

Associated Factors of Mental Well-Being among Nurses in Private Hospitals in Leyte

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ABSTRACT

Mental health is a fundamental human right and as a condition of mental well-being that allows people to cope with life's stressors, realize their strengths, study and work effectively, and contribute to their community. This quantitative research made use of the descriptive-correlational research design in assessing the correlation between the associated factors and the mental well-being among nurses in private hospitals in Leyte for the 2nd quarter of 2024 using the Warwick-Edinburgh Mental Well-being Scale survey questionnaire. The study's respondents comprised 59.90% from Generation Z, 35.64% from Generation Y, and 4.45% from Generation X, with a majority being females (85.64%) and single (77.23%). Nearly all respondents were Roman Catholics (93.56%), 98% held a bachelor's degree, and only 2% had some master's units. Most respondents had been working for 1 to 5 years (44.55%) and were regular employees (72.28%). About 26.73% were staff nurses in the ward, and 54.95% had no fixed schedule. Health-wise, 84.65% had no morbidities, with small percentages reporting conditions like hypertension and other ailments. Most did not smoke or drink alcohol (72.28%), though 27.28% were occasional drinkers. The study found a moderate level of mental well-being among respondents, with an overall score of 45.86. Generation X exhibited the highest mental well-being score (55.6). A moderate significant relationship were observed between mental well-being and factors like religion (Effect size 0.477) and position (Effect size 0.537), while vices showed a strong significant correlation (Effect size 0.634). Nurses' sense of knowledge and mastery in their profession, patient involvement, and leadership roles contributed to their mental well-being. Religious practices provided emotional support and stability, particularly in challenging times. The study concluded that nurses' positions, religion, and vices significantly affect their mental health. Roman Catholicism and specific nursing roles were associated with better mental health, while vices strongly impacted it.

Keywords: Descriptive correlational design; Nurses; Profile; and Mental well-being.

THE PROBLEM

Introduction

Mental health is a fundamental human right and defined by World Health Organization (WHO) as a condition of mental well-being that allows people to cope with life's stressors, realize their strengths, study and work effectively, and contribute to their community (WHO, 2022). Mental well-being is an essential component of our total health as this is characterized by emotional well-being (handling emotion), excellent behavioral adjustment, relative independence from anxiety and disabling symptoms, and the ability to build constructive relationships and cope with everyday demands and challenges. Nurses who work in highly stressful working environments, such as hospitals, where triggers abound, pose a threat to their mental health stability. They must identify their effective factors on mental health as these factors strengthen their mind to fight against various stressors available at work.

At the global scale, among Australian nurses, Perry et al. (2015) discovered strong relationships between overall health, marital status, sleep issues, disordered eating, and shift work and mental health problems (MHPs). The study concluded that nurses and their managers should strive to create workplaces where working practices promote nurses' health and wellbeing, or are designed to minimize negative effects; where both nurses and their managers are aware of the potential for negative effects on the workforce's mental health; and where cultures allow this to be discussed openly without fear of stigma or denigration. Another study done by Freimann and Merisalu (2015) investigating work-related psychosocial risk variables and their associations with mental health problems (MHPs) among hospital nurses in Estonia and found that quantitative and emotional demands were connected to the prevalence of MHPs in their sample population. According to the study's findings, work-related psychosocial risk variables such as quantitative demands, work load, emotional demands, work place, and role conflicts were found to have strong positive correlations with MHPs in Estonian nurses, and may contribute to high levels of stress and burnout among nurses. In the Philippines, burnout has consistently been a problem for Filipino nurses. Burnout among Filipino nurses may lead to resignation, career changes, or even departure from the nation in addition to lowering job production (Alibudbud, 2022). Despite being a significant exporter of nursing professionals to other nations (Alibudbud, 2022; Buchan & Catton, 2020), the Philippines' healthcare system is currently facing a shortage of about 127,000 nurses, which is impeding the provision of the best possible care (Lalu, 2023). Watson (2023) asserts that supporting nurses' mental health is crucial to resolving issues that may arise from their weariness and psychological distress.

A WHO report from 2022 states that during the COVID-19 pandemic, 23 percent to 46 percent of healthcare workers reported having anxiety symptoms, 20 percent to 37 percent reported having depressed symptoms, and 41 percent to 52 percent expressed burnout. In response to this, a project to enhance the mental health and general well-being of 3,000 medical professionals nationwide has been started by the Department of Health. "The Wellness Movement" were kicked off with an on-site launch at the Philippine Children's Medical Center on January 16, 2023. Thereafter, different virtual community pod roll-outs in 30 public and private locations across Luzon, Visayas, and Mindanao would take place. Health professionals practice wellness personally and promote it in their workplaces by using community pods, which provide a secure environment ("Mental Health, Well-being Initiative for Health Workers Launched," 2023).

This study utilized the Warwick-Edinburgh Mental Well-Being Scale (WEMWBS), a validated and widely used tool that focuses on positive aspects of mental health and aligns with the PERMA framework.

For multiple reasons, this study is extremely relevant to the nursing sector. First, the study pinpoints particular variables, such as employment status, religious beliefs, and vices, that affect nurses' mental health. Having a better understanding of these factors facilitates the development of a work environment that supports nurses' mental health. Second, the study makes it possible to establish focused mental health interventions and support programs that are suited to the requirements of nurses in private hospitals by identifying variables that are associated with improved mental health, such as employment roles and adherence to Roman Catholicism. Thirdly, improving mental health among nurses can result in increased job satisfaction, lower rates of burnout and turnover. This is essential to keeping a steady and productive nursing workforce, particularly in the demanding private sector.

Fourth, the standard of care that nurses deliver is directly impacted by their mental health. Hospitals may raise the standard of care, safety, and patient outcomes by making sure that their nurses are psychologically well. Fifth, the study offers an organized method for comprehending and enhancing mental well-being through the application of the PERMA Model (Positive Emotion, Engagement, Relationships, Meaning, and Accomplishment). Nursing managers and legislators can use and modify this model to support a more comprehensive strategy for nurses' well-being. Furthermore, hospital administrators and politicians should use the findings as a reference when developing policies that support the mental health of nurses. This can involve offering opportunities for professional development, fostering a healthy work environment, and providing resources for mental health support. Finally, because private hospitals are the study's primary emphasis, there are particular opportunities and challenges in these environments.

The study's findings can be used to customize mental health treatments for these particular settings, as private hospitals and public hospitals frequently have different operational characteristics. The study offers a thorough understanding of the variables influencing the mental health of nurses working in private hospitals, which is critical for creating efficient support networks and raising the standard of care in general. The results of the study can be utilized to bolster the effectiveness of currently available resources as well as potential enhancements to policies, programs, and interventions already put in place within the organization to combat nursing burnout and support nurses' mental health. The researcher has high hopes for the success of this scholarly project.

Theoretical Framework

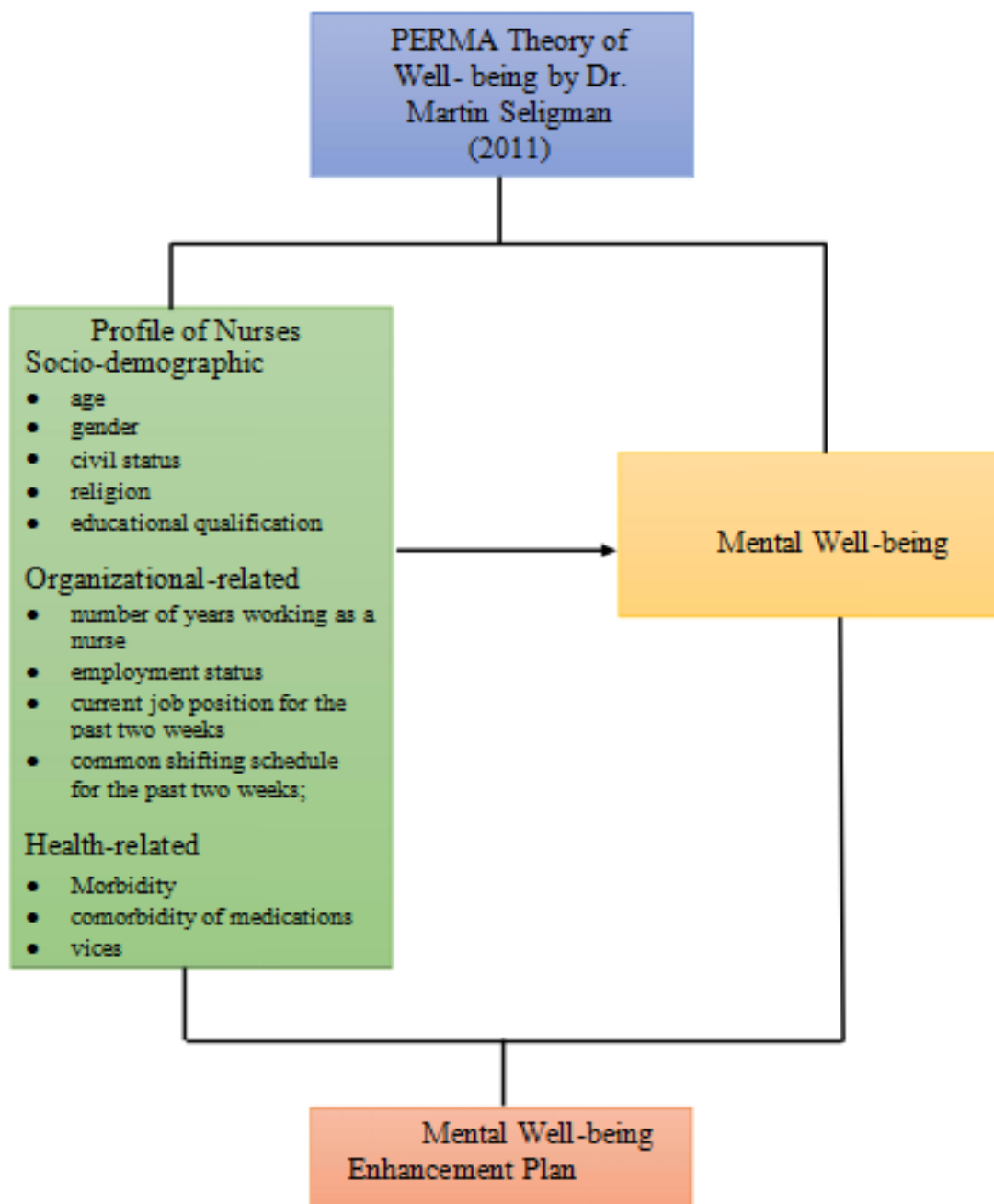
The theory that the study were anchored to is the PERMA theory of Well-Being postulated by Dr. Martin Seligman, also called as building blocks of well-being. Reputable positive psychologist Martin Seligman created the PERMA Model, which he widely disseminated in his seminal 2011 book "Flourish" (MindTools | Home, n.d.). This theory emphasizes the goal of achieving happiness. After all, people are motivated to do many things in life that do not always promote enjoyment in the present. It is a multidimensional paradigm that explains well-being through five hedonic and eudaimonic psychological elements: positive emotions, engagement, relationships, meaning, and accomplishment. Each of these elements contains three properties. First and foremost, the element adds to one's well-being. Second, many people are interested in the element for its own reason, and finally, the element is specified and measured apart from the others. Happiness conjures up images of living the good life, flourishing, self-actualization, joy, and meaning. Martin Seligman established the five positive psychology principles, abbreviated PERMA, to focus on what makes individuals thrive. Understanding these concepts can assist you in discovering the abilities necessary to live a more joyful and meaningful life. They serve as the foundation for a more balanced life filled with both positive and bad events. These five pillars, according to Seligman, contribute to total well-being, are important topics that people seek for their own reason, and can be defined and measured independently of one another.

