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Compassion Fatigue, Burnout, and Self-Care Practices of Nurses in Calabarzon Region

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ABSTRACT

This descriptive-quantitative study determined the extent of compassion fatigue, burnout, and self-care practices among nurses in selected healthcare facilities in the CALABARZON Region, Philippines, and examined differences across selected demographic characteristics. A validated researcher-developed questionnaire was administered to 382 registered nurses selected through snowball sampling. Frequency and percentage distributions described the respondent profile, while weighted arithmetic means summarized compassion fatigue, burnout, and self-care across workload and resources, organizational culture, leadership and management support, and work-life balance. Mann-Whitney U, Kruskal-Wallis H, Analysis of Variance when parametric assumptions were met, and Dunn-Bonferroni post hoc procedures were applied at the 0.05 significance level. Respondents were predominantly 23-40 years old, female, Staff Nurses, ward-based, BSN graduates, and employed in private hospitals. Compassion fatigue and burnout were generally moderate, with domain weighted means ranging from 3.00 to 3.41 and 2.75 to 3.26, respectively, while self-care engagement was high across dimensions (3.23-3.42). Significant differences were observed across several professional and workplace characteristics, especially position, region and area of assignment, length of service, educational attainment, and type of healthcare facility; self-care did not significantly differ by sex. The findings indicate that nurses' well-being reflects both individual coping and organizational conditions. Accordingly, the R.E.G.E.N.E.R.A.T.E. Program Handbook was developed to strengthen resilience, support sustainable self-care, and reduce compassion fatigue and burnout.

Keywords: *burnout, CALABARZON, compassion fatigue, nurses, R.E.G.E.N.E.R.A.T.E. Program, self-care practices*

INTRODUCTION

Nursing requires technical competence together with sustained empathy and compassionate engagement. Because nurses repeatedly encounter pain, serious illness, uncertainty, and death, the emotional work of caring can accumulate alongside physically demanding shifts and organizational pressure. Compassion fatigue has been described as the emotional and psychological cost of repeated exposure to others' suffering, while burnout develops as a prolonged response to chronic workplace stress and is expressed through exhaustion, detachment, and diminished professional accomplishment (Alharbi et al., 2020; Maslach & Leiter, 2022). These conditions matter not only to nurses' personal well-being but also to workforce stability, professional functioning, and patient safety (Ryu & Shim, 2022).

ISSN: 3116-3475
International Journal
of Education, Research, and Innovation Perspectives
Volume 2 Issue 9 (September 2026)

The Philippine nursing environment makes these concerns particularly salient. Persistent staffing shortages and high patient loads can intensify fatigue, emotional strain, and the risk of turnover. Philippine reports cited in the thesis indicate nurse-to-patient ratios that may reach 1:20 to 1:50 in some settings, far above the recommended standard, creating pressure through extended duty hours, reassignment, and reduced recovery time (Tamayo et al., 2022). Comparable research has linked difficult work environments and insufficient resources with poorer nurse outcomes, whereas supportive organizational conditions can buffer occupational stress (Aiken et al., 2018; Dall'Ora et al., 2020).

Self-care is therefore an important protective component of professional sustainability. It includes intentional behaviors that preserve physical, emotional, psychological, and social well-being and is consistent with nurses' ethical responsibility to maintain their capacity to provide safe care (American Nurses Association, 2020; World Health Organization [WHO], 2022). However, individual self-care cannot fully compensate for structural stressors. Supportive leadership, constructive organizational culture, adequate resources, and workable schedules remain necessary conditions for reducing burnout and sustaining well-being (Boamah et al., 2018; Samuelsson & Thach, 2022).

Although compassion fatigue, burnout, and self-care have each received substantial attention, the thesis identified a practical and empirical need to examine them together across diverse nursing roles and healthcare settings within CALABARZON. The study therefore determined the extent of compassion fatigue, burnout, and self-care practices among nurses in selected healthcare facilities; described their demographic and professional profiles; tested whether these outcomes differed according to age, sex, position, region and area of assignment, length of service, educational attainment, and type of healthcare facility; and used the findings as the basis for the R.E.G.E.N.E.R.A.T.E. Program Handbook. This integrated approach was intended to generate a context-responsive intervention that addresses both personal coping and workplace conditions.

