a self-reported tripartite structure of life satisfaction, positive affect, and negative affect. In the study of Krok et al., (2021), stress was associated with negative affect while meaning-making and meaning in life positively related to life satisfaction and positive affect. In the studies of Gao et al., (2017) they found that well-being acts as buffer to resilience both creating positive impact to a person's mental health. Positive emotions are strongly linked to well-being which subsequently contributes to resilience (Kansky & Diener, 2017).

Resilience is a protective factor of mental health (Kansky & Diener, 2017). It is the ability to bounce back from adversities and stress (Rutter & J, 1987). It is also defined as the process of coping with

hardship and, assessing well-being through periods of time (Becker & Ferry, 2016; Harms et al., 2018). Strong relationships of between well-being and resilience were found to produce higher productivity, ability to cope, job satisfaction and intent to stay (Cramer et al., 2020; Hameed et al., 2023). Castillo-González et al., (2024) strengthens the findings relating to the risks of nurses to emotional exhaustion and burnout had lower level of resilience. However, Nurse leaders are not specifically trained to build a resilient team (Kester & Wei, 2018). More often, training received by nurses are skill-based and managerial outcomes. It is rare to find resilience programs in the field of medicine and nursing (Joyce et al., 2018).

Most studies assessed the level of burnout among nurses during the COVID-19 pandemic. However, there was limited knowledge on building resilience to protect and sustain Filipino nurses in the government hospitals.

This study determined the significant relationship of Psychological and Subjective Well-being to Resilience of Filipino nurses (Ha1) and there significant differences when group according to age, gender, work position and area of assignment (Ha2).

METHODS

1. Design

This study utilized a cross-sectional survey design, through gathering responses using physical survey forms during the COVID-19 pandemic, 2020 to 2021. The study was conducted December 2020 to January 2021 in a tertiary government hospital in a province in Region IV-A, Philippines.

2. Sample Size and Sampling Technique

The inclusion criteria used were permanently employed for at least 6 months in the responding healthcare institution as registered nurses, assigned in clinical wards and specialty areas providing direct patient care. Excluded are health care providers that are not registered nurses and registered nurses with administrative roles only. Using stratified random sampling, the strata of Staff Nurses and Nurse Managers assigned in clinical ward and specialty areas (*ICU, ER, OR, Specialty Centers*), providing direct patient care was selected. From the total population of 394 permanently employed nurses, 387 nurses satisfied the strata. Sample population size was computed using Slovin's Formula with 0.05 margin of error resulting to the minimum required population of 197 nurses, composed of 141 Staff Nurses and 56 Nurse Managers. Since physical interaction was limited during that time due to physical distancing and quarantine protocols, participating nurses where invited based on their availability during data gathering. All participating nurses were oriented regarding the purpose of the study, methods of data gathering, and consent. The participants were allowed to take physical form and return the completed survey

on their next duty day. A total 200 nurses composed of 144 Staff Nurses and 56 Nurse Managers responded, exceeding the minimum sample size.

3. Instruments

The study utilized three instruments. First is the Psychological well-being 18-item Scale by Carol Ryff (Ryff & Singer, 1996). This aimed to identify the extent of psychological well-being of the nurse respondents according to the six domains of psychological well-being namely, self-acceptance, personal growth, positive relationships, purpose in life, environmental mastery and autonomy. The scores were measured with a 7-point Likert scale (1 = strongly disagree, 2 = somewhat disagree, 3 = little disagree, 4 = neither disagree nor agree, 5 = a little agree, 6 = somewhat agree, 7 = strongly agree) and cut-offs were generated using quartiles for each component. Second, is the Comprehensive Inventory of Thriving Subjective well-being subscale by Su et al., (2014) consisting nine items, three for the measure of Life satisfaction, three for positive affect and three for negative affect by which was scored in reverse. The scores were measured with a 5-point Likert scale (1 = strongly disagree, 2 = disagree, 3 = neither disagree nor agree, 4 = agree, 5 = strongly agree) and cut-offs were generated using quartiles for each component. Lastly, is the Brief Resilience Scale by Bruce Smith (Smith et al., 2008). A six item scale that aimed to produce a single measure of resilience as the ability of a person to bounce back from challenges and adversities in life. The scores were measured by 5 point Likert Scale (1 = strongly disagree, 2 = disagree, 3 = neither disagree nor agree, 4 = agree, 5 = strongly agree) and interpreted using ranges of low (1.00 – 2.99), moderate (3.00 – 4.30) and high resilience (4.31 – 5.00).