According to the first Principle of PERMA, the principle of Positive Emotions; the more positive emotions we experience, the more satisfying and meaningful our lives are. Positive emotions are ones that provide us happiness, pleasure, and fulfillment. They are an essential aspect of the human experience and contribute significantly to our overall well-being. These emotions have been shown to have a variety of positive benefits on our lives such as improved physical and mental health, increased life satisfaction, and increased creativity. The second most fundamental element of positive psychology is engagement, or a state of complete absorption in things that bring us joy and fulfillment. It can be characterized as a "inner state of being" that allows a person to be connected to their surroundings, which can promote an appreciation for life and its experiences. Active participation in life's activities and experiences is another definition of engagement. It is also the discovery and appreciation of the current moment. People are more likely to have higher levels of performance, creativity, and lateral thinking when they are engaged (referred to as "flow").

Engagement is essential for good functioning because it allows us to form meaningful connections, achieve meaningful goals, and appreciate life's joys and pleasures. Positive relationships as the third positive psychology principle. One of the prerequisites for a happy and fulfilled life is the presence of meaningful and pleasant relationships. According to studies, those who have good social interactions are healthier and live longer lives. Relationships are essential in our lives, whether they are with family, friends, coworkers, or strangers. Positive relationships are vital for boosting one's life pleasure since the connections they create with others can have a dramatic impact on their overall well-being. Positive partnerships provide numerous advantages to all parties involved. They are a source of love and support that can make us feel safe, welcomed, and cherished.

Good relationships lead to more meaningful and pleasant exchanges, providing us with a venue to converse and socialize. If people develop good relationships with one another, they may generate a sense of belonging to both the world and to each other. The fourth positive psychology principle is purpose and meaning. It is one of the five psychological foundations concerned with Maslow's transcendence and actualization. Understanding our lives' meaning and purpose might help people make more loyal and strong decisions, leading to more fulfillment. When people feel their lives have meaning and purpose, it provides them with a sense of purpose and commitment, even when circumstances are difficult. This principle applies to both individuals and organizations, and it can be used to improve general quality of life in both.

Figure 1



Schematic diagram of the study utilizing PERMA Theory of Well-being by Dr. Martin Seligman (2011)

According to the theoretical framework described in the study, well-being can be explained by the five hedonic and eudaimonic psychological factors known as the PERMA model's building blocks of well-being. However, these well-being building blocks can be influenced by a variety of stressors in many forms and aspects of human life. Strengthening the PERMA model's building blocks of well-being is one effective technique of increasing and improving individuals' mental well-being. Being optimistic, having a favorable disposition with positive emotions toward all aspects of life, and having a supportive family and friends can assist boost one's self-efficacy, resulting in a more resilient attitude towards work. A good support system allows a person to be more conscious, more engaged at work, and develop far greater emotional intelligence. Having a solid work ethic in mind and action can lead to a great relationship among coworkers and a deeper knowledge of life's purpose, allowing an individual to make strong decisions in life and work. Sense of fulfillment and accomplishments may follow.

Statement of Purpose

The purpose of the study were to assess the correlation between the associated factors of mental well-being among nurses in private hospitals in Leyte for the 2nd quarter of 2024.

Specifically, it sought to answer the following questions:

What was the profile of the respondents in terms of:

Socio-demographic in terms of:

age;

gender;

civil status;

religion; and

educational qualification;

organizational-related in terms of:

number of years working as a nurse;

employment status;

current job position for the past two weeks; and

common shifting schedule for the past two weeks;

health-related in terms of:

morbidity;

comorbidity of medications; and

vices?

What was the mental well-being of nurses in private hospitals?

Was there a significant relationship between:

socio-demographic and the associated factors of the mental well-being;

organizational-related and the associated factors with mental well-being; and

health-related and the associated factors with mental well-being?

Based on the findings of the study, what mental well-being enhancement plan can be developed to improve the mental well-being of the generational nurses?

Statement of the Null Hypotheses

Ho1: There were no significant relationship between the socio-demographic and the well-being among nurses in the private hospitals.

Ho2: There were no significant relationships between the Organizational-related and the well-being among nurses in the private hospitals.

Ho3: There were no significant relationships between the health-related and the mental well-being among the nurses in the private hospitals.

Significance of the Study

This section of the study explained to the readers its contribution to the nursing field and who were the beneficiaries of its findings. A summary of the job's potential benefits and worth were also provided.

Nurses. The implementation will have a direct impact on nurses who provide direct patient care. Through this study, they can have a clear insight and comprehension of their own health in the concerned field by assessing the correlation of their profile with their mental health. This will have a beneficial cascading impact. A nurse who has a firm grasp on his or her own mental health and can give nursing care to the best of his or her ability to serve his or her patients.

Patients or Clients. As the key stakeholder in nursing services and care, the study has a direct impact on the patients and clients who receive nursing care and services.

Nursing Service. The research could benefit the entire nursing profession. A department consisting of self-assured, unbothered, and well-rounded nurses with excellent emotional intelligence is something to be proud of and cherish. Understanding the state and status of the staff may assist the department in developing operational and even tactical strategies by putting nurses appropriate to the area base or guided by the study's findings.

Hospital Administrators. Nurses are regarded as the hospital's lifeblood. Nurses are required to serve, advocate for, and care for patients despite being outnumbered. A hospital with highly emotional savvy nurses could keep the facility running despite the numerous obstacles they face. Because these people understand how to identify the dangers of occupational burnout, they know what to highlight and prioritize in promoting well-being/coping resources. Good nursing service leading to more satisfied patients that generating income for the hospital. The study benefits not just the hospital management, but also the entire hospital, including all employees that serve the institution. A strong backbone may help the entire body withstand any adversity. The study can be used to help comprehend and get insights on the status of nurses' mental health. The administration can build strategic plans to enhance level of mental wellbeing not only among nurses but also among other staff, as well as develop or revise programs or interventions aimed at boosting the health and well-being of all.

Nursing Field. A vital component of the Philippine healthcare system, nursing plays a vital role in providing high-quality treatment and safeguarding the health of millions of Filipinos. The nursing profession, which includes a broad variety of responsibilities devoted to promoting health, preventing illness, and providing care for people of all ages, is a crucial component of the healthcare system. Numerous advantages of the study for the nursing profession include improved patient care and professional practice. Knowing one's own state of mental health allows nurses to take an active approach to stress management, seek help when needed, and engage in activities that promote mental health. A benefit of this awareness will be seen in the caliber of nursing care that patients get.

Policy makers. The job of policy makers in the Philippines is more important than ever in this age of fast global change. It is imperative that policymakers support and grow the nursing profession as they possess a rare opportunity to advance fair access to healthcare, improve the caliber of services, and guarantee financial security for every Filipino.

Local Government Unit. Local governments contribute to health care by encouraging public health measures such as zoning rules and construction codes. They can also fund community health centers and other safety-net providers. The study may serve as a guide in developing policies, giving a framework for plans, and developing

programs for health and growth of the hospital's services in terms of enhancing and encouraging mental well-being among staff.

Civil Service Commission. CSC is the Philippine government's chief personnel department, in charge of all civil service employee rules, plans, and projects. Though the research study do not include government personnel, the findings can be used by the department as a guide and basis for regulating civil servant employment and working conditions, overseeing hiring and promotions, and promoting public service principles. The commission may benefit indirectly from the study as the findings may guide the department in developing programs and future policies to support medical professions such as nurses in terms of their mental well-being and ways on enhancing it.

Philippine Nurses Association. The findings of the study will further improve and upgrade the leadership skills of nursing leaders by employing the concepts of having strong emotional intelligence among nurses, particularly those new and young nurses who will face challenges in the world of the new normal. Understanding the relationship between nurses' profiles (socio-demographic, organizational-related, and health-related) and mental well-being allows the organization to arm itself with effective ways for navigating to a higher level of success.

Association of Nursing Service Administrators of the Philippines, INC. The study's findings may give data on many characteristics linked with nurses' mental well-being and their profiles. The data and information may help the association build programs to assist nursing leaders in developing policies, actions, and programs to enhance the level of mental wellbeing and health in general.

Department of Health. The outcomes of the study will allow the department to realize the need of adopting programs emphasizing the power of emotional intelligence among healthcare personnel such as nurses. Promoting mental health and improving the level of mental well-being of nurses with the goal of enhancing the quality of nursing services provided to the public.

The Researcher. This paper would tremendously assist the researcher in offering a better understanding and awareness of the different connected elements of mental well-being among nurses working in hospital settings. It also helps the researcher improve her research skills.

Future Researchers. The study can be utilized as a reference for future research on linked mental well-being factors among nurses working in hospital settings, as well as other healthcare professionals working in diverse disciplines. The survey can also be reproduced with a considerably larger sample size of respondents from public and private hospitals or clinics.

Definition of Terms

The following terms are defined operationally as they are used in this study for the purpose of having common understanding.

Mental Well-Being. An essential component of one's total health, characterized by emotional well-being (handling emotion), excellent behavioral adjustment, and the ability to build constructive relationships and cope with everyday demands and challenges.

Mental Well-being Enhancement Plan. This pertains to the output of the study addressing the descriptive and correlational findings of the study aimed at enhancing mental well-being.

