

# Effort-Reward Imbalance and Burnout among Nurses of Community General Hospital in San Pablo City

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**Abstract:-** In the field of work, an individual's effort being at a higher level than average and diminished rewards given in exchange complements the lack of balance regarding effort and reward. Indeed, "the reward is much sweeter when an earnest effort has been made in its pursuit." The present study determined the relationship between effort-reward imbalance and burnout among the total population of eighty (80) registered nurses who are currently working in Community General Hospital in San Pablo City. The researchers applied a descriptive-correlational research design and utilized a 3-part adopted survey questionnaire from Siegrist (2004), a modified Socio-demographic variables and short-version of Effort-reward Imbalance Questionnaire and Kristensen, Borritz, Villadsen, & Christensen (2005), the Copenhagen Burnout Inventory distributed through google forms which sought for the socio-demographic profile, level of effort-reward imbalance, and burnout in terms of personal, work, and client related, as perceived by the respondents. The statistical treatments used were frequency distribution and percentage, mean, standard deviation, and Pearson correlation coefficient to analyze the data. Majority of the respondents' age ranges from 30 to 40 years old, received a monthly salary of Php 20,001-30,000, and with less than a year of service. The findings revealed that the majority of the respondents exerted more effort and received less reward. Along with a moderate personal and work-related burnout. Effort-reward imbalance has a high positive correlation in both personal-related and client-related burnout and a moderate positive correlation in work-related burnout. Relative to this, the researchers recommended an intervention program to address and evaluate the mismatch between work effort-reward imbalance and an effective burnout management.

**Keywords:-** Effort-Reward Imbalance, Burnout, Nurse, Community General Hospital, San Pablo City.

## I. INTRODUCTION

In an article of Cabico (2022), the Federation of Nurses of the Philippines stated that nurses in the Philippines are required to be paid commensurately in public and private hospitals. In reality, hospitals in the public sector give higher wages to the nurses than hospitals in private (Divina,

2022). During the pandemic surge, the nurses' length of working hours increased from 8 to 12 hours during each shift and the nurse-to-patient ratio increased as well ("Lifeline," 2022). "Tulad niyan 1:4 lang dapat ang nurse to patient ratio pero fumafollow kami sa 1:7 so biro mo ganyan kadami ang patient mo so talagang nakakapagod." as verbalized by the nurse from the researchers' interview (see Appendix A). Meanwhile, Alibudbud (2022) stated that nurses from the Philippines have spoken about how emotionally unsettled they are, stating that they don't feel appreciated and attended to. Considering the apparent understaffing, inadequate salary, uncertain working conditions, and restrictions on deployment, they always recall supporting their fellow community because not even one intends otherwise (Alibudbud, 2022). Clearly, being overwhelmed and having an inconsistent flow of labor, the absence of support and equitable rewards are some of the new threats relating to the mind and company of others in the workplace that can have an influence on the health of every personnel (Alvarado, Bretones, and Rodriguez, 2021). Apparently burdened beyond the level, unacknowledged, and unnoticed, nurses are always excessively functioning. Without a doubt, the perception of working longer hours and exerting maximum effort in pursuit of decent rewards remains unremarked. As a result, when effort is not adequately rewarded, nurses exhibit signs of burnout, making them relatable.

Further burnout is identified as a job-related phenomenon instead of a medical condition (World Health Organization [WHO], 2019). It is a syndrome that affects the emotional, physical, and mental exhaustion from stress in the workplace that is not handled competently. Consequently, it is a demanding job taking care of lives in the hands of a nurse due to the nature of the profession as a "people-work" that is being practiced along with a highly stressful and unpredictable work environment; hence, nurses have a risky high rate of burnout among the members of the profession. According to Lu (2020), nurses are encompassed in the profession of health that are confronted with burnout because of the demand in workload. It has harmful results and may jeopardize the welfare of the patient and the standard treatment (Butao et al., 2021).

As a result, the study was significant at this time in order to know the relationship of effort-reward imbalance and burnout; the factors involved in why this occurred, and how it affected their way of providing care to patients.