The authors were sent an e-mail for courtesy in using the instrument. The questionnaire was open for use with proper citations. All instruments are reliable and validated with their Cronbach alpha score; PWB 18-item scale (0.84 to 0.99) (Lee et al., 2019), SWB scale (0.81-0.87) (Sorgente et al., 2023) and BRS 0.80-0.91) (Smith et al., 2008). The instruments was also pilot tested among 25 Staff Nurses and 5 Nurse Managers with the computed values of alpha result ranged from 0.626 to .901 which Questionable to Very good (Cronbach, 1951). Components *Personal Development* (0.638) and *Environmental Mastery* (0.626) under Psychological Well-being were justified in terms of theoretical consistency of the construct, overall alpha of 0.744, and sound basis of reliability and validity of the instrument published by the authors (Ryff & Singer, 1996).

4. Data Collection Process

Data was collected through physical survey form. During the COVID-19 pandemic, the researcher observed infection control protocols with proper distancing and prescribed Personal Protective Equipment of the institution such as N95 mask and face shield. The researcher visited the designated

safe zone of the clinical wards and special area units and invited the available Staff Nurses and Nurse Managers to participate. After orientation about the study, consent was secured. Since physical contact was limited, the researcher leaves the survey form to the respondents and returns for retrieval once the respondent confirmed completion through phone call or SMS supported by follow ups. Completion and retrieval of the survey forms ranged from 1 to 10 days. The respondents and was made available during the process for inquiries. Data collection was conducted from December 2020 to January 2021.

5. Data Analysis

Descriptive statistics were produced using frequency, percentile distribution and arithmetic mean determining the demographic, level of subjective well-being and level of psychological well-being. Quartiles were used to determine ranges of the descriptive results that were interpreted as low, moderate and high levels for each item of the instruments. Correlations between subjective and psychological well-being to resilience was determined using spearman's rho correlation with using the strengths (-1, 0 & +1). Zero having no correlation while +1 and -1 having positive and negative perfect correlation. Differences in the level of subjective well-being, psychological well-being and resilience when grouped according to demographic profile was determined using Mann-Whitney U test with the significance level ($\alpha = 0.05$) to determine whether to accept or reject the hypothesis.

6. Research Ethics

The study was approved by a level 3 Research Ethics Committee of the responding healthcare institution under the protocol number BatMC RERC 2020-056. Informed consent was compliant to the WHO format and was issued to all participants.

RESULTS

The respondents were mostly less than 30 years old (69.5%), female (70.5%), staff nurses (72%), assigned in the specialty areas (62%).

As shown in Table 1, the overall psychological well-being of respondents was moderate (M = 5.26). Among the domains, personal growth scored highest (M = 5.92), followed by self-acceptance (M = 5.79) and positive relationships (M = 5.50). The lowest domain mean was Purpose in Life (M = 4.48), while the highest was Personal Growth (M = 5.92).

As shown in Table 2, the overall subjective well-being of nurses was moderate (M = 4.11). Across the three domains, negative affect (reversed) had the highest mean (M = 4.20, moderate), followed closely by positive affect (M = 4.08, moderate) and life satisfaction (M = 4.04, moderate).

(Table 3), In terms of resilience, the overall score was moderate (M = 3.52). All six items reflected moderate resilience, with the highest mean in bouncing back quickly after hardships (M = 3.74) and

the lowest in taking a long time to get over setbacks (M = 3.16).

As shown in Table 4, psychological well-being had a weak positive correlation with resilience ($\rho = 0.253$), while subjective well-being had a low to moderate positive correlation with resilience ($\rho = 0.359$), both significant at $p < 0.001$. This compares to the study of Delgado et al., (2021) where psychological well-being had stronger relationship to resilience.

As shown in Table 5, no statistically significant differences were observed in psychological well-being when grouped by age, gender, work position, or area of assignment (all $p > 0.05$), although a near-significant trend was noted for work position ($p = 0.058$). Similar to the study results of Nimako et al.,

(2019) having no significant difference in the psychological well-being among Filipino nurses.

DISCUSSION

Filipino nurses in the government hospitals had a moderate level of psychological well-being. They acknowledged the presence of opportunities for continuous learning and professional growth. The nursing profession offers vast variety of specialization whether in clinical or academic field.