Profile. A person's profile usually consists of a number of details that give a thorough picture of their identification, experiences, history, abilities, and personal qualities.

Socio-demographic. A term that refers to the combination of social and demographic characteristics that identify persons within a certain group or population. These criteria assist in determining what members of a group have in common in terms of age, sex, civil status, religion, and education level.

Age. Pertains to the number of years that the nurses have existed.

Sex. Pertains to the classification of being male or females.

Civil Status. Refers to the status of the nurses of whether being single or married.

Religion. This refers to the membership of the nurses in a religious denomination of being Roman Catholics, Protestants, etc.

Educational Level. This refers to the highest educational attainment of the nurses whether bachelor's degree to doctorate degree.

Organizational-related. Factors related to work such as employment status (job order, probationary, regular), job position/ area of assignment as well as shifting schedules.

Number of Years Working as a Nurse. This refers to the total number of years the nurse had been working as a nurse.

Employment Status. This refers to the nurses being a regular employee or probationary or a job order.

Current Job Position for the Past Two Weeks. Refers to the current position of the nurse where he or she is assigned in the past two week either in the OR, DR, NICU, PACU, Wards, etc.

Common Shifting Schedule for the Past Two Weeks. Refers to the shift assignment of the nurse in the past two weeks either morning, afternoon or night shift or having no fixed shift.

Health-related. Factors affecting one's health, life, and work such as morbidity, comorbidity of medications, and vices (alcoholic beverages and smoking)

Morbidity. The condition of suffering from a disease or medical condition. It is also a state of having a specific illness or condition.

Comorbidities of Medications. Refers to a separate illness or disease that nurses have along with primary health concern.

Vice. Refers to the habits of the nurses in terms of smoking and drinking alcohol.

REVIEW OF RELATED LITERATURE AND STUDIES

This chapter presented the relevant literature and studies that the researcher examined to strengthen the significance of the current study linked to mental well-being and its associated factors among nurses in private hospitals

Mental Well-being

Healthcare workers' (HCWs') mental health were impacted by their working environment, and vice versa (Li et al., 2021). This could have affected both the quality of the services offered and worker safety when performing assigned tasks, thus increasing the likelihood of workplace accidents (Machado et al., 2023). Every country in the world were said to have some degree of mental health impairment among HCWs. Each nation had its peculiarities, and many nations and regions used varying standards of care for healthcare workers. Every job were different and evolving at the same time (Cheng & Cheng, 2017). The fact that many healthcare practitioners' working conditions changed globally in an attempt to counteract the COVID-19 pandemic's consequences were particularly relevant in this context (Trógolo et al., 2022). The prevalence of anxiety and depression disorders among nurses were found to be moderate in the Lu et al. (2024) study. Compared to cynicism, emotional tiredness had a greater impact on depressive illness among nurses. The anxiety problem in nurses were not significantly impacted by supervisor fitness.

According to the World Health Organization (WHO), mental well-being were characterized by self-awareness, coping with life's stresses, productivity and value at work, and the ability to contribute to society. Studies showed that people with high mental well-being had longer lifespans, better psychological and physical health, a higher quality of life, stronger interpersonal relationships, and more productive work environments. Mental health and social support were found to be key components. Studies on nurses' perceptions of social support during the pandemic were carried out. Nurses' mental health were crucial because of the high degree of stress they endured during clinical, research, and/or administrative work, which could contribute to burnout syndrome. For instance, nurses were recently required to engage in tedious patient care while also navigating a rapidly expanding nursing knowledge base, attending to more onerous certification maintenance requirements, and facing an unprecedented level of scrutiny to ensure quality nursing care for their patients. Nurses who worked in high-stress workplaces, such as hospitals where triggers were common, risked jeopardizing their mental health.

There were various variables that endangered nurses' mental health, which could lead to burnout if not addressed properly and swiftly. Stressors and structural factors such as the patient's health condition, demanding family members, toxic doctors, a strained relationship with administration or a disagreement with coworkers, delayed benefits, low salaries leading to job insecurity, and understaffing resulting in patient overload made the nurse-patient ratio no longer optimal for providing quality care to patients. These challenges to nurses' mental health pointed not only to management, administration, and the entire organization but also to the most important stakeholders in care—the patients. Thus, nurses' mental health had to be strong and resilient at all times in order to survive.

A comparative study by Khalil et al. (2023) in Giza Governorate investigated the healthy work environment, occupational burnout, and psychological well-being among staff nurses. The study were conducted in healthcare settings within Giza Governorate, encompassing one government and one private hospital, including the surgical ICU, emergency department, medical units, and cardiac ICU. These sections were present in both public and private hospitals, offering a thorough picture of various therapeutic contexts. The study sought a convenient sample of staff nurses actively involved in these specialist areas. This selection were made to ensure that the participants' experiences reflected the unique problems and dynamics of each of these specialist fields. The total sample size included 85 out of 117 staff nurses from the government hospital and 73 out of 80 nurses from the private hospital who agreed to participate in the study. This thorough selection procedure aimed to include a variety of viewpoints from both the government and private healthcare sectors, contributing to a comprehensive understanding of the research variables. The tools employed in the study included the Healthy Work Environment Questionnaire, the Maslach Burnout Inventory test, and the Psychological Well-being Manifestation Measurement Scale. The findings of Abedi-Gilavandi et al. (2019) indicated that the majority of staff nurses in both private and government institutions were between the ages of 20 and 30.

Furthermore, Abukhader et al. (2020) stated that nurses in both government and private hospitals ranged in age from 22 to 53 years old. According to the study's findings, a significant proportion of staff nurses in both government and commercial hospitals indicated a moderate level of psychological well-being. The researchers suggested that these outcomes could be attributed to individuals placing a strong emphasis on meaningful relationships and a sense of purpose in their lives. Such factors likely provided individuals with strong psychological motivation to pursue their personal goals. It is also noteworthy that moderate or high levels of psychological well-being were associated with improved self-esteem, an optimistic outlook, a sense of personal competence, and a tendency towards pro-social and humanitarian actions. These characteristics were linked to better interpersonal skills and higher satisfaction with the quality of interactions among staff nurses. The study revealed that a high percentage of participants in both private and public hospitals were in the age groups of 20 to 30 years old. Seventy-two percent in private hospitals and eighty-four percent in public hospitals were female. Additionally, the study found that forty-one percent of private hospital nurses and eighty percent of public hospital nurses worked 6 to 10 hours per day. Furthermore, forty-three percent of private nurses worked in surgical wards, while forty-four percent of public nurses worked in medical wards (Khamisa et al., 2015).

A cross-sectional study of 990 Iranian hospital nurses were conducted to examine the factors linked with their mental health state (Bazazan et al., 2018). The findings contribute to a better understanding of the possible effects of hospital nurses' poor working conditions and highlight the need for ergonomic and psychosocial treatments to enhance fatigue, quality of life (QoL), and mental health status in this occupational group. In conclusion, the

study's findings imply that MHPs, as well as weariness and low QoL, are rather widespread among hospital nurses in Iran. The findings added to the evidence that healthcare settings were highly stressful environments in terms of both physical and mental demands, particularly for nurses, and highlight the need for potential ergonomic and psychosocial interventions to improve the working and living conditions of this occupational group.

In addition, the study of Perry et al. (2015) claimed that because nursing as an emotionally taxing job, low mental health in nurses—characterized by low vitality and prevalent mental disorders—has been associated with presenteeism, absenteeism, and low productivity. Very few people were now taking psychoactive medication, and very few reported having a history of mental health issues, of which few identified diagnoses of anxiety and/or depression. The majority of respondents reported experiencing symptoms occasionally or frequently within the past year, which may be a sign of a mental health problem. Improved general health, living with a spouse or partner rather than alone, fewer symptoms, sleep issues, disordered eating habits, not being an informal caregiver, and not working evenings were all associated with improved mental health among nurses. If a nurse were male, had better overall health, fewer symptoms or sleep issues overall, and lived with a spouse or partner rather than alone, they were more vital; if they were informal caregivers or suffered from disordered eating, they were less vital.

Another cross-sectional survey were conducted in government hospitals across Central India (Divinakumar et al., 2014) investigating the perceived stress, psychological well-being and burnout among female nurses. It were done by distributing questionnaires comprising the Perceived Stress Scale (PSS-10), the Copenhagen Burnout Inventory (CBI), and the General Health Questionnaire (GHQ-28) to all six hundred three nurses working in thirty government hospitals throughout central India. Sixty-three nurses scored 4 or above on the GHQ 28, indicating psychological distress. In the PSS-10, one hundred fourty four nurses reported felt stress levels higher than seventeen. The study discovered that age and years of experience were adversely connected with stress and burnout ($p=0.04$).

Nurses with greater experience are likely to have developed superior coping abilities than those with shorter service periods. The proportion of nurses in the study who are burnt out decreases with each decade. The age group 51-60 years old experienced the least burnout. The proportions of nurses with a 'high degree of burnout' in the Personal, Work, and Client Related Burnout categories were 27.2 percent, 14.7 percent, and 9.4 percent, respectively. The ICU, maternity ward, General Family Ward, Surgical Wards, and Medical Wards all had more nurses than the Administration, Emergency Room, and VIP Wards. When the nurses were omitted, there were no significant differences in GHQ-28, PSS-10, or CBI scores. The frequency of burnout in government-employed female nurses in India, according to the study, were lower than the prevalence of burnout in nurses reported in Western countries. Nurses working on acute wards between the ages of 31 and 50 reported increased levels of stress and burnout. At the time of the survey, there were no differences in the prevalence of work burnout, perceived stress, or psychological distress between nurses on day duty and those on night duty.

Conversely, research by Lincoln et al. (2010) showed that there were heterogeneity within the older black American population and offered a unique, in-depth analysis of the distinctions between the variables associated with psychological well-being and psychological distress in older adults. Meanwhile, research by Dorji et al. (2018) revealed above-average wellbeing scores with the type of relationship with children, educational attainment, and work status as independent correlates. According to Nordin et al. (2010), the majority of undergraduate students in the field of teaching demonstrated evidence of good mental health, however a small percentage of them had some mental health concerns. One-way ANOVA testing showed that the mental health of the undergraduate study participants varied depending on their academic field, year of study, and ethnicity.

