Mental Wellbeing and Resilience among Occupational and Public Health Nurses in Cebu, Philippines

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ABSTRACT

Mental well-being suffices to be the most important indicator of mental health, while resilience is the adaptation process to bounce back into a normal life. Following the COVID-19 pandemic, the Philippine government issued an enhancement plan to address the scarcity of workers in hospitals, clinics, and municipalities. This will address the government mandate to assess and provide proper care for nurses in terms of their mental well-being and their resilience efforts following the crisis. The aim of the study is to assess the level of mental well-being and resilience among occupational and public health nurses in Cebu, Philippines. However, there are limited resources to be found at the local level concerning the mental well-being and resilience of nurses in Cebu. The methods used in the study are a descriptive correlational design with 99 randomly selected nurses in city health, clinics, and companies in Cebu. The instruments used were the MHC-SF and Brief Resiliency Scale models, disseminated through face-to-face interviews and Google Forms to gather the data. Data were analyzed using descriptive and inferential statistics, summation, chi square, Cramer's V, and Pearson r. The results of the study show that out of 99 nurse respondents, they attain the highest level of mental well-being, which is flourishing, with over a quarter of nurses having moderate mental well-being and a few nurses are languishing. For the respective profiles of the respondents, over half of them were aged 18–35, followed by over one-third of them being 36–55, and a few of them being 56 and above. The results for the level of resilience among nurses are within normal, and a few of them were in neutral. In conclusion, the mental well-being and resilience of occupational and public health nurses in Cebu achieved the highest level of well-being and achieved normal resilience following the pandemic. With the help of the governments' efforts to provide well-being to health workers under R.A. 11036 and R.A. 11058, nurses burden eases their fear, anxiety, and stress. It helps them recover and cope following the pandemic.

Keywords: Descriptive correlational design; Mental well-being; Occupational and public health nurses; and Resilience

INTRODUCTION

The aftermath of the pandemic brought about by the Corona virus disease took so many lives and devastated millions of families around the world. The recorded number of deaths as of May 2, 2023, reached up to 6.86 million, while the Philippines ranked 22nd on the international survey with 66,444 casualties (Statista, 2023).

The pandemic period had a huge impact on mental well-being and resilience among healthcare professionals. The most tedious individuals that are affected are nurses, who are burned out both physically and mentally, but despite all the adversities in life, nurses tend to uphold the challenge and embrace to

express their resiliency efforts, aiming to achieve the goal of a humane environment and posits a positive outcome towards the nursing department and to the community.

On the verge of a pandemic, mental well-being and resilience among occupational nurse and public health nurses are the primary reasons the researcher implies studying how nurses in Cebu coped on COVID-19. According to the WHO, mental health is a state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community (WHO, 2023). While mental health addresses the level of stress, fear, anxiety, panic attacks, depression, and mental disorders, it also provides comfort to those individuals who are overwhelmed or unable to cope as a result of pressures at work or in unmanageable conditions. Fear and anxiety are the most powerful emotions that affect the mental well-being of nurses, and there is sometimes a risk of job withdrawal or resignation from work.

The American Psychiatric Association Foundation (APAF) launched a transformative awareness campaign that empowers individuals to take the first step to address their mental health. As the country faces an ongoing mental health crisis, APAF is shifting the conversation to ensure that people prioritize their mental well-being on par with their physical well-being (APAF, 2023). Mental illness, in some cases, causes disruption in the lives of individuals, families, and communities. Individuals suffer the distressing symptoms of disorders because they are unable to participate in work and leisure activities; some are worried about not being able to perform well on their responsibilities towards their families and friends, and sometimes they fear being a burden to others.

Through the resiliency efforts of healthcare providers and government officials, ensuring proper care for all Filipinos, the Philippine government enacted the Republic Act. 11036, establishing a national mental health policy for the purpose of enhancing the delivery of integrated mental health services and promoting and protecting the rights of persons utilizing psychiatric, neurologic, and psycho-social health services (Official Gazette.gov.ph). These bills affirm the basic rights of all Filipinos to access the mental health services program, in which the mental well-being of every nurse is presupposed to be the most important matter to be addressed first, as they are considered the front-liners in the hospital and all kinds of addressing vulnerable infectious disease.

The Republic Act 11058, an act which strengthening compliance with occupational safety and health standards (OSH). This law applies only for private entity as mandated by the department of labor to ruled an appropriate practices, operation and means necessary to ensures safe and healthful employment (official Gazette.gov.ph). The world Health Organization (WHO) commended the Philippine government for enacting the Occupational Safety and Health Standards Act, it will contribute to reducing the rising number of illnesses and accidents that occur in the workplace across the nation. Employers are now required to comply with occupational safety and health standards including informing workers on all types of hazards in the workplace and having the right to refuse unsafe work, as well as providing facilities and personal protective equipment for the workers, and among others. With this law, the Philippines comes closer to achieving the Sustainable Development Goal 8.8 to protect the labour rights and promote safe and secure working environments for all workers. It also boosts the implementation of the WHO-supported Occupational Health and Safety Sector Plan under the National Environmental Health Action Plan (2017-2022). Through the promulgation of the law, occupational nurses who work in industrial companies are safe provided that the law on Occupational Health Safety are implemented according to health standard practice.

Moreover, mental well-being suffices to be the most important indicator for mental health, as in the absence of psychological morbidity like anxiety and depression, it has life satisfaction, optimism and hope, and self-esteem with a positive concept of happiness and vitality, while resilience is the adaptation process to bounce back into a normal life pace. It drives the nurses to face adversities and hardships, to learn resourcefulness, to have a cognitive evaluation of perceived resources to deal with perceived demands, and to have innate

personal control.

Pandemic adversities bring Filipinos' resiliency efforts to bounce back and thrive to live despite heartaches, being lost with loved ones, family members, children, brothers and sisters, and friends. Nurses resiliency efforts towards adversity and adaptive behavior posit a positive course of action, making them more resilient and carefree. These adoptive behaviors of Filipino nurses are healthy coping strategies to focus more on work, uplifting others to promote courage, and bearing to uplift herself. Promoting an equitable balance between life and work, showing compassion and a positive spirit while facing tremendous life's circumstances. The bayanihan spirit (lifting each other's hand) is a Filipino trademark that shows how resilient the Filipino nurses are, whether they are working locally or internationally. This adaptable coping strategy made Filipino nurses stand out in their work field and efficiently promote healthy coping mechanisms for everyone.

The Philippine government addresses the SDG. The sustainable development goals make cities inclusive, safe, resilient, and sustainable. SDG 3 aspires to ensure health and well-being for all, including a bold commitment to end epidemics and other communicable diseases by 2030. It aims to achieve universal health coverage and provide access to safe and effective medicines and vaccines for all. Supporting research and development for vaccines is an essential part, as it will address the COVID-19 virus disease and suppress or eliminate. These universal goal to promote well-being is an effective approach to strengthening efforts to ensure healthy lives free from illnesses and other forms of viruses. Promoting health and well-being is one of the 17 global goals that make up the 2030 Agenda for Sustainable Development.

Occupational and public health nurses often place patient safety above their own health and safety. They put public health needs and concerns before their own health and well-being; even doing so puts their own health in danger. These actions demonstrate clear support for our government's efforts to achieve progress in people's health, with better health outcomes among the population, to establish a responsive health system for every Filipino to feel comforted in, and to provide risk protection among marginalized and vulnerable people (NOH 2017–2022). Through the government's effort to provide quality health care services in the community, they provide sustainable funds for treatment through the assistance provided by PhilHealth for the recovery of patients health and alleviating the financial scarcity among them.

Public health nurses provide vaccination to all residents in every barangay; they attend to visit every house by giving health awareness, vaccinations of polio, MMR, flu vaccines, et al. They promote safety and establish trainings for barangay health workers to disseminate health updates and motivate people to cooperate and maintain a healthy environment. On the other hand, occupational nurses empower company workers to promote safety, follow standard health protocols, assess medical conditions, and implement health surveillance in the working industry.