Literature Review

Compassion Fatigue and Burnout in Nursing

Compassion fatigue reflects the cumulative emotional burden associated with caring for people who are suffering. Repeated exposure to traumatic or highly distressing patient situations can reduce empathy, increase emotional exhaustion, and contribute to withdrawal from care. In the study's theoretical paradigm, Figley's Compassion Fatigue Theory frames empathic engagement and exposure to suffering as central mechanisms through which caregiving can become emotionally depleting. Empirical work likewise characterizes compassion fatigue as a meaningful risk to healthcare professionals whose work requires sustained emotional presence (Alharbi et al., 2020).

Burnout overlaps with but is conceptually distinct from compassion fatigue. Maslach's multidimensional perspective explains burnout through emotional exhaustion, depersonalization or cynicism, and reduced professional accomplishment (Maslach & Leiter, 2022). Nursing work environments characterized by prolonged shifts, high patient demand, insufficient staffing, and limited resources can sustain the chronic stress that produces these outcomes. Studies of nursing work environments have associated resource constraints and burnout with adverse organizational outcomes, including dissatisfaction, turnover, and risks to care quality (Aiken et al., 2018; Dall'Ora et al., 2020; Kelly et al., 2021).

Philippine evidence reviewed in the thesis further suggests that workload, employment conditions, and limited support can heighten vulnerability among nurses. Burnout has been linked to job dissatisfaction and workforce retention concerns among Filipino nurses (Alibudbud, 2022), while challenging hospital conditions may intensify compassion fatigue and constrain opportunities for recovery and self-care (Labrague & De los Santos, 2022). These findings support examining both conditions simultaneously rather than treating occupational distress as a single, uniform experience.

ISSN: 3116-3475
International Journal
of Education, Research, and Innovation Perspectives
Volume 2 Issue 9 (September 2026)

Workload, Organizational Culture, and Leadership Support

Workload and resources are fundamental determinants of nurses' day-to-day working conditions. High patient-to-nurse ratios, insufficient staffing, inadequate material resources, and additional duties can increase physical fatigue and reduce the time available for emotional recovery. Philippine staffing concerns described by Tamayo et al. (2022) parallel international evidence that hospital staffing and resource adequacy shape nurses' work experiences (Aiken et al., 2018). High-acuity environments can further intensify emotional exposure, making clinical assignment an important context for understanding occupational strain (Kelly et al., 2021; Salazar & Cruz, 2023).

Organizational culture and leadership can either aggravate or mitigate these demands. Transformational and supportive leadership is associated with stronger engagement, job satisfaction, and perceptions of safety, while weak communication and limited recognition can magnify stress (Boamah et al., 2018). Leadership characterized by empathy, transparency, and organizational responsiveness has also been linked with more favorable experiences of emotional stress among nurses (Wang & Geng, 2020). These findings justify treating leadership and management support as a distinct dimension rather than assuming that resources alone determine professional well-being.

The organizational context is also relevant because nurses occupy roles with different degrees of control and responsibility. Staff Nurses may carry the most continuous bedside workload, whereas Head Nurses and Nurse Supervisors face managerial and administrative demands. Such differences can produce role-specific stress even within the same institution. Evidence-based organizational interventions therefore need to combine workload management, supportive leadership, communication, and access to professional support rather than focusing exclusively on individual resilience (Melnyk & Fineout-Overholt, 2019).

Self-Care Practices and Work-Life Balance

Self-care encompasses deliberate actions that preserve health, regulate stress, and sustain professional capacity. The study's Self-Care Model conceptualizes these actions across physical, psychological, emotional, social, and related dimensions, while Betty Neuman's Systems Model positions coping and preventive action as stabilizing responses to internal and external stressors. In contemporary nursing practice, self-care is consistent with professional ethical obligations and broader health-promotion principles (American Nurses Association, 2020; WHO, 2020).