From this perspective, the researchers intended to conduct a study that was grounded on knowing the relationship between the level of effort-reward imbalance and level of burnout among nurses of Community General Hospital of San Pablo City, the difference between the level of effort-reward imbalance and burnout of the respondents when grouped according to their demographic profile, and suggestion of programs or interventions towards addressing effort-reward imbalance and burnout.

## II. AIM OF THE PAPER

This study aimed to know the relationship between effort-reward imbalance and burnout among nurses from Community General Hospital of San Pablo City.

Specifically, this study sought to answer the following questions:

- What is the socio-demographic profile of the respondents in terms of:
  - Age;
  - Years in service (current workplace);
  - Salary?
- What is the level of effort-reward imbalance as perceived by the respondents?
- What is the level of burnout as perceived by the respondents in terms of:
  - Personal-related burnout;
  - Work-related burnout;
  - Client-related burnout?
- Is there a difference between the level of effort-reward imbalance of the respondents when grouped according to their socio-demographic profile?
- Is there a difference between the level of burnout of the respondents when grouped according to their socio-demographic profile?
- Is there a relationship between the level of effort-reward imbalance and level of burnout among respondents?
- What action/program can be recommended to balance effort-reward imbalance and prevent burnout?

## III. REVIEW OF LITERATURE

An emotional response to demanding working conditions, effort-reward imbalance has a number of detrimental effects on nurses. Nurses may face stress in their field of work, and the longer they face stress, the more probable burnout may occur. Regarding the problem of effort-reward imbalance, Alibudbud (2022), Aranda (2022), Goodare (2017), Tan (2018), and Valmonte (2022), stated that nurses are overworked and underpaid. As stated by

Divina (2022), this is not uncommon in the nursing profession. According to Chumba et al. (2018), there is an incongruity between reward and job demands resulting in burnout and exhaustion of employees. Furthermore, Diekmann et al. (2020) stated that nurses showed the loftiest effort-reward imbalance, the loftiest diminished mental health, and the susceptibility of burnout. Concerning nurse burnout, Katulka (2022) stated that it has been an issue for years, but it increased in 2020 with the commencement of the COVID-19 pandemic. As stated by King & Brandley (2019), 41 percent of nurses expressed burnout. As mentioned by Dyrbye et al. (2019), 35.3% of nurses exhibited burnout symptoms. There are percentages in burnout, specifically the three primary aspects of burnout, that 28% showed high emotional exhaustion prevalence, 15% as high depersonalization, and 31% as low personal accomplishment (Monsalve-Reyes et al., 2018).

According to Monsalve-Reyes et al. (2018) and Yu et al. (2016), age is associated to burnout; thus, a nurse is more vulnerable to acquire burnout, and those nurses ages 36 to 50 years old are superior in problem-solving skills in the field of nursing experience, resulting in a lower risk of burnout. Several studies suggest that female nurses experience more burnout (Alotni & Elgazzar, 2020; Alrawashdeh et al., 2021; Brera et al., 2021; De Leon et al., 2021; Vitale et al., 2020; & Zhou et al., 2022). Male nurses, according to Zhang et al. (2022), feel more burnout than female nurses. Bardhan et al. (2019) revealed that male nurses exhibited a bigger effort-reward imbalance at work whereas female nurses were more overcommitted. Colindres et al. (2018) discovered that the demographic profile, including sex, did not indicate a significant relationship. They were unable to investigate the interrelationship of male and female nurses according to Alvarado et al. (2021). A number of findings (Antwi et al., 2020; Barlow, 2020; George and Reyes, 2017; & Yuguero et al., 2016) showed that there is no difference in sex. Moreover, Karakoc et al. (2016) indicated that burnout is more likely to occur in nurses with less than five years of experience than it is in nurses with more than ten years of experience. According to Ghazanfar et al. (2018), novice nurses were more vulnerable to compassion fatigue and burnout than experienced nurses due to a deficiency of preceding exposure to stressful situations.