Meanwhile, the researcher, as a nurse, is trying to investigate the mental well-being and resiliency following the COVID-19 pandemic to further assess the mental health of nurses as occupational nurse and public health nurse in Cebu. Accordingly, NCBI published an article on mental health staff in the Philippines, stating that there is 1 doctor attending to care for every 80,000 Filipinos (WHO & DOH). Because of the lack of specialists in the field of mental health, mostly trained healthcare staff emigrate to other countries to seek privileges and a high salary rate. The scarcity and shortage of well-trained nurses for mental health affect the whole population in the Philippines, as its ratio is comprised of 2-3 per 100,000 population. Though this shortage equates to a severe impact on mental health, the living spirit of Filipino nurses is still elated and pursued to maintain mental well-being and resilience towards adversity. Meanwhile, the researcher is an advocate for the fundamental concepts of mental health as an essential form of well-being that requires recognizing its own abilities, being able to cope with stress in life, and being able to contribute to the community and society.

RESEARCH OBJECTIVES

The main purpose of the study was to assess the interrelationship among profile, mental well-being and resilience among occupational and public health nurses in Cebu for the 1st quarter of 2024.

Specifically, this study answered the following queries:

1. What was the profile of the nurses in terms of:

1.1 age;

1.2 sex;

1.3 civil status;

1.4 Nurse classification (Public & Private)

1.5 years of service?

2. What was the mental well-being of the nurses in terms of:

3.1 emotional well-being;

3.2 social well-being; and

3.3 psychological well-being?

3. What was the level of resilience of the nurses?
4. Is there a significant relationship between:

4.1 the profile and mental well-being of nurses;

4.2 the profile and resilience of nurses; and

4.3 the mental well-being and resilience of the nurses?

5. What resilience sustenance plan was proposed based on the findings of the study?

STATEMENT OF NULL HYPOTHESES

Ho1: There was no significant relationship between profile and the mental well-being of the nurses.

Ho2: There was no significant relationship between profile and the resilience of the nurses.

Ho3: There was no significant relationship between mental well-being and resilience among nurses

REVIEW OF RELATED LITERATURE AND STUDIES

Mental Well Being

At first level screening, over one-third of the subjects expressed general psychological discomfort (GHQ-

12), below a quarter post-traumatic stress symptom (IES-R), and below a quarter symptom of anxiety (GAD-7). Women, nurses, younger workers, subjects with COVID-19 working exposure and with an infected family member showed significantly higher psychological impairment compared to colleagues. After the second level screening, few and very few of all workers showed, respectively, depressive and dissociative symptoms; scorings were significantly associated with gender and occupational role (Fattori et al., 2021).

Health and social care workers (HSCWs) have carried a heavy burden during the COVID-19 crisis and, in the challenge to control the virus, have directly faced its consequences. Supporting their psychological well-being continues, therefore, to be a priority. The study indicated that COVID-19 has a considerable impact on the psychological well-being of front-line hospital staff. Results suggest that nurses may be at higher risk of adverse mental health outcomes during this pandemic, but no studies compare this group with the primary care workforce. Furthermore, no studies investigated the psychological impact of the COVID-19 pandemic on social care staff. Other risk factors identified were underlying organic illness, gender (female), concern about family, fear of infection, lack of personal protective equipment (PPE) and close contact with COVID-19. Systemic support, adequate knowledge and resilience were identified as factors protecting against adverse mental health outcomes (De Koch et al., 2021).
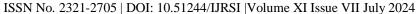
Results in the study of Kheradmand et al., (2021) showed high probabilities in mental disorders among healthcare workers. Since the study was done during the initial phase of the pandemic, development of mental issues due to the newly emerged infectious virus was expected. However, we recorded mild to moderate impact of this novel virus. The possibility of having mental problems was much higher in females, assistant nurses, individuals with lower education, and those who provided care for COVID-19 patients.

The COVID-19 pandemic has had an unprecedented impact on health systems in most countries, and in particular, on the mental health and well-being of health workers on the front-lines of pandemic response efforts. The study provided a broad overview of the elevated risk of stress, burnout, moral injury, depression, trauma, and other mental health challenges among healthcare workers. The study considered how public health emergencies exacerbate these concerns, as reflected in emerging research on the negative mental health impacts of the COVID-19 pandemic on healthcare workers. Further, the study considered potential approaches for overcoming these threats to mental health by exploring the value of practicing self-care strategies, and implementing evidence based interventions and organizational measures to help protect and support the mental health and well-being of the healthcare workforce. Lastly, it highlighted systemic changes to empower healthcare workers and protect their mental health and well-being in the long run, and propose policy recommendations to guide healthcare leaders and health systems in this endeavor. The paper acknowledged the stressors, burdens, and psychological needs of the healthcare workforce across health systems and disciplines, and calls for renewed efforts to mitigate these challenges among those working on the front-lines during public health emergencies such as the COVID-19 pandemic (Søvold et al., 2021).

The results of the study of Nicolaou et al. (2021) demonstrated that half of the HCWs had moderate levels of perceived stress and symptoms of depression. Half of the HCWs (n = 800, 51.4%) had similar sleeping patterns since the pandemic started, and one in four slept more or slept less. HCWs reported less perceived stress and depression symptoms and higher levels of perceived social support than the general population who participated in the same project. Predictors associated with higher perceived stress and symptoms of depression among HCWs included female sex, not having children, living with parents, lower educational level, and lower social support. The need for establishing ways to mitigate mental-health risks and adjusting psychological interventions and support for HCWs seems to be significant as the pandemic continues.

Resiliency

According to El-Hage et al. (2020) the disease characteristics of the current COVID-19 pandemic provoked a generalized climate of wariness and uncertainty, particularly among health professionals, due to a range of

causes such as the rapid spread of COVID-19, the severity of symptoms it can cause in a segment of infected individuals, the lack of knowledge of the disease, and deaths among health professionals. Stress may also be caused by organizational factors, such as depletion of personal protection equipment, concerns about not being able to provide competent care if deployed to new area, concerns about rapidly changing information, lack of access to up-to-date information and communication, lack of specific drugs, the shortage of ventilators and intensive care unit beds necessary to care for the surge of critically ill patients, and significant change in their daily social and family life. Further risk factors have been identified, including feelings of being inadequately supported, concerns about health of self, fear of taking home infection to family members or others, and not having rapid access to testing through occupational health if needed, being isolated, feelings of uncertainty and social stigmatization, overwhelming workload, or insecure attachment. Additionally, the authors discussed positive social and organizational factors that contribute to enhance resilience in the face of the pandemic. There is a consensus in all the relevant literature that health care professionals are at an increased risk of high levels of stress, anxiety, depression, burnout, addiction and post-traumatic stress disorder, which could have long-term psychological implications. In the study made by Pollock et al. (2020), the researchers were moderately confident that the barriers to intervention implementation such as front-line workers, or the organizations in which they worked, not being fully aware of what they needed to support their mental well-being; and a lack of equipment, staff time or skills needed for an intervention. They were moderately confident that three factors were facilitators of intervention implementation, namely: (a) interventions that could be adapted for local needs; (b) having effective communication, both formally and socially; and (c) having positive, safe and supportive learning environments for front-line workers. The researchers were also moderately confident that the knowledge or beliefs, or both, that people have about an intervention can act as either barriers or facilitators to implementation of the intervention during an epidemic or pandemic.