Research reviewed in the thesis shows that self-care is strengthened when nurses can protect recovery time and integrate work with personal life. Consistent physical self-care and effective time management have been associated with better emotional stability and professional efficacy (Lee & Kim, 2020), while stronger self-care agency may help nurses maintain functioning under heavy workloads (Martinez & Schmidt, 2024). Adaptive practices such as peer debriefing, emotional regulation, hydration, and other coping routines may also support productivity and positive patient interactions (Castro & Dizon, 2023).

Work-life balance is especially important because occupational demands may spill into family and personal responsibilities. Filipino nurses who maintain leisure and family connections have been reported to manage occupational stress more effectively (Perez et al., 2019), whereas double-duty caregiving can add emotional strain and reduce opportunities for recovery (Hernandez et al., 2023). Self-care should therefore be understood as a shared individual and organizational responsibility: nurses require personal strategies, but institutions must also create conditions in which those strategies are feasible.

Demographic and Professional Influences on Nurses' Well-Being

Nurses' experiences of stress and coping are not necessarily uniform across demographic and professional groups. Early-career nurses may experience transition shock, uncertainty, and greater emotional strain as they adapt to clinical responsibilities (Duchscher, 2019). Length of service and educational attainment may also shape access to coping resources, decision-making, and structured self-care. For example, nurses with more advanced

ISSN: 3116-3475
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of Education, Research, and Innovation Perspectives
Volume 2 Issue 9 (September 2026)

educational preparation have been reported to use more structured coping strategies in demanding work environments (Bautista & Reyes, 2022).

Sex, position, and area of assignment may likewise influence how workplace demands are experienced. Gender-related role expectations can shape patterns of occupational stress and coping (Raso et al., 2021), while clinical assignment can expose nurses to different intensities of patient acuity and emotional demand (Salazar & Cruz, 2023). The interaction of personal and workplace factors makes comparative analysis useful for identifying groups that may require different forms of support.

Taken together, the reviewed literature supports an integrated view in which workload and resources, organizational culture, leadership support, and work-life balance operate alongside individual coping practices. The study addressed a gap identified in the thesis by examining compassion fatigue, burnout, and self-care practices within one framework and by testing their variation across multiple demographic and professional characteristics in CALABARZON. This integration also provided the evidence base for a structured intervention rather than a generic wellness recommendation.

Conceptual and Theoretical Integration

The study's framework integrated Compassion Fatigue Theory, the Multidimensional Theory of Burnout, the Kallen/Orem Self-Care Model, and Betty Neuman's Systems Model. Compassion fatigue and burnout were treated as occupational responses to repeated emotional and organizational stressors, whereas self-care was treated as a stabilizing and protective set of practices. Demographic and professional characteristics were incorporated as grouping variables to determine whether the three outcomes differed across nurses' contexts. The framework culminated in the R.E.G.E.N.E.R.A.T.E. Program, linking the empirical findings to a practical institutional response.

ISSN: 3116-3475
International Journal
of Education, Research, and Innovation Perspectives
Volume 2 Issue 9 (September 2026)