In addition, literature on the relationship between effort-reward imbalance and burnout in many areas of duty has been discussed. According to Gonçalves et al. (2021), differences in the level of burnout among nurses based on their area of duty are due to inequality in the profession and the situation where they benefit from extra help provided under the hospital's established setup. Doré (2018), Saravanabavan et al. (2019), Munnangi et al. (2018), and Jiang et al. (2017), among others, noted and implied burnouts' diverse relationships with nurses and how they deal with their job in different areas. As nurses, it is their responsibility to not only apply their knowledge and abilities, but also to provide care. Importantly, nurses emphasize holistic approaches since they are capable of addressing a variety of patient illnesses in a variety of

settings. These literatures can assist researchers in providing support for the current study because they are related to the subject.

However according to Yasin et al. (2019), there are paramount difficulties, such as severe workloads, inadequate employment of staff, long hours, and a lack of management, which relate to nurses' job satisfaction in this scenario. Because of diverse situations, the essential issues regarding nurses' job satisfaction affect each other in accordance with their implications. According to Ge et al. (2021), Yasin et al. (2019), and other researchers, nurses work lengthy hours (Umil, 2015). As stated by Ichimura (2018), a poll from May 2015 implemented by the St. Luke's Medical Center Employees Association, 12-hour shifts are the norm. Clearly, burnout is a serious controversy for healthcare personnel, according to Zoorob et al. (2021). As a result, she argued that healthcare personnel who worked greater than 20 hours every week were susceptible to burnout. Beschner et al. (2021) specified that reducing working hours correlates to lower burnout rates of nurses, particularly in Germany.

Nonetheless, research conducted by Zhou et al. (2022), Sohrabi et al. (2022), Khatatbeh et al. (2022), and Ichimura (2018) are among the literatures mentioned concerning salary insufficiency as it pertains to effort-reward imbalance and burnout. They all stated that salary is related to effort-reward imbalance and burnout. It also discussed various factors that contribute to nursing burnout. Additionally, Cruz (2022) brought up Fourth District Representative Marvin Rillo's recently filed bill, which proposes a raise in government nurse salary from P36,619 to P63,997. House Bill 5276 specifies that nurses working in public health facilities must be paid at least salary grade 21. Also, in Manila Bulletin (2022), President Ferdinand Marcos Jr. stated in his reform that they are aiming to raise the profile of nurses, improve their working conditions, and address salary discrepancies between hospitals in the private sector. He also mentioned that everyone, especially them, must address issues concerning health facilities, benefits, and job security, noting that there is an unequal distribution of nurses throughout the Philippines. Hence, nurses' care and responsibility for their patients are still unmatched, and it is not included in their income, despite the fact that they are compensated for their job. This will greatly assist the researchers in developing a thorough awareness of the factors and subject matter of the study. Consequently, this research wants to verify this study in accordance with effort-reward imbalance and know if it also correlates to burnout being applied towards the nurses in the Philippine setting.

#### IV. METHODOLOGY

The approach used in this research is a quantitative descriptive-correlational design. Which utilized a non-probability sampling technique, specifically, total sampling. The total population is eighty-three (83), however only eighty (80) registered nurses volunteered on participating in the study. The respondents are male and female registered nurses who are working at Community General Hospital, of

which twenty five (25) are from the Ward, Intensive Care Unit/Neurocritical Care Unit consisted of eleven (11), Emergency Room consisted of nine (9), Hemodialysis consisted of eleven (11), Operating/Delivery Room consisted of twelve (12), Neonatal Intensive Care Unit consisted of seven (7), and Supervisor consisted of five (5); completely enumerated.

This exclusively covered nurses of Community General Hospital in Colago Avenue, San Pablo City, Laguna, Philippines. Thus, the hospital facility had been chosen, as the researchers wanted to understand the work conditions of the nurses in the private clinical setting.