Table 1. Assessment of the Respondents on their Psychological Well-being

Variable	Statement	Mean Score	Overall Mean Score	Qualitative Description
Self-Acceptance	I like most parts of my personality.	6.16	5.79	Moderate
	When I look at the story of my life, I am pleased with how things have turned out so far.	5.92		
	In many ways I feel disappointed about my achievements in life (R)	5.29		
	For me, life has been a continuous process of learning, changing, and growth.	6.38		
Personal Growth	I think it is important to have new experiences that challenge how I think about myself and the world.	6.33	5.92	Moderate
	I gave up trying to make big improvements or changes in my life a long time ago (R).	5.05		
Positive Relationship	Maintaining close relationships has been difficult and frustrating for me (R)	5.39	5.50	Moderate
	People would describe me as a giving person, willing to share my time with others.	5.82		
	I have not experienced many warm and trusting relationships with others (R)	5.30		
Purpose in Life	Some people wander aimlessly through life, but I am not one of them.	5.18	4.48	Moderate
	I live life one day at a time and don't really think about the future (R)	5.01		
	I sometime feel as if I've done all there is to do in life (R)	3.25		
	The demands of everyday life often get me down (R)	4.57		
Environmental Mastery	In general, I feel I am in charge of the situation in which I live	5.17	5.07	Moderate
	I am good at managing the responsibilities of daily life	5.49		
Autonomy	I tend to be influenced by people with strong opinions (R)	3.47	4.82	Moderate

Variable	Statement	Mean Score	Overall Mean Score	Qualitative Description
	I have confidence in my own opinions, even if they are different from the way most other people think.	5.61		
	I judge myself by what I think is important, not by the values of what others think is important.	5.40		
Overall			5.26	Moderate

Cutoff points: Self-acceptance (Low < 5.33; Moderate 5.33–6.67; High > 6.67); Personal growth (Low < 5.33; Moderate 5.33–6.67; High > 6.67); Positive relationships (Low < 4.67; Moderate 4.67–6.33; High > 6.33); Purpose in life (Low < 3.67; Moderate 3.67–5.00; High > 5.00); Environmental mastery (Low < 4.33; Moderate 4.33–5.67; High > 5.67); Autonomy (Low < 4.33; Moderate 3.67–5.33; High > 5.33).

Table 2. Assessment of the Respondents on their Subjective Well-being

Variable	Statement	Mean Score	Overall Mean Score	Qualitative Description
Life Satisfaction	In most ways my life is close to my ideal	3.81	4.04	Moderate
	I am satisfied with my life	4.11		
	My life is going well	4.21		
Positive Affect	I feel positive most of the time	4.08	4.08	Moderate
	I feel happy most of the time	4.09		
	I feel good most of the time	4.07		
Negative Affect	I feel negative most of the time (R)	4.15	4.20	Moderate
	I experience unhappy feelings most of the time (R)	4.17		
	I feel bad most of the time (R)	4.27		
Overall			4.11	Moderate

Cutoff points: Life satisfaction (Low < 3.67; Moderate 3.67–4.67; High > 4.67); Positive affect (Low < 4.00; Moderate 4.00–4.67; High > 4.67); Negative affect (Low < 4.00; Moderate 4.00–4.99; High > 4.99); Overall (Low < 3.78; Moderate 3.78–4.56; High > 4.56).

Table 3. Assessment of the Respondents on their Resilience

Variable	Statement	Mean Score	Overall Mean Score	Qualitative description
Resilience	I tend to bounce back quickly after hard times	3.74	3.52	Moderate
	I have hard time making it through stressful events (R)	3.55		
	It does not take me long to recover from a stressful event	3.48		
	It is hard for me to snap back when something bad happens (R)			
	I usually come through difficult times with little trouble	3.58		
	I tend to take a long time to get over setbacks in my life (R)	3.16		
Overall		3.62	3.52	Moderate

Low 1.00–2.99
Moderate 3.00–4.30
High 4.31–5.00

Table 4. Relationship of Psychological Well-being and Subjective Well-being to Resilience

Relationship	Coefficient	Interpretation
Psychological Well-being * Level of Resilience	0.253	Significant - Weak Positive
Subjective Well-being * Level of Resilience	0.359	Significant - Moderate Positive

$P < 0.001$
 $\alpha = 0.05$

Table 5. Assessment of Differences on Psychological Well-being, Subjective Well-being, and Resilience of the respondent when grouped to profile

Profile	Psychological well-being		Subjective well-being		Resilience	
	Mean Rank	p-value	Mean Rank	p-value	Mean Rank	p-value
Age:						
≤30 years old	96.20	0.487	89.61	0.077	97.35	0.424
>30 years old	102.38		105.28		101.88	
Gender:						
Male	94.80	0.367	104.55	0.520	101.45	0.814
Female	102.89		98.80		100.10	
Work Position:						
Staff Nurse	105.34	0.058	97.35	0.215	100.83	0.837
Nurse Manager	88.04		108.60		99.64	
Area of Assignment:						
Clinical Ward	101.14	0.903	101.45	0.856	103.13	0.429
Specialty Ward	100.11		99.92		98.89	

$\alpha = 0.05$

The moderate level of self-acceptance and positive relationship reflects personal and interpersonal challenges in the profession such as team work, collaboration, and organizational culture.

