Psychosocial Determinants of the Sense of Well-Being Among Nurses in Public Hospitals in Times of Crisis: Inputs to Policy Enhancement

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Abstract— - This study investigates factors influencing the well-being of 142 nurses in district hospitals in Iloilo, focusing on emotional intelligence, personal resilience, and organisational support. Using causal non-experimental research with a one-shot survey design, the study employs descriptive and inferential statistics, including t-tests, ANOVA, and Pearson's r. Findings show that nurses generally have moderate to high emotional intelligence and strong personal resilience, yet most report low well-being. Variables like sex, civil status, and spirituality do not significantly impact well-being, though organisational support differs by age and position. Emotional intelligence, personal resilience, and organisational support are critical determinants of well-being. Specifically, emotional intelligence and perceived organisational support positively influence well-being, with organisational support proving especially significant. Personal resilience has the most substantial impact, indicating its crucial role in enhancing nurses' sense of well-being.

Index Terms: Emotional intelligence, Resiliency, Organisational support, Sense of well-being, Psychological factors.

I. INTRODUCTION

The global health crisis has profoundly disrupted communities and healthcare systems, significantly affecting the well-being of healthcare workers, especially nurses, who face heightened mental health challenges like anxiety, depression, and burnout (Lin & Zheng, 2021; Dube et al., 2020). This issue is particularly concerning in the Philippines, where limited mental health resources exacerbate stress for nurses working in challenging conditions (World Health Organization, 2021). Heavy workloads, resource shortages, and risk of infection are everyday stressors, leading to reduced job satisfaction and increased psychological strain (Bartzik et al., 2021; Shechter et al., 2020).

Studies emphasise the importance of personal resilience and organisational support in mitigating these challenges. Resilient nurses are better equipped to manage stress, enhancing personal well-being and patient care (Paredes et al., 2021; Arnetz et al., 2020). Additionally, perceived organisational support significantly impacts nurses' mental health, with supportive work environments improving overall job satisfaction (Brown, 2009; Robaee & Ashtorab, 2018).

The Philippine government has enacted measures like the Magna Carta for Public Health Workers, the Nurse Redeployment Program, and the Mental Health Act to support nurses' well-being (Dagupan et al., 2018). Nevertheless, challenges remain, particularly in rural areas where accessibility to support is limited (Duarte et al., 2021). Iloilo hospitals, for instance, face systemic pressures, highlighting the need for sustained research to understand factors impacting nurse well-being.

This study addresses these gaps by investigating emotional intelligence, personal resilience, and perceived organisational support among nurses in Iloilo. By identifying determinants of well-being, this research supports efforts to strengthen the healthcare system and enhance nurses' roles, aligning with national priorities for mental health and quality of care (McHugh et al., 2018; NIMH, 2023).

II. LITERATURE REVIEW

Research on demographics and emotional intelligence (EI) presents mixed findings. Some studies find no significant link between EI and factors like age, gender, or experience (Ali et al., 2021; Conejar, 2020). However, others suggest that EI may increase with age, especially in leadership roles where high EI may enhance professional success (Gardner et al., 2019; Torretta et al., 2014). The impact of education level on EI is still being determined, though certain fields of study might develop specific EI skills (MacCann et al., 2021). Demographics' role in resilience is similarly varied, with age and civil status showing inconsistent associations (Conejar, 2020), while gender differences are somewhat more evident (Amstad et al., 2011; Smith et al., 2021). Spirituality, however, consistently boosts resilience (Chua et al., 2019).

Perceived organisational support (POS) is vital for well-being, job satisfaction, and reducing burnout in nurses (Ho et al., 2021). Experienced, older nurses report higher POS, while younger, less experienced nurses may feel less supported (Chatzittofis et al., 2021). High POS correlates with reduced burnout and PTSD symptoms through supportive HR practices and growth opportunities (Chen et al., 2017). However, challenging work conditions can negatively impact POS (Allah, 2021). Recent studies suggest

effective leadership enhances POS, improving nurse resilience and reducing burnout (Luo et al., 2022).