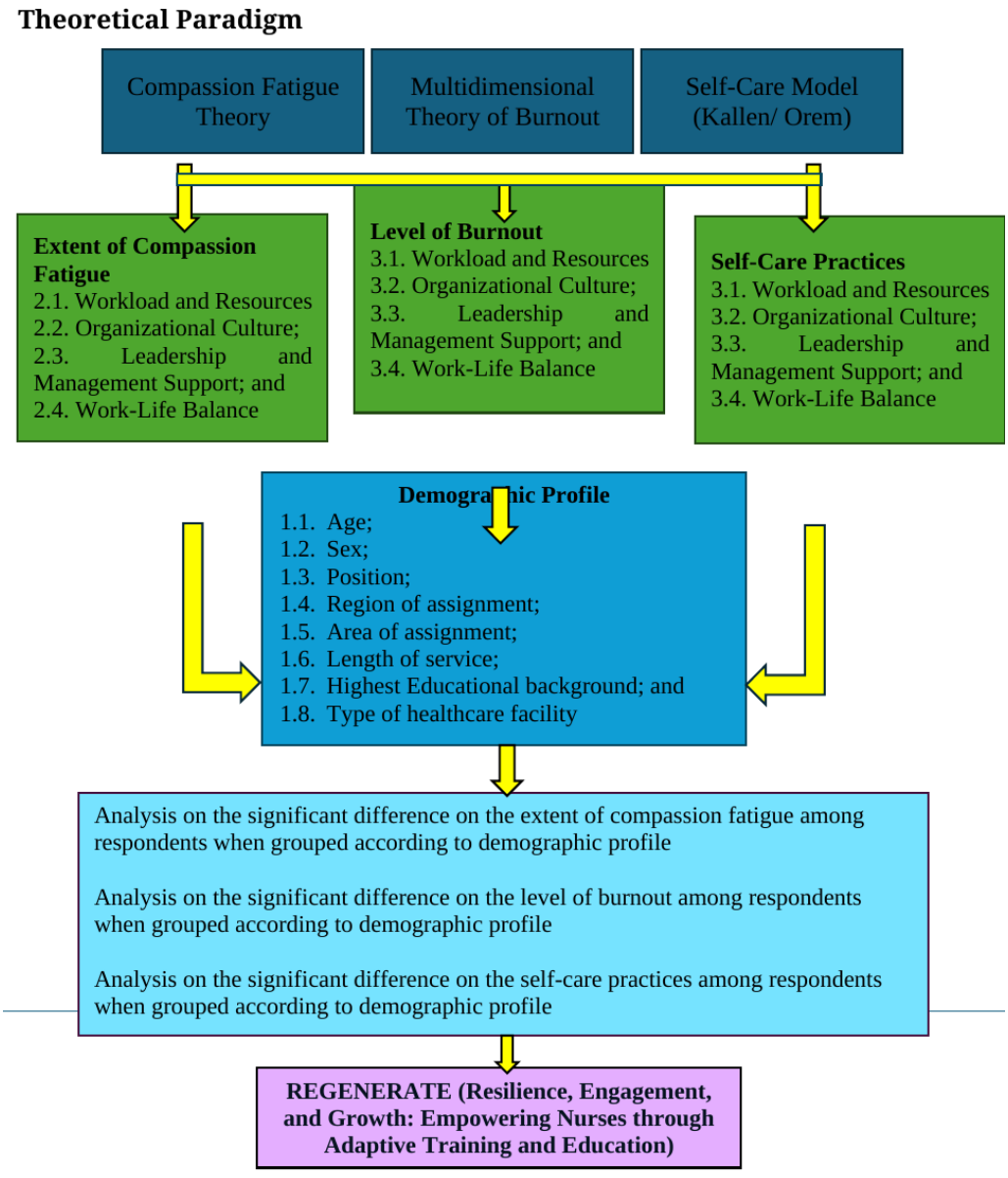


Figure 1. *Theoretical Paradigm for Assessing Compassion Fatigue, Burnout, and Self-Care Practices of Nurses in CALABARZON Region*

ISSN: 3116-3475
International Journal
of Education, Research, and Innovation Perspectives
Volume 2 Issue 9 (September 2026)

METHODS

Research Design

The study employed a quantitative approach using descriptive-survey, descriptive-evaluative, and descriptive-comparative designs. The descriptive-survey component characterized respondents by age, sex, position, region and area of assignment, length of service, highest educational attainment, and type of healthcare facility. The descriptive-evaluative component assessed compassion fatigue, burnout, and self-care practices across workload and resources, organizational culture, leadership and management support, and work-life balance. The descriptive-comparative component determined whether the measured outcomes differed across demographic and professional groups.

Research Locale

The research was conducted among nurses working in selected hospitals in CALABARZON (Region IV-A), comprising Cavite, Laguna, Batangas, Rizal, and Quezon. The region includes urbanized and rural communities and a mix of government and private, secondary and tertiary healthcare facilities. This diversity provided a relevant setting for comparing nurses exposed to different staffing patterns, resource availability, organizational cultures, leadership arrangements, and work-life conditions.

Participants and Sampling Technique

Participants were 382 registered nurses from selected CALABARZON hospitals. Of these, 218 were assigned to ward units and 164 to special areas, including intensive care, neonatal and pediatric intensive care, emergency, operating, delivery, and dialysis units. A nonprobability snowball sampling technique was used: initial respondents shared the survey link with other eligible nurses in their professional networks.