Profile and Mental Well-being

According to a Miller (2024) study, the Philippines took great pride in being the sole Christian country in Asia. The population were composed of more than 86 percent Roman Catholics, 6 percent from various nationalized Christian cults, and 2 percent from Protestant denominations. In addition to the majority of Christians, there were a significant Muslim minority of 4 percent, mainly concentrated in the southern islands of Mindanao, Sulu, and Palawan. The remaining two percent resided in remote mountainous areas and adhered to indigenous, non-

Western beliefs and customs. According to a 2019 survey by Blackmore (2024), female nurses dominated the healthcare industry worldwide. Nursing has been portrayed as a feminine profession ever since the Nightingale nursing training style were introduced in the middle of the 19th century. Stereotypical depictions of nurses include them as kind, gentle, subservient, and modest, giving little leeway for characteristics that society views as masculine. Males are under pressure from this stereotype to enter or stay in the nursing profession.

Furthermore, a study conducted by Sherma (2014) shown gender had no effect either on psychological well-being. Two-thirds of the respondents in a different study by Jabonete et al. (2023) were female nurses, with the remainder nurses being male. Most of the respondents have one to five years of clinical experience, while those with six to ten years of experience were Nurse I and II positions. Regarding their marital status, the majority of them were unmarried. The majority of respondents have bachelor's degrees, with the remaining individuals either having finished or are currently pursuing master's degrees. The majority of nurse responders—nearly half—were allocated to wards. Others were assigned to operating rooms, neonatal intensive care units, and other specialist areas. In the meanwhile, married nurses outnumbered single nurses in a research by Tai et al. (2014) that compared married and single nurses. Compared to married nurses working day shifts, married nurses working non-night or rotating shifts had a considerably higher percentage of impaired family function; however, single nurses did not exhibit similar results.

According to Twigg et al. (2011), nurse staffing levels (NSLs) were commonly presented in two ways: either as the number of nursing hours per patient bed day (HPPD) or as the nurse-to-patient ratio system (Driscoll et al., 2017). The former method divides the number of nurses working per shift or over a 24-hour period by the number of beds occupied by a patient over the same time period. On 2014, Bazazan et al. (2014) conducted a study investigating demographic factors and their relation to fatigue and mental disorders in 12-hour petrochemical shift workers. Because of several work-related risk factors, shift workers may be prone to exhaustion and mental illnesses. Based on the study, married workers were less likely to experience decreased activity, depression, and mental disorders. With shift work experience, the score for social dysfunction and mental disorders reduced. Shift workers with nonacademic education were less likely to experience decreased activity levels and mental weariness. It were concluded that despite the large disparity in the variables, the study found that individual and occupational demographic features had a limited effect on fatigue and mental illnesses. Study Smarter (2024) asserts that one of the core responsibilities of nursing administration were the scheduling of nurses. This procedure often comprised allocating nurse shifts in a methodical manner to guarantee that patients' requirements were always satisfied while taking into account the equitable distribution of labor among nursing personnel. According to the study conducted by Feliciano et al. (2019), the bulk of nurses were permanent employees, compared to roughly 25 percent who weren't.

In the study of Soldevila-Domenech et al. (2021), health factors significantly contributed to mental well-being variance. Presence of a mental disorder and self-reported health had the largest effect size. The higher individual impact from a variable came from social support. A noticeable effect gradient from low to high mental well-being emerged according to economic difficulties. Younger age and being men were associated with better mental well-being. Direct gender effects were negligible. Anemia, diabetes, hypertension, and undernutrition were found to be the most common comorbidities in the Philippines, according to a study conducted by Cox et al. (2021). Among individuals with comorbid diseases, the majority (often diabetes and hypertension) accounted for 58 percent of cases, while 17.1 percent had at least two.

Synthesis

The mental health of healthcare workers (HCWs) were greatly impacted by their working conditions, which also affected workplace safety, the frequency of accidents, and the quality of services rendered. Across the globe, healthcare workers faced a variety of mental health challenges, with each nation having its own standards of treatment and working conditions. These conditions were significantly altered by the COVID-19 pandemic, which heightened stress and anxiety among HCWs. According to studies, emotional fatigue played a significant role in the moderate levels of anxiety and depression disorders experienced by nurses. Low vitality and mental health disorders were linked to poor mental health among nurses, which in turn correlated with reduced productivity and increased absenteeism.

The previously stated linked literature and research showed that a variety of factors, affecting both men and women have an impact on the mental health of healthcare personnel who work in hospitals, whether they were government or private. Studies of broad scope incorporate a variety of sample populations from various hospital environments, which improved the generalizability of the results. Research has demonstrated that the utilization of numerous instruments, such as the Maslach burnout assessment and psychological well-being scales, can yield complete data on a range of mental health-related topics, including burnout, stress, and psychological health. A few longterm studies offered insights, especially with relation to the COVID-19 pandemic's effect on the mental health of healthcare personnel. Numerous studies successfully identified particular risk factors, such as personal health concerns, work-related stress, and a lack of social support, for poor mental health among healthcare workers.

On the otherhand, some studies failed to sufficiently address gender disparities in mental health, which could lead to the omission of significant differences in the experiences and coping mechanisms of male and female healthcare professionals with stress. The difficulty in establishing a causal association between working conditions and mental health outcomes stemmed from the fact that many studies on mental health used cross-sectional designs. Because stigma or a lack of awareness about mental health concerns may cause participants to underreport or overreport symptoms, relying solely on self-reported data may introduce bias.

Lastly, The studies that were discussed also indicated certain limitations. Cultural differences have an impact on mental health views and reporting, but this impact is frequently not fully explored, which limits the applicability of findings in other cultural contexts. Negative mental health outcomes (such as anxiety and burnout) were frequently highlighted, but good aspects of mental health and resilience characteristics were frequently overlooked. Several research ignore the long-term effects of stresses and interventions on the mental health of healthcare professionals in favor of focusing on short-term results. Future study can strive for a more thorough understanding of the mental health of healthcare professionals and create more successful workplace mental health support solutions by addressing these strengths, shortcomings, and limits.

In finalization, the researcher aimed to bridge the population gap in this research study by examining the significant relationship between private nurses' profiles and their mental well-being. The study sought to determine how factors related to nurses' profiles working in private hospitals influenced staff nurses' mental health. The conclusions of the study could be applied to strengthen current institutional resources and explore ways to enhance existing policies, programs, and interventions aimed at effectively managing, improving, and maintaining a healthy level of mental health among nurses. The researcher expressed optimism about the outcome of this academic endeavor.

RESEARCH METHODOLOGY

The chapter contained the research paper's methodology describing the research design, environment, respondents, sampling, inclusion and exclusion criteria, data collection methods, statistical treatment employed, and ethical considerations.

Design

The study utilized a quantitative descriptive-correlational research design. Descriptive research, as defined by Koh and Owen (2000), a status study that were extensively employed in the behavioral sciences, education, nutrition, and epidemiology. Its worth stemmed from the idea that processes may be enhanced and issues resolved via observation, analysis, and description. It entailed describing, logging, analyzing, and interpreting the current state of a phenomenon's composition or process. The emphasis were on the current state of affairs, or how an individual, a group, or an object behaves or operates. The purposed of descriptive research were to explain and analyze data. It were concerned with the state of relationships that were in place, prevalent behaviors, beliefs, ongoing processes, felt impacts, or emerging trends. Meanwhile, according to Bhandari (2023), a correlational research design looked at relationships between variables without involving any researcher control or modification. The degree and/or direction of the relationship between two or more variables were indicated by a correlation. There were two possible directions for a correlation: positive or negative. In the event that there were no correlation at all, a positive correlation would have meant that both variables changed in the same

direction. The variables changed in opposite directions if there were a negative association. Because both methods were included in the study, descriptive-correlational research were conducted. It were used in the study to determine if there were a relationship between at least two variables, it entailed gathering and evaluating data on those variables.

Environment

The research took place in private hospitals located in Ormoc City. Ormoc as a first-class city in the Philippines, province of Leyte; the name were derived from "Ogmok," an old Visayan term for lowland or sunken plain. On October 20, 1947, Republic Act No. 179 established Ormoc as the fifteenth city in the Philippines and the first in the Eastern Visayas region. Ormoc City as an independent component city that not governed by the provincial government of Leyte. However, the city, along with the towns of Albueria, Kananga, Merida, and Isabel, composed the Leyte's Congressional District IV. Currently, the city has three private hospitals and one provincially run hospital. All three private hospitals were Philhealth accredited.

The study were conducted in the three private hospitals in Ormoc City and were labeled Hospital A to C. "Hospital A" is a large and trusted healthcare facility in the city, and now part of a laboratory group. The hospital resolute in its aim to improve healthcare for all, committed to caring, dedicated to improving lives and creating better communities through compassion, patient-centered care, and innovation and development. "Hospital A" were founded in 1964 with the admirable goal of giving everyone access to high-quality healthcare. When the hospital were first built, it had eight (8) beds for primary care patients. The hospital had an update in 1968, becoming a secondary level institution with a capacity of twenty-five (25) beds and basic services like X-ray, ECG, and laboratory capabilities. Currently, the bed capacity of sixty, comprising of two adult wards, two pediatric wards, five semi-private rooms, thirty-two private rooms, and one OB ward.

Hospital A is a secondary-level private hospital in Ormoc City offering diverse services and employing more than 200 staff. It represents a typical private hospital environment relevant to this study of nurses' well-being. Hospital B is a level 2 non-profit private hospital with 100 beds, primarily serving sugar industry workers and the general community. Its structure highlights organizational factors relevant to nurse well-being. Hospital C is a level 2 private hospital established in 2012 with modern facilities and specialized services. It provides an example of how newer hospital environments affect nurses' working conditions and mental health.

Respondents

There were 375 respondents of the study coming from the three private hospitals in Ormoc City, Leyte. 105 respondents came from "Hospital A" with 74 regulars, 14 probationary staff nurses, and 17 hemodialysis nurses. Out of 105, 80 questionnaires were collected. Meanwhile "Hospital B" has 120 respondents for the study, wherein 99 were females and 21 were males. 73 questionnaires were collected out of the 120 provided. Lastly, a total of 150 respondents come from "Hospital C" wherein 112 were females and 38 were males. 49 questionnaires were collected wherein 48 were fill- out completely and 1 with no input of demographic profile data, hence it were not counted to the total collected questionnaires.

In summary, 375 respondents from 3 different private hospitals were given exact numbers of questionnaires based on the staff nurses qualified for the study (375 in total). Out of the 375 questionnaires, 202 were collected and completely filled-out by the respondents. Thus, the retrieval rate were 53.87 percent as some were not filled out completely while other refused to participate.