The corona virus pandemic has necessitated extraordinary human resilience in order to preserve and prolong life and social order. Risks to health and even life are being confronted by workers in health and social care, as well as those in roles previously never defined as "front-line," such as individuals working in community supply chain sectors. It was found out that both psychological and pandemic-related variables were associated with levels of resilience, burnout, and well-being in the workers. The judgment of lower timeliness in the government's response to the pandemic appeared to be a key driver of each outcome for the front-line workers. These findings provide initial evidence that the different strategies adopted by each country may be associated with the overall well-being of front-line workers. The judgment of the relatively slow response of the government to instigate their pandemic measures appears to be associated with lower resilience, higher burnout, and lower well-being in front-line workers (Sumner & Kinsella, 2021).

According to the study of Rieckert et al. (2021), the recommendations prior to the outbreak fostering resilience included optimal provision of education and training, resilience training and interventions to create a feeling of being prepared. Recommendations during the outbreak consisted of (a) enhancing resilience by proper provision of information, psychosocial support and treatment (e.g., create enabling conditions such as forming a psychosocial support team), monitoring the health status of professionals and using various forms and content of psychosocial support (e.g., encouraging peer support, sharing and celebrating successes), (b) tasks and responsibilities, in which attention should be paid to kind of tasks, task mix and responsibilities as well as the intensity and weight of these tasks and (c) work patterns and working conditions.

The 2019 new corona virus SARS-CoV-2 outbreak triggering the 2019 corona virus disease (COVID-19) is a global public health emergency with multi-faceted significant implications for the lives and mental health of people. There is disturbing news about the corona virus pandemic, with an overwhelming number of new cases and deaths each day. Governments have mandated tough social distance, quarantine and lockdown measures and shut down businesses, demonstrating the effects and unavoidable long-term negative

economic and health impacts. Moreover, although precise estimates of the financial damage caused by COVID-19 in Europe are still unreliable, preliminary studies indicate that the decline in continental GDP will be significant (Fernandes, 2020).

These are certainly stressful times, particularly as the stressor is fresh, the absence of warning prevented planning and pre-adaptation, no antidotes or vaccines currently available, and uncertain long-term health and societal effects of the virus. How the pandemic will affect the future lifestyle is uncertain, and when and if people will regain their normal lives. This omnipresent ambiguity makes it impossible to prepare for the future and therefore causes more psychosocial tension. Anxiety and anguish are natural reactions to such severe conditions. People's stress mechanisms have evolved to respond in highly adaptive ways, helping people to tackle these challenges (de Kloet et al., 2005). Although many of us are worried and unsettled about the coronavirus pandemic, all are trying to adapt to this new fact. Yet not all can cope with stress effectively and adjust easily to new circumstances. Some may be more affected than others by the latest pandemic. This includes living conditions, poverty, inadequate access to healthcare, analphabetism, uncertainty about the future (i. e. chance of unemployment), genetic history, prior life experiences and social support (Southwick & Charney, 2012).

It is necessary to recognize that resilience occurs not only at the person level, but at the level of the group as well. There is a certain degree of mutual resilience necessary in any societal ecosystem to be able to resolve the stress of the corona virus pandemic and return to normal levels of activity. This mutual resilience is essential for addressing the current challenges together, not only at national level, but also at European and global level where all countries can play a critical supporting role in organizing cross-border collaborations. In comparison, imperialism and unilateralism are likely to increase a society's susceptibility to the new corona virus and its stress-related consequences (Vinkersa et al., 2020).

Profile of the Nurses. The prime working-age population in the U.S. is 128.58 million. Prime working age is defined as the ages between 25-54 years old, and America has 128.58 million people who fall into this age bracket as of 2020. The age group of 35-44 is the most employed. The labor force participation rate among this age group in the U.S. is 77 percent as of 2020. The age group of 55 and over is the least employed. The labor force participation rate among this age group in the U.S. is 36.4 percent as of 2020 (Zane, 2023).

According to the US Bureau of Labor Statistics, 77 percent of the health care workforce is female, far higher than other industries (Russell et al., 2019). Health workers are the beating heart of every health system and the majority – seventy percent – are women. Global demand for health workers is rising. Changing demographics and expanding health systems are driving the creation of 40 million new health and social sector jobs by 2030. In parallel, low- and middle- income countries will be short of 18 million health workers to achieve universal health coverage (UHC) (Ghebreyesus, 2019).

Educational attainment shows that majority of respondents were college graduate or higher (49.7%), 41.9 percent of the respondents were high school graduate, 2.3 percent were elementary graduate while 6.1 percent of the respondents did not specify their educational attainment (Philippine Statistics Authority, 2022).

The nursing workforce is the largest among all the health care professions and is nearly four times the size of the physician workforce. RNs practice in a wide variety of care delivery settings, and they provide care to people living in both urban and rural areas and to vulnerable populations, including women, people of color (National Academies of Sciences, Engineering, and Medicine et al., 2021).

Data of the study revealed that majority of the respondents had worked in the hospital for less than 5 years followed by those working for 5 to 9 years. This is then followed by those who have worked in the hospital

for 10 to 20 years and few have worked for more than 20 years (Listyowardojo et al., 2011).

The Philippines proudly boasts to be the only Christian nation in Asia. More than 86 percent of the population is Roman Catholic, 6 percent belong to various nationalized Christian cults, and another 2 percent belong to well over 100 Protestant denominations. In addition to the Christian majority, there is a vigorous 4 percent Muslim minority, concentrated on the southern islands of Mindanao, Sulu, and Palawan. Scattered in isolated mountainous regions, the remaining 2 percent follow non-Western, indigenous beliefs and practices (Miller, 2023).

Profile and Mental Well Being

More than half of the respondents had either stress, depressiveness, over-tiredness or suicidal thoughts with a quarter reporting two or more of mental health complaints. Lower personal income was associated with higher rates of all mental health complaints (stress, depressiveness, over-tiredness, and suicidal thoughts) among employed adults. Additionally, lower education was associated with higher prevalence of depressiveness and lower job skills predicted higher prevalence of suicidal thoughts. Higher prevalence ratios for depressiveness and over-tiredness were found for women compared to men whereas Estonians had higher prevalence ratios for stress and suicidal thoughts compared to non-Estonians. All mental health complaints were more frequently reported at younger ages and by not married or cohabiting respondents (Reile & Sisak, 2021).

Demographic variables like age and sex may also predict poorer mental health status (Arias et al., 2019; Leinsalu et at., 2019). While these factors also partly underline the socio-economic inequalities in health, the associations between work-related conditions and mental health are often unaltered after controlling for these factors (Meltzer et al., 2010; Carter et al., 2009).

In the study of Wang et al. (2022) among the respondents, almost a quarter were identified as having possible mental health problems. Students being a female, aged 18–22 years old, whose mother held college degrees and above, and drinking alcohol were more likely to have mental health problems. Contrarily, having general or higher household economic levels, work-rest regularly, and sleeping more than or equal to 7 hours were preventive factors. Especially, a decreasing trend in the risk of having mental health problems with the improvement of social support was identified.

Profile and Resilience

In the study of Kimhi et al. (2020), significant negative correlations were found between individual/community resilience and sense of danger and distress symptoms. Significant positive correlations were found between gender, community size, economic difficulties and sense of danger. Gender and economic difficulties also positively correlated with distress symptoms. Path analysis revealed that all paths were significant except between family income and distress symptoms. The seven predictors explained 20 percent of sense of danger variance and 34 percent the distress symptoms variance. The most highly predictive indicators were the two psychological characteristics, individual resilience, and well-being. Age, gender, community size, and economic difficulties due to COVID-19 further add to predicting distress, while community and national resilience do not.

The results in the study of Serrano Sarmiento et al. (2021) showed generally high levels of resilience among the university students analyzed, irrespective of socio- demographic variables. Factor analysis shows resilience to be highest among male students and those over 25. Self-perceived resilience was also higher among students who lived alone or with people other than their parents. Finally, students of the health sciences were more likely to adapt to change, deal with today's challenges, and think of themselves as

people capable of bouncing back after hardship.