Well-being's relationship with demographics is complex, with studies suggesting potential links, such as higher well-being among married and female individuals (Graham et al., 2011). Spirituality also consistently supports well-being (Harris & Tao, 2021). Additionally, POS has been positively associated with well-being, emphasising the importance of supportive work environments (Sun et al., 2021; Zhang, 2018). These findings underline the need to foster supportive organisational climates while exploring demographic and personal factors impacting well-being.

III. THEORETICAL AND CONCEPTUAL FRAMEWORK

This study utilises Fritz Heider's Attribution Theory to explore internal and external factors influencing nurses' well-being. According to Attribution Theory, people attribute behaviour to internal traits (e.g., emotional intelligence, resilience) or external conditions (e.g., organisational support). For nurses, intrinsic qualities such as emotional intelligence and resilience aid in handling stress, while external influences, like perceived organisational support (POS), impact responses to workplace challenges. A nurse's high emotional intelligence and resilience are internal factors that enhance their well-being by enabling stress management, persistence, and optimism in difficult circumstances. Conversely, low emotional intelligence and resilience may limit coping abilities, reducing well-being.

Supporting theories include Bandura's Social Cognitive Theory, which highlights self-efficacy's role in stress management, and the Stress and Coping Theory by Lazarus and Folkman, which examines how individuals evaluate and respond to stress. Hobfoll's Conservation of Resources Theory also suggests that access to workplace resources, like autonomy, can reduce resource depletion and enhance well-being. Furthermore, the Organisational Support Theory posits that valued resources, such as training and recognition, strengthen POS, fostering reciprocal employee commitment to organisational goals.

The conceptual framework categorises emotional intelligence and resilience as internal causes and POS as external causes of well-being. High levels of emotional intelligence, resilience, and POS are predicted to enhance nurses' sense of well-being by improving their capacity to cope with challenges and feel valued. The study also considers demographic factors like age, gender, civil status, and experience, which may affect these internal and external influences. Combining Attribution Theory with other psychological and organisational frameworks, this comprehensive approach seeks to provide actionable insights for supporting nurses' well-being by addressing intrinsic and extrinsic factors. These insights can guide targeted interventions to build a resilient and well-supported nursing workforce.

IV. SIGNIFICANCE OF THE STUDY

The significance of this study lies in its potential to inform and improve the well-being of nurses, particularly during times of crisis. As healthcare environments rapidly evolve, understanding factors like emotional intelligence, personal resiliency, perceived organisational support, and overall sense of well-being is crucial. The Department of Health administrators can use the findings to shape policies that enhance nurses' mental and emotional health, improving their support systems, work conditions, and, ultimately, the quality of patient care. Nurses will benefit from insights into the psychosocial factors affecting their well-being, enabling them to understand their challenges better and adopt strategies for personal growth and resilience.

Policymakers and administrators can use the study to develop evidence-based decisions and interventions that nurture a strong and resilient nursing workforce, ensuring high-quality care even during crises. Nurse educators will gain valuable data on moulding future nurses by incorporating emotional intelligence and resilience training into their programs. Understanding these factors for hospital chiefs and medical directors allows for creating supportive work environments that foster nurse satisfaction, productivity, and effective team management.

Nursing associations and professional bodies can leverage the study's findings to advocate for programs that address nurses' unique challenges, supporting their professional development and well-being. Human resource managers will be able to design policies that promote nurse health, which can reduce turnover, absenteeism, and workplace accidents, ultimately improving performance and engagement. The research will also assist students by guiding them to develop the emotional and resilient traits necessary for effective nursing practice.

Lastly, the study provides valuable insights for the Philippine Mental Health Council, helping them formulate policies that address the mental well-being of nurses during crises. Researchers can use the findings as a foundation for future studies, contributing to the broader understanding of nurse well-being and care delivery.

V. OBJECTIVES AND HYPOTHESES OF THE STUDY

This study aimed to examine the psychosocial factors that affect the sense of well-being of nurses in Iloilo during crises. It focused on describing nurses' characteristics, such as age, sex, civil status, and spirituality, and evaluating their emotional intelligence, personal resiliency, and perceived organisational support. The study assessed the level of nurses' well-being and explored any significant differences based on personal characteristics. It investigated the relationships between emotional intelligence, resiliency, organisational support, and well-being. Additionally, the study sought to identify which factor is the most vital determinant of nurses'

well-being. The hypotheses are: no significant differences in emotional intelligence, resiliency, or organisational support based on personal characteristics; no difference in well-being based on these characteristics; no significant relationships between the psychosocial factors and well-being; and no strong determinant of well-being among the studied variables.