Sampling Design

No sampling were done as the total population of nurses qualified based on the inclusion and exclusion criteria were invited to participate.

Inclusion Criteria. The predefined qualities that must be considered while selecting respondents for the study were listed in the following criteria. Becoming a respondent of the study, he or she met the following requirements: (a) a licensed nurse directly handling patients; (b) practiced nursing at the designated/ chosen private hospitals of the respondents; (c) at legal age, regardless of civil status, economic status, educational

qualifications, religion, employment status, and years of working in the hospital; (d) participated in the study and voluntarily provided consent; (e) respondents who were still serving the remaining days of their retirement or resignation were also included given their serving time were within the scheduled data gathering.

Exclusion Criteria. Those who did not meet the enumerated standards were declared ineligible to participate. Respondents who were on leave during the entire data collection were also excluded.

Instrument

The study used a two-part survey questionnaire in collecting the data necessary for the study. It incorporated a profile sheet (socio-demographic profile, organizational- related profile, and health-related profile) and the Warwick-Edinburgh Mental Well- being Scale for mental well-being. The questionnaire were patterned with various studies with the same purpose of assessing mental well-being among the respondents. Tennant et al. (2007) designed the scale and only positively written topics pertaining to various facets of positive mental health make up this assessment, which comprises 14 items with ratings on a 5-point Likert scale from 1 (Never) to 5 (Always).

The first part collected the respondent's profile that includes (a) socio- demographic, (b) organizational-related, and (c) health-related characteristics. Socio-demographic included age, sex, marital status, religion, and educational qualification. Organizational- related characteristics comprised of nurses' number of years working in hospital setting, employment status either regular, probationary or job order; current job position for the past 2 weeks, and current shifting schedule for the last 2 weeks of duty. The researcher included nurses in their first six months or probationary period in the hope of assessing their associated determinants of mental well-being at the earliest time of service and prove the study conducted by Divinakumar et al. (2014) that nurses with more experience were more likely to have developed superior coping skills than those with less experience. Health-related status on the other hand collected data about the respondent's morbidity, comorbidities on medication, as well as vices such as smoking and drinking alcoholic beverages.

The last part of the questionnaire were Warwick-Edinburgh Mental Well-being Scale (WEMWBS). This domain assessed the respondents' mental well-being and created measuring mental well-being that focused solely on positive elements of mental health. As a brief and psychometrically stable scale with no ceiling effects in a population sample, it has potential as a tool for monitoring mental well-being at the population level. Its items covered different aspects of eudaimonic (pursues happiness) and hedonic (pursues pleasure) well-being and were worded positively such as " I've been feeling relaxed " and I've been thinking clearly"; same concept described in PERMA model's building blocks of well-being by Seligman.

WEMWBS has a 14-item scale and 5-response categories that summed to provide a single score, each answered on a 1 to 5 Likert scale. The items were all worded positively and cover both feeling and functioning aspects of mental wellbeing, thereby making the concept more accessible. It provided a fuller picture of mental wellbeing with a better balance of feeling and functioning items. This instrument shown to be responsive to change as it can detect improvement or deterioration in many different situations at both group and individual level. Each of the 14-item responses were scored from 1 (none of the time) to 5 (all of the time), and a total scale score were calculated by summing the 14 individual item scores. The minimum score were 14 and the maximum were 70. Higher scores indicate greater positive mental well-being.

WEMWBS were validated on a student and representative population sample by Tennant et al. (2007). The frequency of full responses and the distribution of responses to each topic were used to determine content validity. WEMWBS demonstrated high content validity. The single factor hypothesis were supported by confirmatory factor analysis. Cronbach's alpha values of 0.89 (student sample) and 0.91 (population sample) indicate that the scale contains some item redundancy. WEMWBS had substantial connections with other mental health and well-being scores but moderate correlations with overall health scales. In a population sample, its distribution were near normal, and the scale did not exhibit ceiling effects. It distinguished between demographic groupings in a way that were broadly consistent with the findings of other population surveys. At one week, test-retest reliability were high (0.83). The social desirability bias were smaller or equivalent to other comparable scales. The 14-item WEMWBS scale appeared to have strong face validity since it covers the bulk of the concepts

linked with positive mental health, including both hedonic and eudaimonic components (same concept with PERMA model of well-being of Seligman), pleasant affect, rewarding interpersonal connections, and positive functioning. Parametric scores and interpretation were as follows: A score of 14 – 33 is mild, 34 to 55 is moderate, 56 to 70 is high.

Data Gathering Procedure

The researcher went to a series of steps in the research process which provided explanation in the conduct of the study.

Prior to data collection. The study started on December 28, 2023 by applying the revisions based on the received suggestions/recommendations, and corrections by the panelists after the design hearing. The researcher did not only cover the paper itself but also included the transmittal letters and informed consent in general. On January 08, 2024 transmittal letters were distributed to the Medical Directors and Hospital Administrator of the private hospitals seeking approval for the conduction of the study and further stated in the letter that letter to the respondents, informed consents, and a survey questionnaire that will be distributed to the qualified nurses based on the inclusion and exclusion criteria stated in the letter to the respondents. By the time the paper were ready for ethics review, the researcher then applied for review by the University of the Visayas- Research Ethics Committee (UV-REC). As the certificate of Notice To Proceed were released by the University of the Visayas- Research Ethics Committee, data gathering followed after.

During Data Collection. The data collection ran for a month . This phase of the research took 10- 15 minutes of time from the respondents. The researcher kept in mind the inclusion and exclusion criteria of the study. Informed consent along with the questionnaire were given to the respondents and filled-out voluntarily. A drop box were placed in every Nursing service Offices/ Departments/ special units for staff nurses to drop their completed survey questionnaire. These boxes were sealed and signed by the researcher with only a slit opening fitted for one set of survey questionnaire. The collection happened after a month placed in a brown envelop unique for each of the hospitals. Only the researcher had access to the data gathered as the questionnaires were locked in a cabinet with the key possessed by the researcher alone. Each questionnaire were labeled unique according to the hospital it belongs. A1, A2, A3 and so on and so forth for Hospital A; for Hospital B it were B1, B2, B3 and so forth; and finally for Hospital C it were labeled as C1, C2, C3 and so forth.

After Data Collection. All questionnaires were collected and arranged in preparation for statistical analysis. The data collected were encoded in excel unique to each hospitals and submitted to contracted statistician for statistical treatment using a statistical software intended for analyzing data gathered. Statistician helped to validate the results of the researcher using statistical instruments stated in this research study proving the research hypothesis. Lastly, the researcher finalized the research paper and consulted the results to the research adviser.

Statistical Treatment of Data

In this research study, various statistical methods were employed to analyze the collected data. The primary tools and techniques used were as follows:

Frequency and Simple Percentage. Frequency and Simple Percentage used to compute and present for the data on the profile (personal characteristics) of the respondents.

Summation. This were used to determine the mental well-being of the respondents.

Chi-Square test with Cramér's V. The Chi-Square test with Cramér's V were a statistical method used to assess the association between profile and mental well-being of nurses in the study and the strength of that association.

All statistical analyses were performed using SPSS and the significance level for all tests were set at 0.05.

Ethical Considerations

Because the study involved human participation, it were critical that ethical guidelines be followed in its execution. The following ethical principles were observed.

Protection of Human Rights. It were accomplished by following three ethical principles: respect for persons, beneficence, and justice. Respondents were treated as independent agents in observing respect for persons. Respondents were given options to participate or not in the study. It were demonstrated by signing the informed consent form. Beneficence were maintained, no harm were done to the respondents as data gathered were solely through a questionnaire. There were no interventions or treatment alternatives. Finally, justice were upheld as all respondents were subjected to the same data collection technique, which were the completion of the questionnaire. They were chosen and recruited based on the inclusion and exclusion criteria.

Transparency. As the study were complete, a copy of the manuscript were given to the university library as well as to the participating private hospitals.

Risk-Benefit Ratio Determination. The researcher made sure that the risks involved outweighed by the benefits that the respondents might experienced in the study.

Risks. Respondents were only exposed to minimal risks, which were comparable to the dangers associated with normal daily activities. Physical harm were avoided because the data collection approach were through the answered questionnaire; no treatments were implemented. As filling the questionnaire did not require remembering of horrible events from the past, emotional or psychological harm were avoided. Social harm were also avoided as the questionnaire contains no items that can lead to social stigma. Economic harm were avoided as well because respondents were not required to pay for their participation.

Benefits. This study were beneficial to the nurses as they gained insights about their current mental health well-being and resiliency, and served as ground for engaging in activities that further protect and improve their mental health.

Content, Comprehension, and documentation of Informed Consent. This study ensured that the respondent actively participated in the study and that he received adequate information about the study's progress. The study used informed consent to ensure that respondents' involvement is voluntary. The informed consent form included the following information:

Participants Status. Respondents were oriented that this work were for educational purposes only and that this work were in compliance with the requirement for the researcher's master's degree.

Study Goals. The purposed of the study were to assess the relationship between profile (personal characteristics) and mental well-being among nurses in Leyte.

Type of Data. Data gathered were quantitative data through the responses of the respondents to the questionnaires.

Procedures. Procedures were discussed under data gathering procedures.

Nature of Commitment. The required time commitment at each point of contact, as well as the number of encounters within a particular timeframe, were communicated to participants. The survey questionnaire took respondents' 10-15 minutes to complete. Answering were done whenever as convenient for them, such as after work or during a break.

Sponsorship. There were no sponsors for the study.

Participant Selection. Respondents were selected using the inclusion and exclusion criteria and no sampling design used as the total population were included in the study.

Potential Risks. The study involved only minimal risks and these were discussed in the preceding paragraphs on risk-benefit ratio determination.

Potential Benefits. The benefits of the study were discussed in the risk-benefit ratio determination.

Alternatives. There were no alternative to interventions or treatments as this study is purely non-experimental and that no interventions or treatments were introduced to the respondents.

Incentives and Compensation. There were no incentives or compensation provided to respondents. The questionnaire-based survey were voluntary. They were thanked personally by the researcher for their participation through words of gratitude.

Confidentiality Pledge. The respondents of this study were assured of the confidentiality of information. They were anonymized throughout the paper. Confidentiality measures were discussed in the succeeding sections.

Voluntary Consent. Participation in the study were purely voluntary. There were no coercion, undue force, intimidation, duress, and undue influence that were exerted.