These self-reported data indicate that while HCWs reported moderate-high stress scores, and normal levels of resilience and coping, the medical doctors/nurse practitioners/physician assistants' group had the highest resilience, while nurses had the lowest. In addition to lower resilience, nurses also had higher stress levels compared to the medical doctors/nurse practitioners/physician assistants' group. It is imperative to have robust strategies and tactics in place for early identification and mitigation of distress across job categories within health care and help enhance resilience and coping among all HCWs, with particular attention to nurses and non medical staff. In addition, interventions should be implemented at the individual, organizational, and societal level in order to address the multi factorial factors of HCW stress, resilience and coping (Croghan et al., 2021).

With regard to age differences and resilience, the findings indicated that older age was associated with higher resilience (Croghan et al., 2021). Previous research has indicated that there is some evidence to support the premise that resilience increases with age. Rational for this has not been well-studied; however, there is speculation that the improved resilience among older individuals could be contributed to the exposure to more adversity throughout their lifetime (and thus the development of strategies to overcome adversity), and the tendency of older individuals to invest more time and energy in their health and family (Staudinger et al., 1999 as cited in Croghan et al., 2021).

Women are biologically more emotional and more emphatic than their male counterparts and therefore probably also more sensitive to stress perception which, in turn, may lead them to seek more social support than male. These biological differences may be based on different levels of gonadal hormones. For example, pointed out that testosterone promotes resilience in males and that fluctuating ovarian hormones increase the prevalence for psychiatric disorders in females.

This can be explained from the fact that a number of studies have shown that resilience does not decline with age and, when other facts have been taken into account, older adults are at least as resilient as younger adults. One also have to keep in mind that older adults can face additional life stressors like chronic health conditions, physical and cognitive decline, and a potential loss of roles and social support. So for them, resilience also emphasizes effective adaptation, adjustment, and acceptance (Burcham, 2021).

Data revealed that both men and women grow more resilient as they age. The rate at which we grow in resilience actually increases the older we get, with the most growth happening between the ages of 54 and 64. In spite of, or more accurately, because of facing and overcoming the challenges of life, we develop stronger resilience skills over time. Our experience over the years gives us a better sense of perspective as we encounter difficult situations. In fact, being forced to question who we are and build back new is a critical part of healthy development. Psychologists call this "positive disintegration" and it's brought on by seismic restructuring events. Facing disappointment and adversity can actually build resilience. As we face setbacks over and over again, we learn each time and take greater risks because we gain confidence that we can recover from failure (Eatough, 2022).

The findings of this study showed that in order to raise psychological resilience of healthcare professionals working during the COVID-19 pandemic their quality of sleep, positive emotions and life satisfaction need to be enhanced. Psychological resilience levels of healthcare workers in their later years were found to be higher. Doctors constitute the group with the lowest levels of psychological resilience among healthcare workers (Bozdağ & Ergün, 2021).

Mental Well-Being and Resilience

Mental well-being and resilience is a fundamental state in our lives and the community where we live. It

underpins everything we do, how we feel, how we act, and how we behave. An essential component to our day to day living that plays a significant role to respond the uncertainty and develop a positive characteristics as a personal competence and acceptance to one's self, of which it facilitate personal adaptation that can cope with change or misfortune. Resilience increases well-being and life's satisfaction, eliminates anxiety, depression, increase self-esteem, gratitude, optimism and mental well-being.

Resilience correlates with a state of well-being directly and indirectly negates an impact to cope with stress an aid to a human flourishing mechanism of a healthy mental state. Mental well-being has come to the forefront of public debate during Covid-19, it accounted for one of the largest and fastest growing categories of the global burden and precarious problem prior to the pandemic. Successful strategies to promote good population mental health will need to take a holistic and people-centered view that recognizes that the ability to thrive depends on the broader living conditions and quality of life experienced by individuals, families, and communities (OECD, 2021).

Synthesis

Based on the literature and studies, emotional, psychological, and social well-being are all components of what constitutes mental health. It has an effect on how people think, feel, and behave as a result. It also plays a role in determining how we respond to stressful situations, how 'we interact with other people, and whether or not we make healthy food choices. 1 It is essential to take care of one's mental health throughout one's entire life, beginning in childhood and continuing through adulthood. Indeed, it is necessary to keep in mind that a person's mental health might shift over the course of their lifetime depending on a variety of things. It is possible that a person's mental health will suffer if the demands placed on them are greater than their resources and their capacity for coping. Hospital employees are the common respondents in the studies being conducted on subjective well-being and mental health status. Subjective well-being and mental health status are two closely related concepts. Because of their nature not too many studies have been conducted correlating both variables.

RESEARCH METHODOLOGY

Design. This quantitative research employed a descriptive, correlational research design.

Environment. The study was conducted in Cebu City.

Respondents. The respondents of the study were 335 nurses from Cebu City.

Sampling Design. A quota sampling was employed.

Inclusion Criteria. Included in the study were the nurse who were (a) currently employed in any of the health care institutions in Cebu (private or public) health centers, and clinics; (b) employed for at least 3 months regardless of sex, marital status, educational attainment, employment status (contractual, probationary, or regular) and position (staff or managerial); (c) serving as a front liner during the COVID-19 pandemic.

Exclusion Criteria. Excluded in the study were the nurses who were: (a) above 60 years old; (b) resigning or awaiting the effective dates of retirement; and (c) not willing to give voluntary consent.

Instrument. This study made use of a three-part questionnaire, where parts two and three were adopted questionnaires. Part one of the instrument pertains to the demographic profile of the respondents. Part two of the instrument is the short form of the Mental Health Continuum (MHC-SF) by Keyes (2002) in assessing the mental well-being. There are three clusters in the questionnaire, namely: Cluster 1; items 1-3 is

(Hedonic) Emotional Well-Being; Cluster 2; items 4-8 is (Eudaimonic) Social Well-Being where item 4 is about Social Contribution, item 5 is about Social Integration, item 6 is about Social Actualization (i.e., Social Growth), item 7 is about Social Acceptance, and item 8 is about Social Coherence (i.e., Social Interest); and Cluster 3; items 9-14 is Eudaimonic, Psychological Well-Being; item 9 is about Self-Acceptance, item 10 is about Environmental Mastery, item 11 is about Positive Relations with Others, item 12 is about Personal Growth, item 13 is about Autonomy, and item 14 is about Purpose in Life. It is answered using a six-point Likert scale where never is 0, once or twice is 1, about once a week is 2, about 2 or 3 times a week is 3, almost every day is 4, every day is 5. To score, add items for each dimension and the total score for the instrument is ranging from 0-70 range. Languishing is the diagnosis when someone feels 1 of the 3 hedonic well-being symptoms (items 1-3) "never" or "once or twice" and feels 6 of the 11 positive functioning symptoms (items 4-8 are indicators of Social well-being and 9-14 are indicators of Psychological well-being) "never" or "once or twice" in the past month. Individuals who are neither "languishing" nor "flourishing" are then coded as "moderately mentally healthy." The third part is the Brief Resiliency Scale by Smith et al. (2008). It is composed of six (6) items where respondents answers it using a 5-point Likert scale. Items 1, 3, and 5 uses the scale where 1 is strongly disagree, 2 is agree, 3 is neutral, 4 is agree, and 5 is strongly agree while items 2, 4, and 6 utilizes the reverse of the scale as they are worded negatively. To score, all responses will be added varying from 1-5 for all six items giving a range from 6-30. Divide the total sum by the total number of questions answered to derive the score. According to the authors of the tool, the level of resilience is interpreted as follows: 1.00-2.99 is Low resilience, 3.00-4.30 is Normal resilience, and 4.31-5.00 is High resilience.