VI. METHODOLOGY

A. Research Design

This study used a causal, non-experimental research design with a one-shot survey approach. This design was ideal for exploring the variables that significantly affected the sense of well-being among nurses in Iloilo's district hospitals, especially during crises. District hospitals play a critical role in healthcare, providing a unique context to examine the well-being of nurses. The non-experimental design, focusing on causal relationships, allowed the study to assess how certain psychosocial factors (such as emotional intelligence, resiliency, and organisational support) influenced the nurses' well-being in a natural setting. This design explored how these variables correlated without manipulating them in a controlled environment, providing real-world insights into the factors affecting nurses' well-being.

B. Population and Sample

The target population for this study consisted of 142 regular nurses working in ten public district hospitals across Iloilo. A complete enumeration method was used due to the limited staff in these hospitals. This group included staff nurses, head nurses, supervisors, and the chief nurse. Nurses on probationary status or with contractual or on-the-job training positions were excluded. Respondents' details, including contact information, were obtained from the Human Resource Department of the Provincial Capitol and verified by each hospital institution. All 142 eligible nurses participated in the study, providing data for analysis.

C. Research Instrument

The study employed four standardised instruments to measure the various psychosocial variables: emotional intelligence, personal resiliency, perceived organisational support, and sense of well-being. The instruments used were:
1. Schutte Self-Report Emotional Intelligence Test (SSEIT) for emotional intelligence, a 33-item scale that assessed emotional awareness and regulation.
2. The Connor-Davidson Resilience Scale (CD-RISC) for personal resiliency is a 25-item scale that evaluates an individual's ability to thrive despite adversity.
3. The Survey of Perceived Organisational Support, by Eisenberger et al. (1986), is a 17-item scale measuring employees' perceptions of how much their organisation values their contributions.
4. The Psychological Well-being Scale (PWB) by Carol

D. Ryff is a 42-item questionnaire that assesses six dimensions of psychological well-being: autonomy, environmental mastery, personal growth, positive relations with others, purpose in life, and self-acceptance.

The survey consisted of five parts: demographic information, emotional intelligence, personal resiliency, organisational support, and sense of well-being. Each part used a Likert scale for respondents to evaluate their experiences and perceptions.

D. Data Gathering Procedure

Before data collection, the researcher secured permission from hospital administrators to personally distribute the questionnaires to the nurses. Along with the questionnaires, consent forms were provided to ensure voluntary participation and privacy. The completed forms were reviewed for completeness and consistency. All gathered data were securely stored, with electronic copies saved on a password-protected computer and physical copies stored in a locked location. Data were retained for six months after the completion of the study before being destroyed. During data analysis, the researcher ensured that participant anonymity was preserved.

E. Data Processing and Analysis

The data collected were processed and analysed using Statistical Package for Social Sciences (SPSS) version 23. Descriptive statistics summarised the data, including frequency counts, percentages, means, and standard deviations. Inferential statistics, such as t-tests, ANOVA, Pearson's r, and multiple regression analysis, were employed to explore relationships between the variables and to test the hypotheses at a significance level of 0.05. Multiple regression helped determine which psychosocial factors (emotional intelligence, personal resiliency, organisational support) were the most significant determinants of the nurses' sense of well-being. The results informed recommendations for improving hospital support systems and guided policy development related to nurses' well-being.

F. Ethical Considerations

The study followed ethical protocols to ensure the protection of participants and integrity in data collection. Before conducting the research, the proposal underwent a plagiarism assessment and was approved by the Research Ethics Committee (REC). Written permissions were obtained from hospital administrators, and the participants were informed about the study's purpose, importance, and confidentiality measures. Informed consent was acquired from all participants, who were assured that their participation was voluntary and that they could withdraw at any time without any consequences. The risks involved were minimal, with the primary concern being potential psychological distress due to emotional recollections. These risks were mitigated by offering emotional support resources

and emphasising the importance of the study in improving nurses' well-being. The data collected were handled with utmost confidentiality, and personal information was anonymised. To ensure the study met ethical standards, all participants were informed about the research's purpose, and their participation was voluntary. They could withdraw at any time, and no penalties would apply. All data were kept confidential and used solely for research purposes. The participants' identities were anonymised, and no personally identifiable information was collected. In addition, the study guaranteed that no compensation would be provided for participation, and no conflict of interest was anticipated. Any conflicts during the research process were promptly reported to the research committee.