The researchers utilized modified Socio-demographic variables and short-version of Effort-reward Imbalance Questionnaire (Siegrist, 2004) and the Copenhagen Burnout Inventory (Kristensen, Borritz, Villadsen, & Christensen, 2005). Hence, the research instruments implemented are adopted and are standardized questionnaires. The contents of the survey questionnaire were divided into three (3) sections. The first part asked the respondents' socio-demographic profile and was limited to their age, sex, years in service, area of duty, hours of duty, and salary. The second section pertains to the adopted short version of Effort-Reward Imbalance Questionnaire containing the respondents' level of effort-reward imbalance in their present occupation consisting a total of ten (10) items. Where effort is measured by three (3) items (ERI 1 to 3) and reward is measured by seven (7) items (ERI 4 to 10). In this section, it is scored using a four (4)-point Likert scale of "strongly disagree" to "strongly agree." The third section pertains to the Copenhagen Burnout Inventory which contained the respondents' level of burnout under 3 dimensions along with a different number of questions. Respectively, this measures personal burnout with six (6) questions, work-related burnout with seven (7) questions, and client-related burnout with seven (7) questions having a total of twenty (20)-item self-reported measures of burnout. Originally, each subscale of the Copenhagen Burnout Inventory was scored with 0, 25, 50, 75, and 100.

For the validation of the research instrument, given that the questionnaires are standardized regardless of the socio-demographic variables, the research statistician aforementioned that pilot testing was not advised.

Particularly, the formulas applied by the researchers are indicated as follows:

- For problem statement number one (1), two (2), and three (3), Frequency distribution and percentage were utilized which demonstrated the distribution of respondents corresponding to their socio-demographic profile in terms of age, years in service, and salary.

$$P = \frac{f}{n} \times 100$$

Hence,

**P** = percentage

**f** = frequency

**n** = number of respondents

**100** = constant

- For problem statement number three (3), four (4), five (5), and six (6), Mean was applied to demonstrate the correlation between the level of effort-reward imbalance and burnout as perceived by the respondents and their difference in relation to the socio-demographic profiles.

$$\bar{x} = \frac{\sum fx}{\sum f}$$

Hence,

$\bar{x}$  = the mean value of the set of given data.

$\sum f$  = the sum of the frequency of each class

$\sum fx$  = the sum of the mid-interval value of each class

- For problem statement number three (3), four (4), five (5), and six (6), Standard Deviation was utilized in order to ascertain the way data sets are dispersed from the value of mean (Standard Deviation, n.d.).

$$SD = \sqrt{\frac{\sum (x_i - \bar{x})^2}{N}}$$

Hence,

**SD** = population Standard Deviation

$\Sigma$  = means “the sum of”

**N** = population size

**xi** = each value from the population

$\bar{x}$  = the mean value of the population

- For problem statement number six (6), Pearson’s r measurement was applied which examined the relationship between the level of effort-reward imbalance and level of burnout among respondents. Thus, this is to ascertain the strength and direction of how well the correlation between sets of data are connected (Turney, 2022).

$$r = \frac{n(\sum xy) - (\sum x)(\sum y)}{\sqrt{[n\sum x^2 - (\sum x)^2][n\sum y^2 - (\sum y)^2]}}$$

Hence,

**n** = the number of pairs of scores

$\sum xy$  = the sum of the products of paired scores

$\sum x$  = the sum of x scores

$\sum y$  = the sum of y scores

$\sum x^2$  = the sum of squared x scores

$\sum y^2$  = the sum of squared y scores

Table 1 Scale of Pearson’s Correlation Coefficient and its Value (Hussain, Jayabalan, Saini, Selvanathan, & Supramaniam, 2020).

Scale of Correlation coefficient	Value
0 < r ≤ 0.19	Very Low Correlation
0.2 ≤ r ≤ 0.39	Low Correlation
0.4 ≤ r ≤ 0.59	Moderate Correlation
0.6 ≤ r ≤ 0.79	High Correlation
0.8 ≤ r ≤ 1.0	Very High Correlation

## V. RESULTS AND DISCUSSION

Table 2 Frequency Distribution and Percentage of the Respondents Based on their Age

Age	Frequency	Percentage
Less than 30 years	22	27.5
30 – 40 years	36	45
41 - 50 years	13	16.25
Greater than 50 years	9	11.25

Table 2 showed the frequency distribution and percentage of respondents based on their age. Among the eighty (80) respondents, thirty-six (36) or forty-five percent (45%) belonged to the category of 30-40 years of age. While twenty-two (22) or twenty-seven point-five percent (27.5%) belonged to the age category of less than 30 years. Thirteen (13) or sixteen-point-twenty-five percent (16.25%) respondents’ age ranges from 41-50 years. Nine (9) or eleven-point-twenty-five percent (11.25%) from the respondents whose age is greater than 50 years old. As a result, the majority of respondents aged 30 to 40 years old from Community General Hospital of San Pablo City got the highest percentage.