Data Gathering Procedure. The Dean of the College of Allied Health Sciences, Graduate Studies, received a letter requesting permission to proceed with the project. After that, the study was presented into a design hearing that was conducted by a group of specialists. There was a search for ethical approval. Following the issuance of the notice to continue, the beginning of the recruitment procedure signified the beginning of the process. The criteria for inclusion and exclusion, as well as the sampling strategy, served as the guiding principles for recruitment. We made use of a Google form. Excel was used to compile and record all of the data that was collected. Following this, the data were submitted to the proper statistical treatments possible. The interpretations, ramifications, and supporting literature and research were presented in tables with the data that was presented. Immediately following the completion of the research project, all of the completed surveys were destroyed, and the raw files were permanently removed.

Statistical Treatment of Data. The study made use of both descriptive and inferential statistics namely: Frequency Distribution and Simple Percentage, Addition and Division, Summation, Chi Square and Cramer's V, and Pearson r.

Ethical Considerations. During the course of the implementation of the study, ethical principles were strictly adhered to in order to ensure the well-being of the individuals who participated in the research. Prior to the collection of data, the study made an effort to obtain approval from the ethics committee.

RESULTS AND DISCUSSION

Table 1 Socio-demographic Profile of the Respondents

Profile	F	%
Age		
18 to 35 years old	59	59.60
36 to 55 years old	38	38.40
56 years old and above	2	2.00

Sex		
Male	35	35.40
Female	64	64.60
Civil Status		
Single	50	50.50
Married	49	49.50
Position		
Nurse I	52	52.50
Nurse II	34	34.30
Supervisor	7	7.10
Clinical Instructor	4	4.00
Nurse Classification		
Occupational Nurse	33	33.30
Public Health Nurse	66	66.70
Years of Service		
Below 1 year	6	6.10
1 to 3 years	31	31.30
4 to 6 years	33	33.30
7 to 9 years	13	13.10
10 years and above	16	16.20

Note: n=99.

The table shows that over half of the respondents were aged 18 to 35 years old, followed by over one-third of them aged 36 to 55 years old. Lastly, very few were in the 56-year-old and above age group. In terms of sex, the majority of the respondents were females, while over one-third of them were males. As for the civil status, there was an almost equal distribution of nurses between single and married. Just over half of the respondents were Nurse I, followed by over one-third as Nurse II. Very few were supervisors and clinical instructors. The majority are public health nurses, while over one-third are occupational nurses. In terms of years of service, over one-third of the respondents had served the organization for 4 to 6 years. Also, just over one-third of them had served for 1 to 3 years already. Few have served 7 to 9 years and 10 years and above. And very few had served for less than a year.

The data implies that most nurses are in nurse I position. Since nurses worldwide are in shortage and the demand for supply in every hospital, clinic, and community is high, we expect that nurses here in the Philippines will become fewer, as we are the number one country that provides nurses worldwide. For this reason, one-third of the nurses who belong to nurse 1 are more predominant than nurse II, or the supervisor position. We could see from the data that nurses who have expertise in any field in nursing areas migrated to another country or chose to leave the country for personal reasons. According to the latest published article on the National Library of Medicine on August 13, 2023, the Philippines faces a significant threat of understaffed healthcare providers because of burnout at work that may lead to resignation, change of position, and migration to other countries (NCBI, 2023). The unjustifiable solution for salary in nurse is the main reason why nurses tend to go abroad or gamble their fate abroad. But despite all these adversaries, Filipino nurses maintain to be mentally and emotionally fit. Carries on the banner of providing equitable care to society and promoting balance between work and health.

Moreover, Nurses ages 18 to 35 have fifty-nine percent, which comprises the nurse I position, and a few for

the nurse II position with thirty-four percent. These two-level nurses are important in the nursing service as they are the ones who do the job in the floor area, attending to patient care, providing medication, assisting the patients, and taking vital signs. Nurse I and nurse II positions provide great impact on our healthcare system. Their position is necessary in order to maintain balance in the nursing service and provide comfort for the work force.

Occupational nurses are half the ratio compared to public health nurses; statistics indicate that half of nurses work for businesses and clinics due to the largest pay disparity. Public health nurses earned between P36,000 and P40,000 per month, while private sector employees earned between P20,000 and P27,500 . The stark pay disparity is the primary reason behind nurses' decisions to become public health nurses in the community. To attest to these findings, Glassdoor Publisher published the current wage for nurses on April 29, 2024, and stated the confidence level for salary for nurses working in companies, which belongs to the midpoint in the range of 20,000 to 66,000 (Glassdoor, 2024).

The highest number of years of service for nurses is up to 4 to 6 years, which is thirty three percent of the total population, followed by 1 to 3 years, which is thirty one percent of the total population. Nurses who stayed for 4 to 6 are those who are willing to perform their duties and execute their pledge to work in the country as a fellow citizen. Others also wanted to complete the foreign employer requirement for 3–5 years of hospital or community experience. Nurses with 4 to 6 years of experience in the public sector are at the nurse II level and nurse III level. They received a high salary, which ranged from P39,000 to P43,000, which is enough to raise a family in the country. Nurses with 7 to 9 years of service or more are clinical instructors who chose to stay in the country for good. Some express tiredness about working abroad because they feel they are getting older; others say to make more time for their family as they feel lonely abroad and make time to reach out to their families. One participant stated that she worked for 20 years in other country and decided to go home to take care of her children while serving the community as a form of happiness for her.
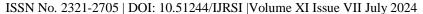
Table 2 Mental Well-being of the Nurses

Level of mental well-being	*f*	*%*
Languishing	8	8.08
Moderately mentally healthy	24	27.27
Flourishing	64	64.65

Note: n=99.

The table shows that the majority of the respondents had a mental well-being that is considered to be flourishing. This means that during the past month, they felt either almost every day or every day that they were either happy or interested in life or satisfied with life coupled with six of any of the statements that almost every day or every day they had something important to contribute to society (social contribution) or they belonged to a community (like a social group, or your neighborhood) (social integration) or that society is a good place, or is becoming a better place, for all people (social actualization or growth) or that people are basically good (social acceptance) or that the way society works makes sense to you (social coherence) or that they liked most parts of their personality (self-acceptance) or good at managing the responsibilities of your daily life (environmental mastery) or that they had warm and trusting relationships with others (positive relations with others) or that they had experiences that challenged you to grow and become a better person (personal growth) or confident to think or express their own ideas and opinions (autonomy) or that their life has a sense of direction or meaning to it (purpose in life).

The table further shows that over a quarter of the respondents had moderate mental well-being, while the

remaining few had languishing mental well-being. The languishing interpretation was a product of the nurses during the past month: never feeling or feeling once or twice of being either happy or interested in life or satisfied with life, coupled with six of any of the following: never or once or twice of having social contribution, social integration, social actualization, growth, social acceptance, social coherence, self-acceptance, environmental mastery, positive relations with others, personal growth, autonomy, or purpose in life.

The positive behavior that was imprinted in their blood—the banner or essence of being Filipino—is dependable. Their way of coping is beyond measure, enabling them to show competence and compassion even in the midst of challenges. The mental well-being of nurses affects both physical, emotional, and psychological aspects, where work and patient safety are at risk. Eastern Michigan University published a journal about health promoting behavior and positive mental health of Filipino nurses in Michigan were the results of the survey states that Filipino nurses tend to rely on spirituality when it comes to health-promoting and seeking behaviors, and emotional support for maintaining positive mental health (Daniella Diaz & Meriam Caboral-Stevens, 2021). Since Filipino culture are diverse and holding upon divine spiritual aspects, faith is the essence of healing and personal connection to God.Their spiritual connection uplift good values and emotional control that also promote strong will and positive mental attitude.