Right to Withdraw and Withhold Information. The respondents were informed about their right to withdraw and withhold information at any point of the study. Should they decide to withdraw from the study or withhold any information, they were not subjected to any penalties or be punished for doing so and it did not affect their status as nurses in the hospital.

Contact Information. Through the informed consent form, the respondents can contact the researcher or the university's Institutional Review Board (UV-IRB) located at University of the Visayas 2nd floor, Administrative Building Colon Street, Cebu City if they have questions, comments or complaints on the study. They may contact UV-IRB at (032) 416-8607 or email at

Authorization to Access Private Information. The research did not access confidential information. It were restricted to the respondents' profile, mental well being and resiliency.

Privacy and Confidentiality. The provisions of the Data Privacy Act were rigorously adhered to, and respondents had the option to choose which place they would like to answer. They could select a location where they can enjoy privacy. Confidentiality measures were implemented, including anonymization of all respondents. Only the hospital label and a number (A1 for hospital A 1st questionnaire, A2 for hospital A second questionnaire; B1 for Hospital B 1st questionnaire, so on and so forth) were assigned to respondents. Only the researcher had access to the questionnaires, that were stored in a closed cabinet with padlock. To prevent the identification of a respondents, the data were presented in tabular form. At the conclusion of the study, the original data were deleted permanently and the completed questionnaires were shredded.

Debriefings, Communication, and Referrals. There were no debriefings because the questionnaire already contained instructions on how to respond. No referrals were made.

Conflict of Interests. The researcher declared no conflict of interest.

Collaborative Study Terms of Reference. This research were conducted independently of any individual or entity and the researcher owned all intellectual property rights, including publication rights. The study were conducted in the various private hospitals in Ormoc City and copies of the manuscript were given to these hospitals.

Recruitment. In the recruitment of respondents, the inclusion and exclusion criteria served as a guide.

Vulnerability Assessment. Prior to recruiting respondents, the researcher conducted a thorough assessment to ensure that none of them belong to the vulnerable subjects. As a rule, no vulnerable persons were recruited as respondents.

PRESENTATION, ANALYSIS, AND INTERPRETATION OF DATA

Nurses' mental health as a vital part of healthcare, has a direct impact on both patient care quality and overall system efficiency. Nurses may suffer variable levels of mental well-being in the dynamic and frequently stressful environment of private hospitals, due to a variety of circumstances. This chapter examined these linked factors

among nurses working in private hospitals in Leyte and discussed the findings, analysis, and interpretation of the data acquired from the questionnaire responses provided to participants. The data were presented in tabular format in response to the precise queries posed in the problem statement.

Profile of the Respondents

Table 1 showed the profile of nurses working in private hospitals in Leyte in relation to their socio-demographic, organizational-related, and health-related characteristics.

Socio-demographic Profile. The table shows that majority of the respondents were aged between 23 to 27 years old or Generation Z. Over one third of them were 28 to 42 years old or Generation Y while very few were 43 to 58 years old or Generation X. The data implied that these age groups comprised the nurses' manpower in subject hospitals. The research by Abedi-Gilavandi et al. (2019) and Abukhader et al. (2020), which discovered that the majority of staff nurses in both private and public institutions were between the ages of 20 and 53, respectively, supported the finding that the workforce were diversified in terms of age.

Table 1 Personal Background of the Respondents

Profile	Category	f	%
Socio-demographic			
Age	23-27	121	59.90
	28-42	72	35.60
	43-58	9	4.50
Sex	Male	29	14.40
	Female	173	85.60
Civil status	Single	156	77.20
	Married	43	21.30
	Widow/ed	3	1.50
Religion	Roman Catholic	189	93.6
	UCCP	6	3.00
	Born Again Christian	2	1.00
	Iglesia Filipina Independiente	2	1.00
	Others	3	1.50
Education	BSN	198	98.00
	With Masteral Units	4	2.00
Organizational-related profile			
Experience	six months	52	25.70
	7-12 months	23	11.40
	1-5 years	90	44.60
	6-10 years	18	8.90
	11-up years	19	9.40
Employment	Job order	6	3.00
	Probationary	50	24.80
	Regular	146	72.30
Position	Staff (Ward)	54	26.70
	Medication Nurse	42	20.80
	Charge Nurse	28	13.90

	Dialysis Nurse	22	10.90
	ER Nurse	13	6.40
	OR Nurse	13	6.40
	PACU Nurse	1	0.50
	ICU Nurse	22	10.90
	DR Nurse	4	2.00
	NICU Nurse	3	1.50
Shifting	7 am – 3 pm shift	37	18.30
	3 pm – 11 pm shift	9	4.50
	11 pm – 7 am shift	6	3.00
	6 am – 2 pm shift	13	6.40
	2 pm – 10 pm shift	7	3.50
	10 pm – 6 am shift	6	3.00
	6 am – 6 pm shift	9	4.50
	6 pm – 6 am shift	4	2.00
	No fixed schedule	111	55.00
Health-related profile			
Morbidity	Heart Disease	4	2.00
	Hypertension	10	5.00
	Obesity	3	1.50
	Diabetes	4	2.00
	Asthma	5	2.50
	None	171	84.70
	Others	5	2.50
Comorbidity of medications	No medications	202	100.00
Vices	Smoking < 1 pack of cigarette	1	0.50
	Smoking > 1 pack of cigarette	2	1.00
	Occasional Drinking of alcoholic beverages	51	25.20
	Frequent drinking of alcoholic beverages	1	0.50
	None	146	72.30
	Others	1	0.50
n=202.			

In terms of gender, majority of the respondents were females while few were males, proving that nursing is indeed a female-dominated profession. This finding were in line with Blackmore's (2024) analysis, which found that female nurses lead the healthcare industry worldwide in 2019. Nursing has been portrayed as a feminine profession ever since the Nightingale nursing training style were introduced in the middle of the 19th century. Stereotypical portrayals of nurses left little opportunity for characteristics that society views as masculine: they were modest, gentle, subservient, and empathetic. Males who choose to become nurses or stay in the field face pressure from this misconception. Conversely, the majority of them were single, and over 25% of them were married. The other group included very few people. The results went against a study by Tai et al. (2014) that found a higher proportion of married nurses than single nurses.

In terms of religion, the majority of respondents were Roman Catholics, with the remainder handful coming from various religious backgrounds, including UCCP, Born Again Christians, Iglesia Filipina Independiente,

and other faiths. This finding affirmed that the Philippines is indeed dominated by the Roman Catholics. It is the number one religion in the Philippines. The Philippines takes great pride in being the sole Christian country in Asia, claims Miller (2024). Roman Catholicism makes up more than 86% of the population, followed by different nationalized Christian cults at 6% and more than 100 Protestant denominations at 2%. There is a sizable 4% Muslim minority in addition to the Christian majority; they are mostly located on the southern islands of Mindanao, Sulu, and Palawan. Dispersed among remote, mountainous areas, the remaining 2 percent adhere to indigenous, non-Western beliefs and customs. On the other hand, when it came to educational attainment, the majority of respondents held a bachelor's degree, compared to relatively few who had master's level coursework and none who earned a master's degree. This finding about the educational level were consistent with that of Jabonete et al. (2023), who found that most respondents had a bachelor's degree, with the remaining individuals either pursuing master's degrees or having finished them already.

Organizational-related. Most of the respondents had been working for 1 to 5 years followed by a quarter of them working for six months. Few had been working for 6 to 12 months, 6 to 10 years, and 11 years or more. The results were corroborated by a survey conducted in 2023 by Jabonete et al., in which two thirds of the respondents were female and the remainder were male nurses. Most of the respondents had between one and five years of clinical experience, with those with six to ten years falling into the categories of Nurse I and Nurse II. The majority of respondents were regular employees, 25% were on probation, and very few were on task orders. Comparably, the majority of nurses in Feliciano et al.'s 2019 study had permanent status, compared to nearly a quarter who did not. Given that two of the three subject hospitals had scholarship programs in place in exchange for their services, regular employees might have included a sizable component of the study population.

Over a quarter had a position of being a staff nurses in the ward while almost a quarter also were medication nurses. Few were having positions such as charge nurses, intensive care unit nurses, and dialysis nurses. Very few were ER nurses, OR nurses, DR nurses, NICU nurses, and PACU nurse. Nurses were indeed distributed to the different areas in the hospital with most of them assigned in the wards. The results aligned with those of Khamisa et al. (2015), who found that 44% of public nurses worked in medical wards and 43% of private nurses worked in surgical wards. Moreover, over half of the nurse responders in the Jabonete et al. (2023) study were assigned to a ward; the remaining nurses were assigned to an operating room or a neonatal intensive care unit, and the remaining nurses were assigned to other specialized areas. The three subject hospitals treat patients at different levels of care, specifically from level 1 to level 3, with the exception of level 4, which is highly specialized or critical care. As a result, there were high percentage of respondents assigned for charge nurses, medicine nurses, and ward nurses. Hemodialysis patients from the surrounding municipalities as well as the city itself were served by the subject hospitals. Thus, dialysis nurses got the fourth highest nursing assignment in the survey along with ICU nurses. With regards to the other special areas, only few responded. Reason behind it were unknown to the researcher. There were no coercion of the respondents to engage in the survey as it were entirely voluntary.

Shifting schedule used in the study were pattern on the nursing shifting schedules of every hospital and in analyzing the diverse and complex shifting schedule, the researcher categorized it into 4, namely AM shift, PM shift, Night shift, and No fixed schedule. One of the three subject hospitals were practicing two sets of nurse working shifts, an 8 hour-shift (AM-6-2; PM-2-10; Night- 10-6) and a 12-hour shift duty. The 6-2 shifting were as mandated by the mother hospital while the reason behind the 12-hour shifting schedule were for the probationary nurses to comply with their 48-hour duty per week and the rest are doing 8-hour shifting schedule. On the other hand, the 2 remaining subject hospitals were practicing the usual 8 hour-shift duty (AM: 7-3; PM: 3-11, Night: 11-7). The other hospital attempted to implement the 6-2 schedule, but it were unsuccessful since it caused a significant amount of staff tardiness. The study found that 38.6 percent of respondents worked 8-hour shifts, while 6.4 percent worked 12-hour shifts. Of these, 29.21 percent worked AM shifts, 10 percent worked PM shifts, and just 6% worked nights. The remaining 55 percent of respondents indicated they had no set schedule. More nursing manpower were allocated during daytime duty. One of the core responsibilities of nursing administration, according to Study Smarter (2024), is the scheduling of nurses. In order to guarantee that patients' requirements are always satisfied and that nursing staff members have an equitable share of the workload, this technique typically comprises the methodical assignment of nursing shifts. In addition, the study of Porcel-Gálvez et al. (2021) addressed the variables that influenced the number of nurses in acute care hospital

settings and showed that hospital features like the kind of hospital, the inpatient unit, and the nurses' shift were linked to nurse staffing levels rather than patient characteristics like age, gender, or length of stay.