Eligible respondents were registered nurses currently employed in hospital clinical units, actively involved in direct patient care, and willing to participate. Nursing students, interns, company nurses, nursing attendants, and administrative personnel not directly engaged in bedside or clinical nursing practice were excluded.

Research Instrument

Data were gathered using a researcher-developed, four-part questionnaire based on the thesis literature. Part I captured demographic and professional characteristics. Part II measured compassion fatigue, Part III measured burnout, and Part IV measured self-care practices; the last three parts used the same four dimensions: workload and resources, organizational culture, leadership and management support, and work-life balance. Responses used a four-point Likert scale from 4 (Strongly Agree) to 1 (Strongly Disagree).

The instrument underwent content validation by three experts and pilot testing with 20 nurses who were excluded from the final sample. Cronbach's alpha coefficients ranged from 0.76 to 0.85. For compassion fatigue, alpha values were 0.82, 0.78, 0.84, and 0.81 across the four dimensions; for burnout, 0.83, 0.79, 0.85, and 0.80; and for self-care, 0.82, 0.76, 0.83, and 0.81. These coefficients indicated acceptable to good internal consistency.

Data Gathering Procedure

Following institutional approval and endorsement by the thesis adviser and oral examination committee, the questionnaire was distributed online through Google Forms. The link was shared through email and Facebook Messenger, and all questionnaire items were configured as required to minimize missing data. Data collection occurred from the third week of January 2025 to the second week of March 2025. Responses were exported to Microsoft Excel for organization, coding, and cleaning before statistical analysis.

Data Analysis

Frequency and percentage distributions summarized demographic variables, while weighted arithmetic means described compassion fatigue, burnout, and self-care practices. Shapiro-Wilk tests assessed normality

ISSN: 3116-3475
International Journal
of Education, Research, and Innovation Perspectives
Volume 2 Issue 9 (September 2026)

because the sample size was below 2,000, and Levene's test assessed homogeneity of variances. Depending on the assumptions and number of groups, the study used Mann-Whitney U tests, Kruskal-Wallis H tests, or Analysis of Variance. Dunn-Bonferroni post hoc comparisons were used following significant Kruskal-Wallis results. All inferential analyses used an alpha level of 0.05 and were performed in SPSS version 25.

Ethical Consideration

The study observed the Data Privacy Act of 2012 (Republic Act No. 10173) and standard ethical principles for research involving human participants. Participation was voluntary, and a cover letter explained the purpose of the research, expected participation, data access, and the right to decline without consequence. Submission of the online questionnaire indicated informed consent, and no monetary compensation was provided.

No names, contact numbers, or specific workplace identifiers were required. Raw data were used solely for academic and research purposes, access was restricted to authorized research personnel, and electronic records were protected through secure storage procedures. These measures were intended to preserve anonymity, confidentiality, privacy, and participant welfare.

RESULTS AND DISCUSSION

Profile of the Respondents

The sample was concentrated among younger, frontline nurses. Of the 382 respondents, 364 (95%) were 23-40 years old and 269 (70%) were female. Staff Nurses comprised 327 (86%) of the sample, 39 (10%) were Head Nurses or Unit Managers, and 16 (4%) were Nurse Supervisors. Ward-based nurses accounted for 218 (57%), while 164 (43%) worked in special areas. Quezon contributed the largest regional share (118, 31%), followed by Laguna (73, 19%), Rizal (69, 18%), Batangas (66, 17%), and Cavite (56, 15%).

Most respondents had two to three years of service (153, 40.05%), while 86 (22.51%) had more than five years, 64 (16.75%) had four to five years, 48 (12.50%) had six months or less, and 31 (8.12%) had one year of service. Most were BSN graduates (333, 87%), and 49 (13%) held master's degrees. Private hospitals employed 244 (64%) respondents and government hospitals 138 (36%). The prominence of young and relatively early-career nurses is important because transition into professional practice can amplify stress and uncertainty (Duchscher, 2019).