Most of the results for mental well-being are flourishing, wherein nurses both in the public and private sectors feel happy every day or are always happy every day. Being happy to work and perform the task with joy and contentment in our hearts radiates positive energy towards the people around us. Positive vibes always beget positive results that make people happy and reciprocate positive outcomes. Besides, a person's assessment of their physical, social, and psychological capacity to overcome a psychological, physical, or social obstacle makes up the fundamentally complex idea of well-being. Well-being is also an integrative concept that characterizes quality of life with respect to an individual's health and work-related environmental, organizational, and psychosocial factors. Well-being is the experience of positive perceptions and the presence of constructive conditions at work and beyond that enable workers to thrive and achieve their full potential. (Chari et al., 2018). Well-being is the fundamental component of job satisfaction and individual progress; it makes nurses able to find meaning and fulfillment in work. Actions, behavior, and willingness to motivate oneself for personal growth are the survival skills for nurses to be able to survive in the actual world and conquer every obstacle.

Moderately mentally healthy nurses with a twenty seven percent who are between flourishing and languishing. This means most of these nurses are in neutral; they are between everyday happy and never happy or once happy on scale. Nurses who are moderately mentally healthy express their thoughts and feelings at the midpoint scale, where they are at the midpoint of: social integration in the community; contributing to society; being able to manage their responsibilities; having warm and trusting relationships with others; being able to face challenges and grow to become a better person.

Languishing has eight percent. The smallest percentage on mental well-being means they feel, never, once, or twice, that society is a good place or is becoming a better place to live for all people; people are basically good; they are good at managing their responsibilities; and they have a warm and trusting relationship with others. Only a few individuals felt they were failing to make progress and to be successful.

Furthermore, nurses who respond to these criteria are mostly novice nurses. Most of them are in Nurse I positions with 1-3 years of work experience. Novice nurses easily get prostrated in terms of work-related issues. They have high tendencies toward burnout, fatigue, poor physical and mental health, and emotional and ethical challenges because of their lack of experience and the overwhelming workload they have. Stress-related issues are pressing concerns, especially when they work in the hospital, as they easily get errors and face charges for malpractice.

Nurse well-being—or the lack thereof—has impacts on nurses, patients, health care organizations, and society (NASEM, 2019). Well-being affects individual nurses in terms of physical and mental health, joy and meaning in their work, professional satisfaction, and engagement with their job. Nurses' well-being affects patients and their perceptions of the quality of care they receive, and it also affects the health care system, impacting turnover rates and the costs of hiring and training for new nurses.

Moreover, nurses often times are coping with unrealistic workloads; insufficient resources and protective equipment; risk of infection; stigma directed at health care workers; and the mental, emotional, and moral burdens of caring for patients with a new and unpredictable disease (Shechter et al., 2020; Squires et al., 2020). In this case, if nurses are not supported in maintaining their physical, emotional, and mental well-being and integrity, their ability to serve and support patients, families, and communities will be compromised.

The department of health has launch an initiative to improve the mental health and well-being of 3000 medical workers across the Philippines. The Wellness Movement, which is supported by the World Health Organization and the Australian government, is in line with the country's Mental Health Act that recommends integrating strategies promoting health in the workplace. Creating a mental-health positive culture in our places is integral to the flourishing of not only our healthcare workers as they fulfill their role as healers, but also the cultivation of relationships among their families and friends, as they bring home healthy habits for mental health and wellness, said DOH undersecretary Beverly Lorraine Ho (Philstar, 2023).

According to a 2022 WHO report, twenty three percent to forty six percent of healthcare workers reported symptoms of anxiety; twenty percent to thirty seven percent experienced depressive symptoms while forty one percent to fifty two percent experienced burnout during the covid-19 pandemic. The wellness movement that was implemented and promoted was kicked-off with on-site launch at the Philippine Children's Medical Center on January 16, 2023. The movement promotes an organizational culture that is supportive,, responsive and empowering to its employees. The initiative includes strategies to sustain the community pods and monitor their impact on individual healthcare workers and health facilities as a whole.
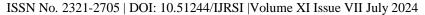
Table 3 Resilience of the Nurses

Statement	Mean score	SD	Interpretation
1. I tend to bounce back quickly after hard times.	3.81	.791	Agree
2. I have a hard time making it through stressful events.*	2.80	.857	Neutral
3. It does not take me long to recover from a stressful event.	3.44	.785	Agree
4. It is hard for me to snap back when something bad happens.*	2.90	.827	Neutral
5. I usually come through difficult times with little trouble.	3.32	.831	Neutral
6. I tend to take a long time to get over set-backs in my life.*	2.99	.931	Neutral
Grand mean	3.21	.384	Normal resilience

Note: n=99. * Reversely scored items

Legend: 1.00 – 2.99 is low resilience, 3.00 – 4.30 is normal resilience, and 3.41 – 5.00 is high resilience

As reflected in the table, the respondents had normal resilience. This is supported by the fact that the respondents agree that they tend to bounce back quickly after hard times and that it does not take them long to recover from a stressful event. However, the respondents were neutral on the statements that they were having a hard time making it through stressful events, that it is hard for them to snap back when something

bad happens, that they usually come through difficult times with little trouble, and that they tend to take a long time to get over setbacks in their lives.

Resilience is a positive concept that allows nurses to bounce back from stressful situations and adapt positively in order to maintain psychological and mental well-being. It is an important concept for alleviating the psychological burden and increasing their physical and mental health. Resilience has been effective in having a mediating effect on the relationship between burnout and physical and mental health. Resilience is thought to be a personal strength that can help nurses "bounce back". It involves an individual's ability to overcome adversity and decrease stress, improve coping and adapt to various situations as they arise (Dr. Collins, 2023).

Whether conceptualized as an inherent trait or a dynamic process, the vast majority of people entering the nursing profession display characteristics that are compatible with the concept of resilience from the outset, such as altruism, vocation, empathy, and caring for others. Nurses are born resilient, the byproduct of their calling to provide comfort, sympathy, and empathy to others. It is their immense strength that motivates others to do the same. Resilience in nurses must be viewed and acknowledged as a dynamic, fluid process that requires continuous nurturing and commitment, as well as adaptability and flexibility in the face of changing professional and personal requirements. In order for resilience enhancement interventions to be successful, system level change is required at an organizational, cultural, team and managerial level (NCBI, 2020). Resilience-enhancement programme should be integrated into the overall well-being strategies of healthcare organizations as part of a larger, more comprehensive staff support strategy; these programme should be evaluated to measure their short- and long-term impact and outcomes.

Resilience can help protect nurses from mental health conditions, such as depression and anxiety. Resilience also can help nurses deal with things that increase the risk of mental health conditions. If nurses have a mental health condition, being resilient can help them cope better. There are ways to improve resilience condition like: Get connected- building strong, healthy relationships with loved ones and friends can give you needed support and help guide you in good and bad times. Connect with others by volunteering or joining a faith or spiritual group; Make every day have meaning- do something that gives a sense of success and purpose every day. Set clear goals that can reach to help at looking towards the future with meaning; Learn from the past- think of how to coped with troubles in the past. Think about what has helped needed to get through tough times. Write about past events in a journal, in order to help see the patterns of how to act and behave and to helped it guiding them in the future; Stay hopeful- don't change the past, but always look toward in the future. Being open to change makes it easier to adapt and view new challenges with less worry ; Take care of one's self- Tend to personal needs and feelings. Make activities and hobbies that brings joy. Include physical activity in daily routine. Get plenty of sleep and make bedtime rituals. Eat a healthy diet. Practice how to manage stress. Try ways to relax, such as yoga, meditation, guided imagery, deep breathing or prayer; Take action- don't ignore the problems. Instead, figure out what needs to be done, make a plan and take action. It can take time to recover from a major setback, trauma or loss. But remember that life can improve and move progressively after working at it (Mayo Clinic.org., 2023).