The pandemic era influenced their level of environmental mastery, limiting control over delivery of quality and safe care. This also affected their ability to decide with their own knowledge (Ganchuluun et al., 2023). In addition to consultative decision making whenever unfamiliar situations arise. Nurses were challenged to fully cope with vast amount of lives being lost (Bennett et al., 2020). While the Filipino nurses are known for being compassionate, their conditions during pandemic presented intent of leaving the profession (Christianson et al., 2023).

The level of subjective well-being was also in moderate level. Most of the nurses expressed a moderate positive satisfaction in their lives. This aligns with the findings in "purpose in life"

and how they are affected by the situation of nurses during the pandemic. Negative affect was experienced less however, it did not supported the higher level of positive affect. Filipino nurses were able to sustain themselves at a minimum but was not in the optimal state of well-being. Similarly, Kinman et al., (2020), found that nurses were challenged by unfamiliar environments, changing protocols, and exposure to trauma. Nevertheless, health workers had the strong sense of duty even when their exhausted.

Resilience level of the nurses was moderate. Nurses expressed that they were able to bounce back after hard times and setbacks. During the COVID-19 pandemic, most nurses were able to sustain and cope with stress but some left the profession. Filipino nurses experienced fear, anxiety and burnout attributing to higher intention to leave (R. C. Moreno-Lacalle et al., 2023). It reflected how extreme stressors affected their intent to stay in the

profession and job satisfaction. The Filipino spirit of “bayanihan” enhanced community and service resilience together with programs in response to the crisis (Zosa & Ombao, 2024), Filipino nurses received holistic support from community, local and national levels. They were recognized and compensated for their high-risk services. These interventions to address lacking resources and safety of nurses contributed to the well-being and resilience of nurses and reduced their intent to leave (Diño et al., 2022; Tiu et al., 2025).

(Ha1) Psychological well-being and subjective well-being, respectively have weak to moderate positively correlated to resilience. This supports the findings of Gao et al., (2017) where lesser mental health issues were found among those with higher level of resilience and well-being. It is notable that subjective well-being to have stronger correlation. Self-assessment of well-being is linked to mindfulness where thoughts are processed and decision are made with high level awareness and purpose (Aldosari & Alhamad, 2024). This provides prompt appraisal, regulation and utilization of emotions expediting recovery and learning from stressful events (Chikobvu & Harunavamwe, 2022). While psychological well-being also correlates to resilience, most of its components are involved with external factors such as life achievements, opportunities for learning, relating to others, influence of other people, and deciding in situations. Linking with studies, psychological well-being was found to increase subjective well-being over longer period of time (Joshnloo, 2018).

(Ha2) The study found no significant differences in the levels of psychological well-being, subjective well-being and resilience of nurses according to the age groups, gender, work position and area of assignment.

In contrast to the findings of Ang et al., (2018), whereas younger nurses exhibited lower level of resilience. Different findings is due to the COVID-19 era. Licensure examinations were put on hold resulting to lesser newly graduate nurses entered the profession. Moreover, head nurses were found to have higher level of resilience than staff nurses the studies of Yassin et al., (2021), Abdul Salam et al., (2023), and Carson et al., (2025). While this studies may differ in population race and government, they support the findings of this study of near to significant difference in work position.

All throughout the pandemic, various policies were modified based research based

solution by various nursing institutions (Leyva et al., 2024). Staffing considered physical and emotional capacities to render bedside care. Nurse managers extended to the bedside work in addition to managerial roles to support staff nurses. Schedules were modified to minimize personnel exposure while provision of adequate rest. In house accommodations were provided including food, water and other basic needs. Nurses that were not assigned in bedside focused on supportive administrative roles. However, the national government categorized financial risk incentives according to high risk exposure. These interventions promoted equity to among nurses that highly contributed to a levelled experience during the pandemic.

CONCLUSION

This study found that nurses in a government hospital had moderate levels of psychological well-being, subjective well-being, and resilience. Subjective well-being correlated more strongly with resilience than psychological well-being, and no significant differences were observed by demographic profile.

Strengthening the well-being and resilience of nurses is essential to sustaining a healthy workforce, improving retention, and ensuring quality patient care.

Conflict of Interest

The author declares no conflict of interest.

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