Table 1. *Demographic and Professional Profile of Respondents (N = 382)*

Characteristic	n	%
Age: 23-40 years	364	95.0
Age: 41-65 years	18	5.0
Female	269	70.0
Male	113	30.0
Staff Nurse	327	86.0
Head Nurse/Unit Manager	39	10.0
Nurse Supervisor	16	4.0
Ward Unit	218	57.0
Special Area	164	43.0
2-3 years of service	153	40.05
BSN graduate	333	87.0
Master's degree holder	49	13.0
Government hospital	138	36.0
Private hospital	244	64.0

ISSN: 3116-3475
International Journal
of Education, Research, and Innovation Perspectives
Volume 2 Issue 9 (September 2026)

Compassion Fatigue, Burnout, and Self-Care Practices

Across the four organizational dimensions, compassion fatigue was generally moderate. Organizational culture had the highest weighted arithmetic mean (WAM = 3.41), followed by workload and resources (WAM = 3.23), work-life balance (WAM = 3.21), and leadership and management support (WAM = 3.00). The pattern indicates that nurses continued to encounter meaningful emotional and physical strain even where some workplace supports were present. This is consistent with literature describing compassion fatigue as an accumulation of care-related emotional demand that can be intensified by workload and weak support systems (Alharbi et al., 2020; Labrague & De los Santos, 2022).

Burnout was likewise moderate. Work-life balance produced the highest WAM (3.26), followed by workload and resources (3.20), organizational culture (3.10), and leadership and management support (2.75). The comparatively high work-life score and lower leadership-support score point to an important tension: nurses may be functioning within established organizational structures while still experiencing gaps in recognition, communication, and support. Prior research has similarly connected burnout to demanding work patterns, limited control, and insufficient leadership support (Maslach & Leiter, 2022; Boamah et al., 2018).

Self-care practices showed high engagement across all dimensions, with work-life balance highest (WAM = 3.42), followed by workload and resources (3.32), organizational culture (3.28), and leadership and management support (3.23). This finding suggests that nurses were actively using strategies to protect physical, emotional, and social well-being despite occupational strain. The coexistence of moderate distress and high self-care is plausible because coping can be present without eliminating structural stressors. Evidence reviewed in the thesis similarly emphasizes the value of work-life integration and self-care for sustaining professional functioning (Lee & Kim, 2020; Martinez & Schmidt, 2024; Perez et al., 2019).

Table 2. *Weighted Arithmetic Means for the Three Major Study Variables*

Dimension	Compassion Fatigue	Burnout	Self-Care	Overall Pattern
Workload and Resources	3.23	3.20	3.32	Moderate strain; high self-care
Organizational Culture	3.41	3.10	3.28	Moderate strain; high self-care
Leadership and Management Support	3.00	2.75	3.23	Moderate strain; high self-care
Work-Life Balance	3.21	3.26	3.42	Moderate strain; high self-care

Differences in Compassion Fatigue Across Demographic and Professional Groups

The comparative analyses showed that compassion fatigue differed according to several professional and workplace characteristics. Position produced significant differences across all four dimensions: workload and resources ($H = 21.034$, $p < .001$), organizational culture ($H = 59.799$, $p < .001$), leadership and management support ($H = 42.033$, $p < .001$), and work-life balance ($H = 50.165$, $p < .001$). Head Nurses generally reported more favorable conditions than Staff Nurses, whereas Staff Nurses were especially vulnerable to heavy direct-care demands and lower perceived support. These role-based differences are consistent with evidence that control, participation in decision-making, and supportive leadership can shape nurses' work experiences (Boamah et al., 2018; Wang & Geng, 2020).

Regional differences were also significant in every compassion-fatigue dimension: workload and resources ($H = 161.233$, $p < .001$), organizational culture ($H = 30.771$, $p < .001$), leadership and management support ($H = 27.864$, $p < .001$), and work-life balance ($H = 80.126$, $p < .001$). Cavite, Laguna, and Batangas generally recorded more favorable patterns, while Rizal and especially Quezon showed less favorable conditions in several domains. Area of assignment also mattered: ward and special-area nurses differed significantly in workload and resources ($p = .002$), organizational culture ($p = .015$), leadership support ($p = .022$), and work-life

ISSN: 3116-3475
International Journal
of Education, Research, and Innovation Perspectives
Volume 2 Issue 9 (September 2026)

balance ($p < .001$). Such variation reinforces the importance of staffing, resources, and clinical context in occupational stress (Aiken et al., 2018; Salazar & Cruz, 2023).