Table 4 Relationship with Profile and Mental Well-being

Variables	chi value	p value	Cramer's V value	Decision	Interpretation
Age	52.618	.972	—	Failed to reject Ho	Not significant
Sex	31.935	.744	—	Failed to reject Ho	Not significant
Civil Status	43.444	.216	—	Failed to reject Ho	Not significant
Position	1.263E2	.152	—	Failed to reject Ho	Not significant
Nurse Classification	46.725	.131	—	Failed to reject Ho	Not significant
Years of Service	1.349E2	.772	—	Failed to reject Ho	Not significant

Legend: Significant if p value is $\leq$ .05. Cramer's V value for the strength of correlation: Effect size $\leq$ 0.2 - The result is weak. Although the result is statistically significant, the fields are only weakly associated. $0.2 <$ ES $\leq$ 0.6 - The result is moderate. The fields are moderately associated. ES > 0.6 - The result is strong. The fields are strongly associated.

The table shows that the p values of the correlated variables were greater than.05. These values were interpreted as not significant, which led to the decision to reject the null hypothesis. This means that the independent variables of age, sex, civil status, position, Nurse classification, and years of service did not have a significant relationship with mental well-being. This implies that a high level of mental well-being can still be achieved no matter what the age, sex, civil status, position, nurse classification, or years of service. The profile does not influence the level of mental well-being.

Nurses play a vital role in our healthcare industry. They are considered the main workers in the hospital, clinics, centers, and communities. Their job is very important since they are responsible for being health facilitators and health educators and promoting the quality of care to a standard level. Although they are tired and exhausted from work because of extended long hours on duty due to understaffing, they are still compassionate and do their job with a smile on their faces. Their courage, strength, professionalism, and charm ignite love, compassion, and support from their patients.

These noble jobs are sometimes neglected by society, as they are misunderstood as being called a physician's servant. People's weak mindset sometimes itches their feelings and pride; they don't understand that nurses have equal roles as doctors, not as servants. Apparently, this enigma gives them a smirk response, and they just ignore the society's branded name. To ensure that they were not affected by negativity, data shows that they achieve the highest level of mental well-being, regardless of their age, sex, civil status, nurse classification, and years of service in the community, company, and clinic.

According to WHO, mental health as a "state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community" (WHO). Our nurses in Cebu express the positive response and achieve the highest form of mental state. This means that they are mentally fit.

Table 5 Relationship between Profile and Resilience

Variables	chi value	p value	Cramer's V value	Decision	Interpretation
Age	12.229	.997	—	Failed to reject Ho	Significant
Sex	7.886	.794	—	Failed to reject Ho	Significant
Civil Status	15.659	.207	—	Failed to reject Ho	Significant
Position	43.060	.113	—	Failed to reject Ho	Significant
Hospital Classification	11.890	.455	—	Failed to reject Ho	Significant
Years of Service	58.827	.136	—	Failed to reject Ho	Significant

Legend: Significant if p value is $\leq$ .05. Cramer's V value for the strength of correlation: Effect size $\leq$ 0.2 - The result is weak. Although the result is statistically significant, the fields are only weakly associated. $0.2 <$ ES $\leq$ 0.6 - The result is moderate. The fields are moderately associated. ES > 0.6 - The result is strong. The fields are strongly associated.

The table shows that the p values of the correlated variables were greater than.05. These values were interpreted as not significant, which led to the decision to reject the null hypothesis. This means that the

independent variables of age, sex, civil status, position, hospital classification, and years of service did not have a significant relationship with mental well-being. This implies that a high level of resilience can still be achieved no matter what the age, sex, civil status, position, hospital classification, or years of service. The profile does not influence the level of resilience.

Resilience is the process and outcome of successfully adapting to difficult or challenging life experiences, especially through mental, emotional, and behavioral flexibility and adjustment to external and internal demands. Based on data presented, the resiliency result for nurses presents a high level which does not affect the respondents profile. It is evaluated that nurses in Cebu have a high level of resilience and able to cope from many challenges they were facing, and able to bounce back from certain demand of stress and anxieties.

Historically, the term "resilience" encompasses both physiological and psychological aspects and the latter is personal to individuals, with some people having more developed strategies for personal resilience than others. Understandings of resilience vary between populations, contexts and cultures, with resilience being viewed in some cases as an inherent personality trait and in others as a dynamic process existing on a continuum between resilience and vulnerability. The former infers that some individuals are more vulnerable or "do not have what it takes" to overcome adversity, whereas the latter suggests that levels of individual resilience can ebb and flow depending on a person's contextual circumstances and environment. This latter concept of resilience as a fluid process has implications for the way in which we consider resilience in the nursing workforce (NCBI, 2020).

In view of the current response for nurses in Cebu, their resilience efforts showed inherent personality traits that pertain to the dynamic compound action of Filipinos, in which they possess an innate power to overcome hostile environments into a progressive and positive working condition. Some nurses view adversity as an opportunity to pursue more and empower others to be survivors and makers of change. The core values of Filipino nurses are courage, spirituality, close family bonds, and a sense of empathy towards others; it is their bedrock of resilience, and they find purpose and meaning in their career as nurses.

National Geographic published an article for Filipino nurses entitled "America's Filipino nurses remain resilient pillars at home and abroad despite the pandemic" (National Geographic, 2021). This recognition for the resiliency of Filipino nurses around the world makes a great contribution to our country and provides a high value to our profession. These collaborative efforts from the government sector and private entities have become meaningful and fruitful in becoming a world-class healthcare provider around the globe.

The resiliency contribution among Filipino nurses, both local and abroad, showed our diverse culture and ethics, which are the source of our strength and peace of mind as a whole. With the capacity to recuperate timely despite enormous hardships from calamity to pandemic and social stigma, nurses are held victorious throughout these challenges. Filipino bayanihan is the anchor of our tradition that everyone is able to lend a hand to uplift others and show encouragement, sympathy, and empathy towards adversity. These local traditions mark our image as Filipinos and influence other races to do the same. The high-spirited Filipino nurses brand themselves as warriors in the healthcare industry and a source of strength to others.

Table 6 Relationship between Mental Well-being and Resilience

Variables	r value	p value	Decision	Interpretation
Mental well-being (Independent variable) vs. Resilience (Dependent variable)	.285	.004	Reject Ho	Significant

Legend: Significant if p value is $\leq$ .05.

Pearson r interpretation: A value greater than .5 is strong (positive), between .3 and .5 is moderate (positive), between 0 and .3 is weak (positive), 0 is none, between 0 and –.3 is weak (negative), between –.3 and –.5 is moderate (negative), and less than –.5 is strong (negative).

As reflected in the table, the *p* value of the correlated variables was less than.05. This value was interpreted as significant, which led to the decision to reject the null hypothesis. This means that the independent variable of mental well-being had a significant relationship with resilience. This implies that a high level of resilience can be achieved with higher levels of mental well-being. Mental well-being influences the level of resilience. Resilience is proportional to mental well-being; the higher the resiliency that is attained, the higher the mental well-being that is also attained. This equates to the dynamic progress of a healthy mental state, where a nurse can uphold various challenges and bring back solutions to whatever circumstances may appear. This probability of resilience and mental well-being is equitable to each other, as it appears to be in line with the proportionate value of one another. The dynamic proportions of the independent variable (mental well-being) are equated to the dependent variable (resilience), which means they are an equitable source for a person's healthy mental state. Mentally healthy means being able to withstand any form of obstacle, challenge, or adversity in life.