Health-related. A minor proportion of the respondents (5%) reported having hypertension; 2.5% reported having asthma; 2% reported heart disease; 2% reported diabetes; 1.5% reported obesity; and 5% reported having additional morbidities (PCOS and allergic rhinitis, scoliosis, vertigo, and hypothyroidism).. Overall, 84.70% of respondents reported having no morbidities. Some of common morbidities in the Philippines that were stated in the Cox et al. (2021) study, like diabetes and hypertension, were mirrored in the study's findings. All of the respondents were not taking any medications other than the medications they take for their morbidities. Finally, when it comes to the vices of nurses, the majority of them abstained from alcohol and smoking, a quarter of whom just occasionally drink, and a small percentage of whom drink regularly. A minor portion of the respondents were smokers, with 1% of the total respondents reporting daily consumption of more than one pack of cigarettes.

Mental Well-being of the Respondents

Table 2 is the presentation of the data on the mental well-being of the respondents.

Table 2 Mental Well-being of the Respondents

	Generation Z (n=121)		Generation Y (n=72)		Generation X (n=9)		Overall (n=202)	
Mental Well-being	f	%	f	%	f	%	f	%
Low	2	1.65	1	1.39	0	0	3	1.49
Moderate	60	49.59	33	45.83	2	22.22	95	47.01
High	59	48.76	38	52.78	7	77.78	104	51.49
Average Score	45.13	Moderate	47.25	Moderate	55.6	Moderate	45.86	Moderate

Legend: 14 to 33 is low, 34 to 55 is moderate, and 56 to 70 is high

The mental well-being levels of Generation Z, Generation Y, and Generation X were displayed in the table along with an overall summary. For all generations combined, the overall average score of 45.86 for mental health were in the moderate level. The three groupings of mental well-being levels—Low, Moderate, and High—were based on a sample size of 202 people, of whom 121 were from Generation Z, 72 were from Generation Y, and 9 were from Generation X. The majority of respondents in all generations had high levels of mental well-being, according to the statistics, with Generation X having the largest number of people in the high category (77.78%).

Everyone were awakened to the pandemic, and it has increased the need of maintaining mental health and it is important to take care of one's mental health. Healthcare professionals such as nurses are well too aware of keeping a high mental health for them to function well and be of service to others. This explains the results, which showed that all cohorts had high levels of mental wellness. None of the Generation X claimed having low level of mental wellbeing unlike with the younger generations (1 for Generation Y and 2 for Generation Z). It demonstrated that the older they get the less they experiencing low level of mental well-being at the same time the higher their mental well-being scores get. Among the three generation, it were the Generation X who had the highest mental well-being. This could be brought about by the fact that there were only 9 respondents from this group thus, yielding a greater score. It could also be because they are the most experienced among the three groups and their experience may had led them to know more about metal wellness and practice it. Given their distinct challenges and stressors in the healthcare setting, nurses' mental health differs greatly throughout age cohorts. Nurses come to work with a wide range of experiences, values, and expectations from Baby Boomers to Generation Z, and these characteristics have a special effect on their mental health.. The study by Thomas et al. (2016) supports these results by pointing to a "paradox" in which, despite a decline in physical and cognitive performance, aging is linked to greater mental health among older persons in general. As per previous studies, elder cohorts exhibited poorer physical and cognitive function but improved mental health when compared to progressively younger cohorts.

Relationship between Personal Background and Mental Well-being of the Respondents

Table 3 displays the relationship between Personal Background and Mental Well-being of the Respondents.

Table 3

Relationship between Personal Background and Mental Well-being of the Respondents

Variables	chi square value	pvalue	Cramer's V	Decision	Interpretation
Socio-demographic profile					
Age	64.911	.814	--	Failed to reject Ho	Not significant
Sex	45.934	.176	--	Failed to reject Ho	Not significant
Civil status	69.081	.700	--	Failed to reject Ho	Not significant
Religion	1.839	.040	.477	Reject Ho	Significant
Education	40.174	.374	--	Failed to reject Ho	Not significant
Organizational-related profile					
Experience	1.596	.320	--	Failed to reject Ho	Not significant
Employment	72.542	.591	--	Failed to reject Ho	Not significant
Position	5.236	.000	.537	Reject Ho	Significant
Shifting	2.964	.611	--	Failed to reject Ho	Not significant
Health-related profile					
morbidity	1.949	.945	--	Failed to reject Ho	Not significant
Vice	4.057	.000	.634	Reject Ho	Significant

Legend: Significant if p value is $< .05$. Note: Co-morbidity of medications were not correlated as there were only one response from all.

Socio-demographic. The table shows that for the socio-demographic of nurses, it were only religion that correlated with their mental well-being. The p value for the said correlation were lesser than the significant value of .05 which were interpreted as significant leading to the decision of rejecting the null hypothesis. Thus, there were a significant relationship between religion and mental well-being. The correlation were moderate positive. It were evident that this findings may have resulted from respondents' concentration on Roman Catholicism, which accounted for 93.6 percent of all respondents while other religions accounted for just 6.4 percent . It were shown that almost all of the respondents were Roman Catholics and this could have been the contributing factor why religion correlated with mental well-being. Only 38.46 percent of respondents from other religions had a high degree of mental wellness, compared to 57.14 percent of Roman Catholic respondents. Additionally, just 2 of the 189 Roman Catholic respondents indicated a low degree of mental wellness, compared to 7.69 percent of the 13 respondents who identified as belonging to other religions.

On the other hand, the p values for the independent variables of age, sex, civil status, and educational attainment were greater than the significant value of .05. These values were interpreted as not significant, which led to the decision of failing to reject the null hypothesis. Thus, age, sex, civil status, and educational attainment were not significantly correlated with mental well-being. Although age seemed to have a major impact on mental health, the small sample size meant that it were not statistically significant.

In this study, male respondents showed a high degree of mental wellness at 58.6 percent, while female respondents showed 50.29 percent. Both sexes showed high levels of mental wellbeing, which is comparable to Sherma's (2014) finding that gender has no bearing on psychological wellness. On the other hand, 86 out of the 156 single respondents or 55.12 percent of them presented with high level of mental wellbeing while 25 out of 43 or 58.14 percent of married respondents also demonstrated high level of mental wellbeing. Meanwhile, 3 out of the 202 respondents were widowed, wherein 66.66 percent of them showed moderate level of mental wellbeing while only 33.33 percent of them demonstrated high level. Same with age, it seemed to have a major

impact on mental health, but due to the small sample size it were not statistically significant. In general, a very high level of mental well-being is achievable no matter what age, sex, civil status, and educational attainment.

Organizational-related. The table shows that for the organizational profile, it were only position that correlated with mental well-being. The p value for the said correlation were lesser than the significant value of .05 which were interpreted as significant leading to the decision of rejecting the null hypothesis. Thus, there were a significant relationship between position and mental well-being. The correlation were moderate positive. The type of assignment a nurse works in can significantly affect their mental health, regardless of whether they work on a general ward or a specialty area. According to the study's findings, 55.9 percent of the nurses who worked as charge nurses, medicine nurses, and ward nurses demonstrated a good level of mental wellness. While medication nurses have a specialized emphasis on dispensing medication, which can contribute to a sense of knowledge and mastery in their position, ward nurses often have more opportunity for lengthy contact with patients, which can lead to meaningful connections and a sense of fulfillment. Charge nurses, on the other hand, frequently take satisfaction in leading and assisting their nursing team as part of their leadership role. In spite of the difficulties of their jobs, they were nevertheless able to find beauty and significance in them because of these aspects of self-fulfillment, meaningful relationships, and a sense of mastery in their professions contributing to their positive high mental wellbeing.

Of the nurses on an 8-hour shift pattern, 62.71 percent demonstrated a high level of mental wellbeing, compared to 22 percent of nurses working the 6-2 AM shift. Of the AM shift workers with 12-hour shift duty, 15.25 percent showed high mental well-being. In the PM shift, a higher percentage of individuals with good mental wellbeing were observed in those nurses working an 8-hour shift (3–11: 45%; 2–10: 35 percent) compared to those working a 12-hour shift (20 percent of whom demonstrated high mental wellbeing). Despite this, nurses with variable schedules exhibited positive moderate to high mental health. On the other hand, of the 202 respondents, 52 had at least six months of experience. Of these, 46.15 percent showed signs of excellent mental health. Conversely, nurses with 1 to 5 years of experience revealed 46.67 percent high level, while nurses with more than 11 years of experience showed the highest percentage of high level (84.21 percent) across all other lengths of experience. These results corroborated the research by Divinakumar et al. (2014), which found that more experienced nurses had better coping abilities developed than less experienced nurses. Better coping abilities of nurses may contribute to having a better and positive mental health. Overall, respondents with varying lengths of experience demonstrated moderate to high mental wellbeing. Meanwhile, all respondents regardless of employment status presented moderate to high level of mental wellbeing.

Overall, the p values for the independent variables of experience, employment, and shifting were greater than the significant value of .05. These values were interpreted as not significant, which led to the decision of failing to reject the null hypothesis. Thus, experience, employment, and shifting were not significantly correlated with mental well-being. A very high level of mental well-being is achievable no matter what the years of experience, employment status, and shift assignment. The results of the study contradicted those of a study by Dorji et al. (2018), which discovered that employment status, education level, and the kind of interaction with children were independent predictors of wellbeing scores that were higher than average.

Health-related. Vice were the only variable under health-related that presented a significant relationship with mental wellbeing. Results from the study contradicted those of Soldevila-Domenech et al. (2021), who discovered that variance in mental well-being were significantly influenced by health-related factors. The largest effect sizes were observed when self-reported health and the presence of a mental disorder were combined. In this study, the p values for the independent variables of vices ($p=0.000$) showed strong significant correlation with mental well-being of the respondents hence, rejecting the null while comorbidity were greater than the significant value of .05 and interpreted as not significant, which led to the decision of failing to reject the null hypothesis. Majority of the respondents had no vices, and 60.95 percent of them showed a high degree of mental wellness. Conversely, 42.86 percent of those who smoke and drink showed a high degree of mental wellness. When compared to nurses without vices, there were a 0.42 percent rise who showed signs of poor mental wellness among those who have known vices. Hence, a very high level of mental well-being is achievable no matter what if the person has comorbidities or not but a person's vices might affect his or her level of mental well-being.