VII. RESULTS AND DISCUSSION

A. Personal Characteristics of the Respondents

The study sample consists of 142 nurses and focuses on various personal and professional attributes such as age, sex, civil status, length of service, spirituality, position, and educational attainment.

- *Age:* The nursing workforce in the study is relatively young, with 62% of nurses aged 45 or below and 38% aged 46 or above. This result reflects a trend where younger nurses dominate the workforce, likely due to the migration of more experienced nurses or their shift to academia, as well as a global trend of a younger nursing workforce (Buchan et al., 2018).
- *Sex:* The sex distribution is predominantly female, with 84.5% of the nurses being women, aligning with the historical gender makeup of the nursing profession (Buchan et al., 2018).
- *Civil Status:* A significant portion of nurses is married (73.9%), followed by single nurses (23.9%), and a minimal number are separated or widowed (2.1%). This result may reflect personal preferences for stability and fulfilling familial responsibilities, which aligns with the work-life balance research on nursing (Lake, 2002).
- *Length of Service:* Nurses exhibit a range of experience. A substantial proportion (31.7%) has served for 16 years or more, with 33.1% serving between 6 and 10 years. Government institutions' vital job security factor likely contributes to this higher retention (Aiken et al., 2013).
- *Spirituality:* Spirituality is a significant aspect of many nurses' lives. About 46.5% of nurses engage in spiritual activities multiple times daily, and 31.7% do so daily. This outcome reflects the cultural significance of spirituality among nurses, which may influence patient care (Fryer & Chitty, 2005).
- *Position:* A significant proportion (63.4%) are staff nurses, while smaller percentages occupy leadership roles, such as head nurses (16.2%) and supervisors (12.7%). This finding aligns with the hierarchical structure of healthcare institutions (American Nurses Association, 2023).
- *Educational Attainment:* Most nurses (88%) have completed a college degree, with smaller groups holding master's (9.9%) or doctoral degrees (2.1%). This finding reflects the healthcare sector structure, where most staff nurses have bachelor's degrees, while only a minority pursue advanced education (Buchan et al., 2018).

Table I: Nurses' Personal characteristics include age, sex, civil status, length of service, educational attainment, position, and spirituality.

Nurses Characteristics	f	%
Age		
Younger (45 and below)	88	62.0
Older (46 and below)	54	38.0
Total	142	100
Sex		
Male	22	15.5
Female	120	84.5
Total	142	100
Civil Status		
Single	34	23.9
Separated/Widowed	3	2.1
Married	105	73.9
Total	142	100
Length of Service		
5 years or less	20	14.1
6-10 years	47	33.1

	Nurses Characteristics	f	%
	11-15 years	30	21.1
	16 years and above	45	31.7
	Total	142	100
Spirituality			
	Once a week	6	4.2
	A few times a week	22	15.5
	Once every day	45	31.7
	Multiple times a day	66	46.5
	Only when I feel I need	3	2.1
	Total	142	100
Position			
	Staff Nurse	90	63.4
	Head Nurse/Team Leader	23	16.2
	Supervisor	18	12.7
	Chief Nurse	11	7.7
	Total	142	100.0
Educational Attainment			
	College	125	88.0
	Masters	14	9.9
	Doctorates	3	2.1
	Total	142	100.0

B. Psychosocial Indicators of Nurses

Psychosocial indicators such as emotional intelligence, personal resiliency, and perceived organisational support were assessed. Most nurses (90.1%) reported moderate emotional intelligence, with a small group (9.9%) reporting high emotional intelligence. This result indicates that most nurses have adequate emotional management skills, which is beneficial for navigating social interactions and stress in the healthcare setting (LeClerc et al., 2019). Most (75.4%) of nurses reported high personal resiliency, with 23.2% indicating very high levels. Only 1.4% showed low resiliency. This suggests that most nurses can cope with challenging circumstances, an essential trait in the demanding nursing profession (Aldwin et al., 2004). Most nurses (72.5%) felt highly supported by their organisations, while 26.1% felt moderately supported. This finding is consistent with studies linking perceived support to better mental health outcomes among nurses (Shin et al., 2018).