Table 3 Frequency Distribution and Percentage of the Respondents Based on their Years in Service

Years in Current Job	Frequency	Percentage
Less than a year	21	26.25
1 to 4 years	16	20
5 to 10 years	18	22.5
11 to 20 years	16	20
21 to 30 years	9	11.25



Table 3 showed the frequency and percentage of nurses based on their years in their current job. The result showed that twenty-one (21) or twenty-six-point-twenty-five-percent (26.25%) respondents in Community General Hospital of San Pablo City have worked for less than a year. Eighteen (18) or twenty-two-point-five percent (22.5%) who worked as nurses for 5 to 10 years. There are sixteen (16) or a percentage of twenty-percent (20%) respondents in both 1 to 4 years and 11 to 20 years of experience in their current job. Meanwhile, nine (9) or eleven-point-twenty-five percent (11.25%) respondents were 21 to 30 years in their current job in Community General Hospital of San Pablo City. The study showed that the majority of the respondents worked for less than a year in their current job.

Table 4 Frequency Distribution and Percentage of the Respondents Based on their Salary

Salary Range	Frequency	Percentage
5,000 – 10,000	2	2.5
10,001 – 15,000	3	3.75
15,001 – 20,000	23	28.75
20,001 – 25,000	25	31.25
25,001 – 30,000	25	31.25
30,001 – 40,000	1	1.25
40,001 and above	1	1.25

In terms of their range of salary, twenty-five (25) or thirty-one-point-twenty-five percent (31.25%) of the total population earned between 20,001–25,000 and 25,001–30,000 pesos, respectively. Whereas, twenty-three (23) or twenty-eight-point-seventy-five percent (28.75%) of the respondents had a salary ranging from 15,001–20,000 pesos. Three (3) or three-point-seventy-five percent (3.75%) received 10,001–15,000 pesos. While, two (2) or two-point-five percent (2.5%) corresponded to 5,001–10,000 pesos per month. Furthermore, one (1) or one-point-twenty-five percent (1.25%) both corresponded to 30,001–40,000 and 40,001 pesos and above of wages received per month. Therefore, the study showed that the majority of the registered nurses from Community General Hospital of San Pablo City have a monthly salary ranging from 20,001–25,000 and 25,001 – 30,000.

Table 5 Effort-Reward Imbalance of the Respondents with Regards to their Age

Age	Equal Effort - Reward	Less Effort for each Reward	More Effort for each Reward	Total
Less than 30 years	0	8	14	22
30 – 40 years	1	13	22	36
41 - 50 years	0	4	9	13
Greater than 50 years	1	4	4	9
<b>Total</b>	<b>2</b>	<b>29</b>	<b>49</b>	<b>80</b>

Table 5 showed that the majority of the respondents corresponding to forty-nine (49) reported that they experienced more effort for each reward while twenty-nine (29) showed less effort for each reward and two (2) indicated equal effort-reward with regards to the respondents' effort-reward imbalance in relation to their age.

Table 6 Effort-Reward Imbalance of the Respondents with Regards to their Years in Service

Years in Service	Equal Effort - Reward	Less Effort for each Reward	More Effort for each Reward	Total
Less than a year	1	2	18	21
1 to 4 years	0	7	9	16
5 to 10 years	0	11	7	18
11 to 20 years	1	5	10	16
21 to 30 years	0	4	5	9
<b>Total</b>	<b>2</b>	<b>29</b>	<b>49</b>	<b>80</b>

Table 6 itemizes effort-reward imbalance in relation to the years in service. Among the respondents, the total highest scoring of forty-nine (49) showed More Effort for each Reward, followed by twenty-nine (29) with Less Effort for each Reward, then scored lowest corresponding to two (2) reported Equal Effort-Reward. This indicated that most of the respondents, specifically in less than a year of service, exerted more effort and received less reward.