Limitations of the Study

Numerous drawbacks were identified in spite of the comprehensive approach taken in this study. The majority of the nurses' profiles did not appear to be correlated with their mental health. It were possible that other variables, such as the various difficulties they faced at work and other stressors outside of it, did correlate with mental health but were not investigated in this study. The small sample size and emphasis on certain characteristics might have also limited the generalizability of the results to a wider population. In order to strengthen the validity of the results, larger and more diverse sample sizes should be considered in subsequent research. Furthermore, the population might not have been fully represented by a tiny, narrowly focused sample size that concentrated on a single attribute. The study's statistical power and generalizability can therefore be enhanced by growing the sample's size and diversity. Lastly, the experiences and opinions of people in other locations might not have been fully represented because this poll were restricted to nurses and in a single geographic area. Expanding the regional focus as well as including other healthcare professionals in future studies may yield more comprehensive understanding.

MENTAL WELL-BEING ENHANCEMENT PLAN

Rationale

Mental health is a fundamental human right and defined by World Health Organization as a condition of mental well-being that allows people to cope with life's stressors, realize their strengths, study and work effectively, and contribute to their community. Nurses are vital members of the healthcare team who give patients the care and assistance they need, but their mental health may suffer greatly from the hard nature of their jobs, long hours, and high stress levels. Nurses' mental health stability is at risk when they work in highly stressful settings like hospitals, where triggers are common. Recognizing the things that are beneficial to their mental health makes it easier for them to cope with the different pressures that come with their jobs. People find strength through their spiritual belief, inspired and encouraged by their working assignments leads to positivity towards their mental health. Meanwhile, smoking and drinking alcoholic beverages may lessen one's level of mental wellbeing. As found in the study, religion, nursing assignments (position), and presence of vices showed significant relationship with one's mental wellbeing and revealed overall moderate level of mental wellbeing among nurses. Thus, the creation of a thorough well-being enhancement plan based on the PERMA model to assist nurses in preserving and improving their mental health. The PERMA model offers a strong foundation for comprehending and enhancing well-being. It were created by prominent psychologist Martin Seligman. It centers on the five essential components—positive emotions, engagement, relationships, meaning, and accomplishment—that lead to a happy and fulfilled life. Nurses can improve their overall quality of life, lessen stress, and develop resilience by addressing these factors. Implementing a Mental Well-Being

Enhancement Plan in the nursing

field can significantly improve the health and well-being of nurses, enhance the quality of patient care, and provide numerous organizational benefits such as higher job satisfaction, and reduced turnover. Healthcare companies can make sure that their nursing staff is prepared to carry out their duties in an efficient and long-lasting manner by creating a positive and encouraging work environment.

General Objectives

This enhancement plan's main goal is to further improve the nurses' positive mental health by putting comprehensive support strategies into practice, creating a positive work environment, raising job satisfaction and engagement, encouraging resilience, fortifying interpersonal ties, and encouraging a sense of fulfillment and purpose. Therefore raising their level of performance, patient care quality, and overall job satisfaction.

Specific Objectives

Specifically, this enhancement plan aims to achieve the following specific objectives:

To further increase the moderate level of mental well-being to positive high mental well-being across all religions and positions of nurses.

To further increase the moderate level of mental well-being to positive high mental well-being among nurses with vices through lifestyle modification related to smoking and alcohol consumption leading to improved mental well-being, better overall health, and enhanced job performance.

To sustain the positive high level of mental well-being across all religions and positions of nurses and those who have vices.

SUMMARY, CONCLUSIONS, AND RECOMMENDATIONS

This chapter covers the research overview, findings, and recommendations for the entire study. The summary includes the study's findings, generalizations and other interferences can be found in the conclusion, as well as the researcher's recommendations to the study's beneficiaries.

Summary of Findings

Findings of the study revealed that:

Majority of the respondents were aged between 23 to 27 years old and majority were females and were single. In terms of religion, almost all of the respondents were Roman Catholics and none of the respondents has master's degree but 2% of them has masteral units already. Most of the respondents had been working for 1 to 5 years and were regular employees. Over a quarter had a position of being a staff nurse in the ward and majority of do not have a fixed schedule. Majority of the respondents did not have any co-morbidities but 10 out of 202 respondents claimed hypertension as their morbidity. In terms of the vices majority of the respondents do not smoke and drink alcohol but some considered themselves as occasional drinker.

The respondents had an overall moderate level of mental well-being wherein Generation X presented highest average score. The older the respondents get the less they experiencing low level of mental wellbeing at the same time the higher their mental wellbeing scores get. There were a significant relationship between religion, nurses' position as well as their vices to the level of their mental wellbeing. Contrary to the other studies were younger age means better mental health. Age may appeared significant to mental wellbeing but because of it small sample size it were not statistically significant. The rest of the variables of personal background were found not significantly correlated with mental well-being.

Conclusion

The study concludes that nurses' mental well-being is significantly influenced by their professional roles, religious affiliation, and lifestyle habits, especially vices. These findings show that both personal and organizational factors interact to shape well-being. Using the PERMA framework, the study emphasizes that positive emotions, meaningful work, healthy relationships, and accomplishment are critical to sustaining mental well-being among nurses in private hospitals.

In conclusion, by adopting the essential elements of the PERMA Model—Positive Emotion, Engagement, Relationships, Meaning, and Accomplishment—the nurses were able to attain moderate mental health. They developed positive emotion by concentrating on enjoyable and fulfilling pursuits and mindfulness exercises. Similar to how ward nurses have more chances for prolonged patient interaction, which can lead to fulfilling relationships and a sense of accomplishment, medication nurses' concentration on medicine dispensing contributes to a sense of expertise and mastery in their role. Charge nurses, on the other hand, frequently take delight in leading and assisting their nursing team as part of their leadership role. They were able to find beauty and significance in their work despite their troubles since these elements of self-fulfillment, meaningful relationships, and a sense of mastery in their vocations led to their positive high mental wellbeing. A proposal of mental wellbeing enhancement plan were made to further increase and sustain the positive mental well-being among nurses in response to the study's findings.

Recommendations

1. Hospital administrators should implement structured wellness programs that specifically address irregular shifts, stress management, and unhealthy coping practices.

2. Religious and psychosocial support systems should be integrated into workplace wellness programs.
3. Nurse leadership and role development should be strengthened to foster engagement and accomplishment (aligned with PERMA).
4. Policymakers should base staffing and workload regulations on empirical evidence linking them to mental well-being outcomes.
5. Future research should expand to include public hospitals and adopt longitudinal designs to capture well-being over time.

The following recommendations are given, based on the finding of the study:

Nursing Education. The study provided a foundation and point of reference for upcoming discussions on maintaining, enhancing, and raising one's positive degree of mental health. The study recommends to Establish courses or programs that teach nurses as well as future nurses in-depth information about mental health, its significance, and how it affects their personal and professional lives. By normalizing conversations about mental well-being and motivating nurses to see asking for help as a strength rather than a weakness, including subjects about mental well-being helps to lessen the stigma attached to mental health issues. Nurses and future nurses can be more self-aware and proactive in seeking help if they are aware of the warning signs and symptoms of mental health problems.

Nursing Management Practice. The findings of the study will be shared with each hospital where the research were conducted by distributing a manuscript through their medical directors and hospital administrators. The study recommends implementing a mental well-being enhancement plan specifically tailored for the hospital where the research took place and considering the religious beliefs of every nurses employed. Nursing managements are encourage to establish initiatives to consistently honor and praise nurses for their accomplishments and hard work. This could take the form of rewards (spa voucher, salary incentives), praise during meetings or in public (Hospital's Official Page), or other inducements. To raise spirits and foster a healthy work environment, celebrate both professional and personal accomplishments. Each department may create peer support groups and practice regular monthly meetings to provide mutual support and share experiences. It is also important to consider promoting an environment of tolerance and support by encouraging polite conversation and the sharing of personal religious experiences during the sharing. It is suggested to conduct biannual surveys to assess nurse satisfaction and identify workplace stressors. It is also recommended to conduct frequent evaluations and feedback sessions, analyze the results of the wellbeing plan, and make any required modifications. The study also suggests to create wellness initiatives that acknowledge the importance of religion in overall wellbeing and incorporate faith-based activities. Plan days of reflection or spiritual retreats so that nurses can take a break from their work and reaffirm their faith that can be incorporated during team buildings. Lastly, it is highly advisable for the nursing managements to conduct regular reviews of workload and staffing levels to ensure a balanced work distribution among nurses.

Nursing Management Policy. Policies on protecting and promoting mental wellness can be crafted. The study suggests forming a committee on mental health and wellness to carry out baseline surveys and mental health assessments of nurses. Create and disseminate an extensive manual of mental health resources accessible to nurses by setting up Employee Assistance Programs (EAP) that provide financial guidance, mental health support, and other forms of personal help. Additionally, ensure that nurses have access to psychological support services and confidential counseling (both on-site and external counseling services). Every year during National Mental Health Week (Proclamation No. 452), hospitals may host an annual health and wellness fair. There, a variety of programs and activities, including physical wellness classes (yoga, meditation, group walks, and zumba), resilience training seminars, mindfulness and relaxation workshops, free health screenings, and fitness seminars can be offered.

Research. As part of research dissemination, the study may be through submitted for publication in any refereed local or international journal. It may also be submitted for possible oral or poster presentation in any local or international research congress. The following research titles are also suggested for possible future research activities:

Validation of Relationships Between Religion, Occupational Position, Personal Habits, and Mental Well-Being Through Expanded Respondent Groups.

Exploring Multiple Factors Influencing Mental Well-Being Beyond Nurses' Profiles: Work-related, Financial, Family, and Other Stressors.

In-Depth Exploration of the Significant Relationship Between Work-Related, Financial, Family, and Other Stressors and Their Impact on Nurses' Mental Well-Being.

Exploration on the lived experiences on the mental well-being among nurses.

Exploring the Significant Correlation Between Nurses' Personal Characteristics and Their Impact on Mental Well-Being.

Expanding Geographic Scope: A Comparative Study of Mental Well-Being Among Nurses in Private and Government Hospitals Across the Region.

Incorporating Diverse Healthcare Professionals: Understanding Challenges and Perspectives on Mental Well-Being Across Different Levels of Patient Care.

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