Table II: Psychosocial indicators of nurses include emotional intelligence, personal resiliency, and perceived organisational support.

	Level	Frequency (f)	Percent (%)
Emotional Intelligence			
	Moderate (2.67-4.33)	128	90.1
	High (4.34-6.0)	14	9.9
	Total	142	100
Personal Resiliency			
	Negligible (1.0-2.33)	2	1.4
	Great Extent (2.34-3.67)	107	75.4
	Very Great Extent (3.68-5.0)	33	23.2
	Total	142	100
Perceived Organisational support			
	Low (1.0-2.66)	2	1.4
	Moderate (2.67-4.33)	37	26.1

Level	Frequency (f)	Percent (%)
High (4.34-6.0)	103	72.5
Total	142	100

C. Sense of Well-being of Nurses

Most (71.8%) nurses reported a low sense of well-being, while 28.2% felt a moderate sense of well-being. The low well-being levels indicate potential emotional distress and dissatisfaction, likely due to staff shortages, long work hours, and inadequate compensation, which contribute to stress and burnout in the nursing profession (Cris, 2019; Rowalt & Alibudbud, 2023).

Table III: Level of sense of well-being of Nurses.

Level	Frequency (f)	Percent (%)
Sense of Well-being		
Moderate (2.34-4.67)	40	28.2
Low (4.68-7.0)	102	71.8
Total	142	100

D. Sex and Its Impact on Emotional Intelligence, Personal Resiliency, and Organisational Support

A t-test showed no significant differences between male and female nurses' emotional intelligence, personal resiliency, or organisational support. These results suggest that sex does not significantly influence these psychosocial factors in the nursing profession during a crisis.

E. Age and Its Impact on Emotional Intelligence, Personal Resiliency, and Organisational Support

A t-test revealed no significant differences in emotional intelligence or personal resiliency based on age. However, organisational support perceptions varied significantly by age, with younger nurses reporting lower support than older nurses. This outcome might reflect differences in workplace experiences, with younger nurses potentially dealing with higher workloads or fewer

support resources (Lili et al., 2023; Laschinger et al., 2019).

Table IV: Significant differences in the responses of the respondents when grouped according to age.

Items	t	df	Sig	Interpretation	Decision
Emotional Intelligence	0.172	140	0.864	Not Significant	Retain Ho
Personal Resiliency	-0.654	140	0.514	Not Significant	Retain Ho
Organisational Support	-2.126	140	0.035	Significant	Reject Ho

alpha value= 0.05

F. Civil Status and Its Impact on Emotional Intelligence, Personal Resiliency, and Organisational Support

An analysis of variance (ANOVA) showed no significant differences in emotional intelligence, personal resiliency, or organisational support based on civil status. This outcome suggests that marital status does not significantly influence these psychosocial factors, indicating that interventions aimed at improving well-being in the workplace should be universally applied, regardless of civil status.

G. Length of Service and Its Impact on Emotional Intelligence, Personal Resiliency, and Organisational Support

ANOVA results indicated no significant differences in emotional intelligence, personal resiliency, or organisational support based on years of service. This finding suggests that these psychosocial indicators do not significantly change

with increasing years of experience in nursing. Factors like unit dynamics and leadership style may impact organisational support more than the length of service alone (Shin et al., 2018).

H. Spirituality and Its Impact on Emotional Intelligence, Personal Resiliency, and Organisational Support

The study found no statistically significant differences in emotional intelligence, personal resiliency, and perceived organisational support when grouped by spirituality. The analysis of variance (ANOVA) results for emotional intelligence ($F(1, 141) = 0.554$, $p = 0.191$), personal resiliency ($F(1, 141) = 0.793$, $p = 0.428$), and organisational support ($F(1, 141) = 0.365$, $p = 0.148$) all failed to show significant differences across different spiritual orientations. This finding suggests that spirituality does not have a measurable impact on these psychosocial factors among nurses, and the null hypothesis (no difference in these

determinants based on spirituality) was retained. Thus, policy improvements to enhance nurses' well-being during crises may need to consider other factors, as spirituality does not influence these critical areas.