Table 7 Effort-Reward Imbalance of the Respondents with Regards to their Salary

Salary Range	Equal Effort - Reward	Less Effort for each Reward	More Effort for each Reward	Total
5,000 – 10,000	0	0	2	2
10,001 – 15,000	0	1	2	3
15,001 – 20,000	1	7	15	23
20,001 – 25,000	0	9	16	25
25,001 – 30,000	0	12	13	25
30,001 – 40,000	1	0	0	1
40,001 and above	0	0	1	1
<b>Total</b>	<b>2</b>	<b>29</b>	<b>49</b>	<b>80</b>

Table 7 presents the majority of the respondents' responses as forty-nine (49) indicating that they experienced more effort for each reward regarding effort-reward imbalance in relation to their salary especially with a salary range of Php 20,0001-25,000. Along with, twenty-nine (29) stated less effort for each reward and two (2) specified equal effort-reward.

Table 8 Level of Effort-Reward Imbalance of Nurses from Community General Hospital

Effort - Reward	Frequency	Percentage
Equal Effort - Reward	2	2.5
Less Effort for each Reward	29	36.25
More Effort for each Reward	49	61.25
<b>Total</b>	<b>80</b>	<b>100</b>

In accordance with the results from Table 8, it depicted responses under the three categories of effort-reward imbalance. Among the respondents, forty-nine (49) or sixty-one-point-twenty-five percent (61.25%) responded to more effort for each reward. Twenty-nine (29) or thirty-six-point-twenty-five percent (36.25%) responded to less effort for each reward and two (2) or two-point-five percent (2.5%) responded to equal effort-reward. The results indicated that most nurses responded to more effort for each reward in connection to their age, years in service, and salary.

Table 9 Level of Personal-Related Burnout of the Respondents

Personal-Related Burnout			
Indicators	M	SD	Interpretation
1. How often do you feel tired?	2.61	0.87	High
2. How often are you physically exhausted?	2.56	0.93	High
3. How often are you emotionally exhausted?	2.16	1.01	Moderate
4. How often do you think: "I can't take it anymore"?	1.61	1.09	Moderate
5. How often do you feel worn out?	1.89	1.12	Moderate
6. How often do you feel weak and susceptible to illness?	1.85	0.98	Moderate
<b>OVERALL</b>	<b>2.11</b>	<b>1.00</b>	<b>Moderate</b>

Legend: 0-.80 = Extremely Low; .81-1.60 = Low; 1.61-2.40 = Moderate; 2.41 – 4.20 = High; 4.21-5.00 = Very High

In table 9 the first indicator "How do you often feel tired?" (M = 2.61, SD = 0.87) exhibited a high personal-related burnout along with the second indicator "How often are you physically exhausted?" (M = 2.56, SD = 0.93). In addition, the remaining indicator revealed a moderate personal-related burnout pertaining to "How often are you emotionally exhausted?" (M = 2.16, SD = 1.01), "How often do you feel worn out?" (M = 1.89, SD = 1.12), "How often do you feel weak and susceptible to illness?" (M = 1.85, SD = 0.98), and "How often do you think: I can't take it anymore?" (M = 1.61, SD = 1.09). Briefly, among the indicators of "How often do you feel tired?" and "How often are you physically exhausted?" got the highest mean. While in the aspect of "How often do you think: I can't take it anymore?" (M = 1.61, SD = 1.09) got the lowest mean. Particularly, the overall mean of personal-related burnout was 2.11 with a standard deviation of 1.00 indicating that there is a moderate personal-related burnout among the respondents.