The thesis summary further reported significant compassion-fatigue differences by length of service, highest educational attainment, and type of healthcare facility, while age did not show an overall significant difference. Sex showed a dimension-specific pattern rather than a uniform effect: leadership and management support ($p < .001$) and work-life balance ($p = .010$) differed significantly, whereas workload and resources ($p = .565$) and organizational culture ($p = .619$) did not. This pattern supports treating compassion fatigue as a context-sensitive outcome rather than attributing it to a single demographic characteristic.

Differences in Burnout Across Demographic and Professional Groups

Burnout varied across the demographic and professional characteristics examined in the thesis. Position again showed significant differences across all four dimensions: workload and resources ($H = 38.546$, $p < .001$), organizational culture ($H = 38.039$, $p < .001$), leadership and management support ($H = 25.302$, $p < .001$), and work-life balance ($H = 38.154$, $p < .001$). The pattern was not simply linear by rank. Head Nurses reported more favorable workload, organizational culture, and work-life conditions, yet lower leadership-support scores, suggesting that managerial authority can shift rather than remove the source of burnout. This is compatible with the multidimensional view that burnout is shaped by workload, control, community, fairness, and organizational support (Maslach & Leiter, 2022).

Region of assignment also differentiated burnout across workload and resources ($H = 74.849$, $p < .001$), organizational culture ($H = 75.957$, $p < .001$), leadership and management support ($H = 117.424$, $p < .001$), and work-life balance ($H = 69.013$, $p < .001$). Cavite and Laguna generally showed more favorable conditions, while Rizal and Quezon tended to show less favorable patterns. The thesis also reported significant burnout differences by age, area of assignment, length of service, educational attainment, and type of healthcare facility. These findings underscore that burnout reflects organizational and structural conditions as well as individual experience (Dall'Ora et al., 2020; Ryu & Shim, 2022).

Sex differences in burnout were selective. Workload and resources differed significantly ($p = .022$), with female nurses reporting a higher mean than male nurses, whereas organizational culture ($p = .054$), leadership and management support ($p = .271$), and work-life balance ($p = .121$) were not significant. This result is consistent with literature suggesting that gender-related expectations may affect some dimensions of occupational stress without producing uniform differences across the entire work environment (Raso et al., 2021).

Differences in Self-Care Practices Across Demographic and Professional Groups

Self-care practices were not identical across the nursing workforce. The thesis reported significant differences by age, position, region and area of assignment, length of service, educational attainment, and type of healthcare facility. These findings indicate that the opportunity and capacity to sustain self-care can vary with professional role, experience, workplace structure, and access to organizational resources. The observed pattern is consistent with evidence that coping and self-care are shaped by both personal capability and the conditions under which nurses work (Bautista & Reyes, 2022; Castro & Dizon, 2023).

In contrast, self-care did not significantly differ by sex across any dimension: workload and resources ($p = .833$), organizational culture ($p = .178$), leadership and management support ($p = .410$), and work-life balance ($p = .078$). Male and female nurses therefore reported broadly similar self-care patterns despite some sex-related differences in compassion fatigue and burnout. This distinction supports interventions that are broadly accessible to all nurses while still allowing targeted support according to role, career stage, clinical area, and institutional context.

Table 3. *Summary of Significant Group Differences Reported in the Study*

Grouping Variable	Compassion Fatigue	Burnout	Self-Care Practices
Age	No overall significant difference	Significant differences reported	Significant differences reported

ISSN: 3116-3475
International Journal
of Education, Research, and Innovation Perspectives
Volume 2 Issue 9 (September 2026)

Sex	Dimension-specific: leadership and work-life balance significant	Dimension-specific: workload/resources significant	No significant differences
Position	Significant	Significant	Significant
Region of assignment	Significant	Significant	Significant
Area of assignment	Significant	Significant	Significant
Length of service	Significant	Significant	Significant
Educational attainment	Significant	Significant	Significant
Type of healthcare facility	Significant	Significant	Significant

R.E.G.E.N.E.R.A.T.E. Program Handbook as Research Output

The convergence of moderate compassion fatigue, moderate burnout, and high but unevenly distributed self-care practices supported the development of the R.E.G.E.N.E.R.A.T.E. Program Handbook (Resilience, Engagement, and Growth: Empowering Nurses through Adaptive Training and Education). The program was designed as an institutional response rather than an individual-only wellness initiative. It addresses leadership support, workload and resource management, work-life balance, and organizational culture while strengthening nurses' coping resources.