I. Position and Its Influence on Emotional Intelligence, Personal Resiliency, and Organisational Support

Regarding the position of nurses, emotional intelligence and personal resiliency did not show significant differences when grouped by position (emotional intelligence: $F(1, 141) = 1.994$, $p = 0.118$; personal resiliency: $F(1, 141) = 1.345$, $p = 0.262$). This outcome contradicts previous research suggesting leadership roles require higher emotional intelligence for conflict resolution and team management. However, there was a significant difference in perceived organisational support based on position ($F(1, 141) = 3.835$, $p = 0.011$), indicating that supervisors perceive higher support levels than staff nurses. This finding is consistent with prior studies suggesting that nurses in leadership positions often have more access to organisational resources and support.

Table V: Significant differences in the respondents' responses when grouped according to their position.

Items	F	df	Sig	Interpretation	Decision
Emotional Intelligence	1.994	141	0.118	Not Significant	Retain Ho
Personal Resiliency	1.345	141	0.262	Not Significant	Retain Ho
Organisational Support	3.835	141	0.011	Significant	Reject Ho

alpha value= 0.05

J. Educational Attainment and Its Effect on Emotional Intelligence, Personal Resiliency, and Organisational Support

Educational attainment also did not show significant differences in emotional intelligence ($F(141) = 1.307$, $p = 0.274$), personal resiliency ($F(141) = 1.192$, $p = 0.307$), or organisational support ($F(141) = 0.294$, $p = 0.746$). These results suggest that education level does not significantly impact these psychosocial factors in the context of nurses working in public hospitals during a crisis. The findings imply that policies to improve nurses' well-being should focus on something other than educational background but on universal interventions that address all nurses' emotional intelligence, resiliency, and support systems.

K. Personal Characteristics and Their Influence on Well-being

The study also examined whether personal characteristics such as sex and age influenced nurses' well-being. The independent samples t-test results revealed no significant differences in well-being based on sex ($t(140) = -0.499$, $p = 0.619$) or age groups ($t(140) = -1.409$, $p = 0.161$). These findings suggest that neither sex nor age significantly influenced the nurses' sense of well-being during times of crisis, challenging some earlier studies that linked age and career transitions to well-being.

L. Demographic Factors and Sense of Well-being

The study further analysed the impact of various demographic factors—such as civil status, length of service, spirituality, position, and educational attainment—on nurses' sense of well-being. The ANOVA results for these variables (F-values ranging from 0.007 to 1.079, p-values ranging from 0.115 to 0.993) indicated that none of the demographic variables significantly impacted the nurses' sense of well-being. This study aligns with existing research that found inconsistent associations between demographic characteristics and well-being in nurses, suggesting that psychosocial factors unrelated to demographics may have a more significant influence on well-being.

M. Relationships Between Emotional Intelligence, Resiliency, Organisational Support, and Well-being

The study found significant relationships between emotional intelligence, personal resiliency, perceived organisational support, and nurses' sense of well-being. Emotional intelligence ($r = 0.214$, $p = 0.011$), personal resiliency ($r = 0.241$, $p = 0.004$), and perceived organisational support ($r = 0.201$, $p = 0.017$) all showed positive correlations with well-being. Nurses who demonstrated higher emotional intelligence, more excellent personal resiliency, and a stronger sense of organisational support reported higher levels of well-being. These results emphasise the importance of these psychosocial factors in supporting nurses' mental health and well-being.

Table VI: Significant relationships between the variables.