According to the broaden-and-build theory of positive emotion and the upward spiral theory of lifestyle change (Fredrickson 2018), positive emotions can broaden our cognitive repertoire, enrich our psychological resources, and promote adherence to healthy living. Therefore, the enhanced experience of positive emotions is beneficial for both personal and public mental health. Experiences of positive emotions also promote engagement in healthy lifestyles (e.g., healthy eating, physical activity) in everyday life and, specifically, engagement in health-protective behaviors during COVID-19, which may in turn improve physiological and psychological immune systems and build resilience among people (Van Cappellen et al. 2018). Individuals and mental health professionals are encouraged to utilize the tools (e.g., expressing gratitude, displaying self-compassion, using one's character strengths, initiating and maintaining positive interpersonal relationships) developed by positive psychologists to buffer the traumatic impacts of COVID-19, bolster people's mental health during COVID-19, and build capacities for maintaining future mental health (Niemiec 2020,Waters et al. 2021). From the perspective of positive psychology, focusing one's attention on positive aspects and maintaining positive emotional experiences through virtual or in-person high-quality interpersonal connections could be promising mental healthcare strategies to build resilience among individuals, families, and communities (Chen & Bonanno 2020, Waters et al. 2021, Yamaguchi et al. 2020).
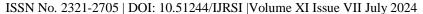
CONCLUSION AND RECOMMENDATIONS

Conclusion

The study revealed that occupational and public health nurses in Cebu, Philippines, achieved the highest mental well-being and attained normal resilience with the help of the government's efforts in establishing the Mental Health Act policy and occupational safety and health standards.

The data proved that the profile of nurses in terms of age, sex, civil status, nurse classification, and years of service will not affect the mental well-being and resilience of occupational and public health nurses in Cebu. The mental well-being of nurses, through their emotional, social, and psychological aspects, achieved the highest level of well-being, which is flourishing. Also, there are over a quarter of nurses who have moderate mental well-being, and a few are languishing. Moreover, most of the resiliency efforts of nurses attained normal resilience, while others were in neutral after the stressful events they were facing.

The data also confirmed the relationship between profile and mental well-being, indicating that age, sex,

civil status, position, hospital classification, and years of service do not have a significant relationship with mental well-being. While the relationship between profile and resilience—age, sex, civil status, position, hospital classification, and years of service—does not have a significant relationship with mental well-being, which means a high level of resilience can be achieved regardless of the nurse's profile, the relationship between mental well-being and resilience affirmed that a high level of resilience can be achieved with higher levels of mental well-being. These positive results were primarily achieved with the help of the government's efforts to provide well-being to health workers under R.A. 11036 and R.A. 11058, nurses burden eases their fear, anxiety, and stress. It helps them recover and cope following the pandemic.

Recommendations

Based on the findings of the study, the following were recommended.

Practice or Profession. The findings of the study will serve as a reference for healthcare institutions, government agencies, and the accredited professional organizations for the nurses. The researcher recommends that the findings of the study shall be disseminated through participation in any local or international research forum to allow the presentation of the findings in either podium or poster presentation and later on by submitting the study for publication either local and international.

In order for the findings be utilized, a copy of the study will be provided to the different municipalities, clinics, health centers or healthcare institutions, the Department of Health, the Philippine Nurses Association, and the Occupational Health Nurses Association in the Philippines. The study will also be available in the university library for easy access to any stakeholder who has interest on the study as it can be a good source of knowledge as a reference in relation to studies relating to mental health state among health professionals. The output, which is the mental well-being and resilience sustenance plan will be recommended for use to the healthcare institutions, Department of Health, the Philippines Nurses Association, and Occupational Health Nurses Association in the Philippines to protect the nurses and safeguard their welfare especially their mental health state.

Education. The derived regression model serve as model in influencing the mental well-being and resilience which can form part in the lecture of Psychiatry or Psychology in all medical courses. The models can be of good source for future research studies by the undergraduate and graduate paramedical courses.

Policy. The emergence of the new policy on mental health as directed by the Department of Labor and Employment, only proves that there is a need to strengthen and prioritize the mental health activities especially in this time of post pandemic. Through this study, it will further support improvements in the implementation of available policies and directives of the healthcare institutions and the government agencies making sure that mental well-being and resilience is not left out.

Researcher. The researcher would like to propose the following research titles for future researchers:

1. Socio-demographic characteristics predicting the Mental Well-Being and Resilience among nurses.

2. Differences and interrelationship among Mental well-Being and resilience among nurses.

3. Prioritizing nurses mental well-being who works in urban community.

4. The role of resilience for nurses and its psychological impact.

MENTAL WELL-BEING AND RESILIENCE ENHANCEMENT PLAN

Rationale

Resilience is the capacity of the dynamic system to adapt successfully to disturbances that threaten system function, viability, or development. The concept can applied to system of many kinds at many interacting levels, both living and nonliving, such as microorganism, a child, a family, a security system, an economy, a forest, or the global climate (Masten, 2014:6). Similarly, researchers studying on community and disaster resilience have broadened their definitions to consider interesting systems that shape and construct communities, framing these more from a human-in-context perspective. The model they propose, such as that by Cutter, emphasize a place-based approach to resilience focused on the ways in which human systems, environment system, and the built environment interact to produce antecedent conditions which contain both inherent vulnerabilities as well as inherent resilience (Cutter 2014). Likewise, Norris and his colleagues frame resilience as networked capacities that support preparedness, response, and adaptation to extreme climatic and social events (Norris et al. 2008).

Community resilience, therefore, refers to the ability of a social group (a complex system with multiple functions) to anticipate and adapt to change using its own inherent strengths and characteristics to absorb the impact of a disturbances (e.g., disaster events) and to participate in the human, social, economic, political, and cultural processes that support the system in reorganizing and adapting the changes, all the while learning from the event (Cutter et al. 2008, United Nations International Strategy for Disaster Reduction 2009)(Dr. Michael Ungar, 2018).

Surprisingly, the resilience of nurses in Cebu encompasses a systemic, dynamic process that creates a positive impact on our society. Their adherence to fulfilling their duty as nurses in communities, companies, clinics, and centers eases the huge burden in our community of providing healthcare assistance to municipalities and urban areas.

General Objectives

The purpose of this resilience sustainability Plan is to attain the highest possible level of resilience and be able to navigate their way to heath as occupational health nurses and public health nurses.

Specific Objectives

Specifically, this plan intends to achieve the following specific objectives:

1. To attain the highest level of mental well-being and resilience of occupational health nurses and public health nurses in Cebu.

2. To be able to enhance and navigate the mental well-being and resilience of occupational health nurses and public health nurses in Cebu

Concerns	Specific Objectives	Activities	Person's Responsible	Timeline	Resources	Success Indicators
The importance of mental well-being and resilience on difficult time and challenging time.	To foster mental well-being and resilience effort into a dynamic and organized performance	Department order 208-20 guidelines for the implementation of mental health workplace policies and programs for the private sectors, and conduct the ff. Activities: • Collaborate with DOLE for an orientation and seminar on the DOLE DO No. 208 S2020. • Strict implementation of the provision order. • Provide Mental health check up for nurses. • Providing. psychological assistance for nurse having trouble on their work	• Clinic supervisor • City health chief officers • HR for the companies they were working • PNA • OHNAP • DOH • National Mental Health crisis team • DOLE	2nd Quarter of 2024	• Resource Speakers for Orientation, seminars, and webinar. • Gadgets, & monitor.	• Signed and posted memorandum • Copy of the Department Order • Attendance during seminar • Posters • Certificate of completion of training's and seminars • Plotted activities and programs for mental health advocacy • Submitted research studies

The need to enhance and provide mental well-being and resilience among nurses	To provide assistance and healthy environment for nurses as they were able to cope on challenging situations.	Community- based activities. • Implementation of Department order 208-20 guidelines for the implementation of mental health workplace policies and programs for the private sectors, and conduct the ff. • Activities: Collaborate with DOLE for an orientation and seminar on the DOLE DO No. • 208 S2020. Strict implementation of the • provision order Provide Mental health check-up for • nurses. Providing psychological assistance for nurse having trouble on their work.	• Clinic supervisor • City health chief officers • HR for the companies they were working • PNA • OHNAP • DOH • National Mental Health crisis team • DOLE	2nd Quarter of 2024	• Resource Speakers for Orientation, seminars, and webinar. • Gadgets, & monitor.

Additional outcome column:

• Signed and posted memorandum
• Copy of the Department Order
• Attendance during seminar
• Posters
• Certificate of completion of training's and seminars
• Plotted activities and programs for mental health advocacy
• Submitted research studies

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