The handbook organizes its intervention logic around four components: Leadership and Advocacy, which strengthens mentorship and supportive supervision; Clinical Mastery, which develops competence in workload and resource management; Personal Equilibrium, which promotes work-life balance and sustainable self-care; and Peer Support Culture, which strengthens collaboration, communication, and mutual support. This structure reflects the broader literature showing that effective responses to occupational distress require both individual coping strategies and organizational change (International Council of Nurses, 2021; Melnyk & Fineout-Overholt, 2019; WHO, 2022).

Table 4. *Core Components of the R.E.G.E.N.E.R.A.T.E. Program Handbook*

Component	Primary Focus	Intended Contribution
Leadership and Advocacy	Mentorship, supportive supervision, management systems	Stronger leadership support and engagement
Clinical Mastery	Workload/resource management and continuous skill development	Improved coping with clinical demands
Personal Equilibrium	Work-life balance and sustainable self-care	Reduced exhaustion and improved recovery
Peer Support Culture	Collaboration, communication, mutual support	Stronger organizational culture and resilience

CONCLUSION

The study demonstrates that compassion fatigue, burnout, and self-care coexist within the CALABARZON nursing workforce rather than occurring as isolated conditions. The respondents were predominantly young, female, frontline nurses with relatively early career experience. They reported moderate compassion fatigue and burnout, particularly in relation to workload, organizational demands, leadership support, and work-life balance, while simultaneously showing high engagement in self-care practices. Thus, nurses may actively protect their well-being yet remain exposed to work conditions that sustain emotional and occupational strain.

The comparative findings further show that professional role and workplace context matter. Compassion fatigue, burnout, and self-care varied across several characteristics, especially position, region and area of assignment, length of service, educational attainment, and type of healthcare facility. Sex was not associated with differences in self-care, although selected dimensions of compassion fatigue and burnout differed by sex. These

patterns indicate that interventions should be responsive to role, career stage, clinical setting, and institutional context rather than uniformly applied.

On this basis, the R.E.G.E.N.E.R.A.T.E. Program Handbook represents the principal contribution of the study: a structured institutional framework that combines leadership support, clinical mastery, personal equilibrium, and peer support. Its central implication is that sustainable nurse well-being requires a shared commitment between individual nurses and healthcare organizations.

Recommendation

Healthcare institutions should adopt a combined individual- and organization-level approach to nurse well-being. Nurse managers should strengthen routine communication with frontline staff, review workload distribution and staffing adequacy, provide meaningful recognition and feedback, and support protected opportunities for rest and recovery. Institutions should also provide accessible mental-health and stress-management services and periodically assess burnout, compassion fatigue, and staff satisfaction so that interventions can be adjusted to emerging needs.

Nurses, particularly those in high-stress clinical areas and early career stages, should be supported in maintaining practical self-care routines, micro-breaks when feasible, peer debriefing, and reflective practices. Nurse educators should incorporate compassion fatigue, burnout prevention, self-care, and guided debriefing into clinical preparation. Professional nursing organizations may also use the findings to strengthen guidance and continuing education on resilience, leadership support, and healthy work environments.

The R.E.G.E.N.E.R.A.T.E. Program Handbook should be considered for structured implementation and evaluation within participating or comparable institutions. Future studies should test the program using pretest-posttest or other intervention designs, follow nurses longitudinally over six to twelve months, and examine high-stress clinical areas such as intensive care, emergency, oncology, and dialysis. Such research would determine whether the proposed strategies produce sustained improvements in nurse well-being and organizational outcomes.

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