Variables	r	Sig	Interpretation	Decision
Emotional Intelligence vs Sense of Well-being	0.214	0.011	Significant	Reject Ho

Variables	r	Sig	Interpretation	Decision
Personal Resiliency vs Sense of Well-being	0.241	0.004	Significant	Reject Ho
Perceived level of Organisational Support vs Sense of Well-being	0.201	0.017	Significant	Reject Ho

alpha value= 0.05

N. Determinants of Well-being

A linear regression analysis was conducted to identify the strongest predictors of nurses' sense of well-being. The results indicated that personal resiliency ($\beta = 0.197$, $p = 0.019$) and perceived organisational support ($\beta = 0.188$, $p = 0.025$) were significant predictors, while emotional intelligence ($\beta = 0.099$, $p = 0.379$) was not a strong predictor.

This result suggests that nurses' ability to bounce back from stress (personal resiliency) and the support they feel from their organisation play a more significant role in determining their well-being than emotional intelligence. These findings underline the importance of fostering resilient work environments and offering adequate support for nurses, particularly in crises.

Table VII: Determinants on Nurses' Level of Sense Well-being in terms of Psychosocial Indicators

Psychosocial Indicators	Standardised Coefficients	Sig Value
Emotional Intelligence	0.099	0.379
*Personal Resiliency	0.197	0.019
*Perceived Organisational Support	0.188	0.025

*Significant at 0.05

O. Demographic Profile and Well-being

The multiple regression analysis on the impact of demographic factors on well-being revealed that age, length of service, position, and educational attainment had minimal or no significant impact on the sense of well-being. Age and length of service showed positive but non-significant associations with well-being, while position and educational attainment had negligible effects. These findings suggest that interventions to improve nurses' well-being should focus more on psychosocial factors like organisational support and resiliency rather than demographic characteristics.

Table VIII: Determinants on Nurses' Level of Sense Well-being in terms of the demographic profile

Demographic Profile	Standardised Coefficients	Sig Value
Age	0.132	0.109
Length of Service	0.146	0.076
Position	0.004	0.962
Educational Attainment	-0.009	0.918

*Significant at 0.05

VIII. CONCLUSION

The nurses are predominantly young, female, and married, with significant professional experience of over 16 years, and they engage in spiritual activities regularly. Nurses in public hospitals exhibit high emotional intelligence, personal resilience, and perceived organisational support. However, a large portion of the sample experiences low levels of well-being, with only a tiny fraction reporting moderate well-being. The study found that personal characteristics such as sex, civil status, length of service, spirituality, and educational attainment had no significant impact on emotional intelligence, personal resilience, or perceived organisational support. Notably, age and position did show differences in perceived organisational support, but these factors did not correlate with the nurses' sense of well-being.

The nurses' sense of well-being was significantly linked to emotional intelligence, personal resilience, and perceived organisational support, with the strongest correlation being personal resilience. While emotional intelligence positively influenced well-being, it was not a strong determinant. Perceived organisational support emerged as a crucial factor; nurses who felt supported by their organisations had a higher sense of well-being. Personal resilience was identified as the most critical factor influencing nurses' well-being, with those possessing higher resilience more likely to experience greater job satisfaction.

IX. RECOMMENDATIONS

The study suggests several recommendations for improving nurses' well-being and job satisfaction. First, mentorship programs can help new nurses learn from experienced colleagues, promoting career development and job fulfilment. Recognising and appreciating nurses' commitment can increase their job satisfaction and reduce turnover, ultimately improving the quality of care. The study also highlights the importance of developing emotional intelligence, resilience, and organisational support through targeted programs that improve nurses' coping mechanisms and job satisfaction. Such programs should foster a supportive environment with open communication and feedback channels.

Furthermore, a holistic healthcare approach should consider economic growth and human well-being. Nurses' moderate to low sense of well-being impacts the workforce and healthcare system, suggesting the need for hospital administrators to address staff needs, nurse-to-patient ratios, and workplace support. Administrators can enhance the work environment and support nurses' mental health by conducting focus groups and providing empowerment programs.

The study also emphasises the importance of considering personal characteristics and psychosocial factors, suggesting that district hospitals implement tailored strategies to meet the specific needs of nurses. Investing in leadership training and mentorship programs can help create a supportive environment where nurses feel valued and recognised. Lastly, prioritising perceived organisational support by providing adequate resources, promoting work-life balance, and fostering a culture of teamwork and respect will contribute to better job satisfaction, reduced burnout, and improved patient care.

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