Table 10 Level of work-related burnout of the respondents

Work-Related Burnout			
Indicators	M	SD	Interpretation
1. Do you feel worn out at the end of the working day?	2.34	0.93	Moderate
2. Are you exhausted in the morning at the thought of another day at work?	2.04	1.04	Moderate
3. Do you feel that every working hour is tiring for you?	1.84	1.02	Moderate
4. Do you have enough energy for family and friends during leisure time?	2.63	0.99	High
5. Is your work emotionally exhausting?	1.89	1.04	Moderate
6. Does your work frustrate you?	1.70	1.08	Moderate
7. Do you feel burnt out because of your work?	1.81	1.14	Moderate
<b>OVERALL</b>	<b>2.03</b>	<b>1.03</b>	<b>Moderate</b>

Legend: 0-.80 = Extremely Low; .81-1.60 = Low; 1.61-2.40 = Moderate; 2.41 – 4.20 = High; 4.21-5.00 = Very High

Table 10 showed that among the indicators in the aspect of work-related burnout, "Do you have enough energy for family and friends during leisure time?" (M =

2.63, SD = 0.99) got the highest mean, while the rest, which includes "Do you feel worn out at the end of the working day?" (M = 2.34, SD = 0.93), "Are you exhausted in the morning at the thought of another day at work?" (M = 2.04, SD = 1.04), "Is your work emotionally exhausting?" (M = 1.89, SD = 1.04), "Do you feel that every working hour is tiring for you?" (M = 1.84, SD = 1.02), "Do you feel burnt out because of your work?" (M = 1.81, SD = 1.14), and "Does your work frustrate you?" (M = 1.70, SD = 1.08) got a moderate mean of burnout. Overall, work-related burnout (M = 2.03, SD = 1.03) got a moderate burnout.

Table 11 Level of client-related burnout of the respondents

Client-Related Burnout			
Indicators	M	SD	Interpretation
1. Do you find it hard to work with clients?	1.64	0.94	Low
2. Does it drain your energy to work with clients?	1.55	1.01	Low
3. Do you find it frustrating to work with clients?	1.45	1.15	Low
4. Do you feel that you give more than you get back when you work with clients?	1.69	1.20	Moderate
5. Are you tired of working with clients?	1.16	1.16	Low
6. Do you sometimes wonder how long you will be able to continue working with clients?	1.35	1.15	Low
<b>OVERALL</b>	<b>1.47</b>	<b>1.10</b>	<b>Low</b>

Legend: 0-.80 = Extremely Low; .81-1.60 = Low; 1.61-2.40 = Moderate; 2.41 – 4.20 = High; 4.21-5.00 = Very High

Table 12 depicts that among the indicators in the aspect of client-related burnout, "Do you feel that you give more than you get back when you work with clients?" (M = 1.69, SD = 1.20) obtained a moderate mean of burnout. On the other hand, the rest, which include "Do you find it hard to work with clients?" (M = 1.64, SD = 0.94), "Does it drain your energy to work with clients?" (M = 1.55, SD = 1.01), "Do you find it frustrating to work with clients?" (M = 1.45, SD = 1.15), "Do you sometimes wonder how long you will be able to continue working with clients?" (M = 1.35, SD = 1.15), and "Are you tired of working with clients?" (M = 1.16, SD = 1.16), obtained a low mean of burnout. Overall, the level of client-related burnout (M = 1.47, SD = 1.10) indicated that there is a low level of client-related burnout among the respondents.

Table 13 Perceived Level of Burnout of Nurses from Community General Hospital

BURNOUT	Personal		Work-Related		Client-Related	
	F	%	F	%	F	%
Extremely Low	4	5	4	5	23	28.75
Low	21	26.25	17	21.25	20	25
Moderate	23	28.75	38	47.5	23	28.75
High	25	31.25	12	15	10	12.5
Extremely High	7	8.75	9	11.25	4	5
<b>Total</b>	<b>80</b>	<b>100</b>	<b>80</b>	<b>100</b>	<b>80</b>	<b>100</b>

Legend: 0-.80 = Extremely Low; .81-1.60 = Low; 1.61-2.40 = Moderate; 2.41 – 4.20 = High; 4.21-5.00 = Very High

Table 13 presented the results from nurses' perceived level of personal, work, and client related burnout. In majority, the personal-related burnout obtained results of twenty-five (25) or thirty-one-point-twenty-five percent (31.25%) respondents experiencing high personal burnout. While pertaining to work-related burnout, thirty-eight (38) or forty-seven-point-five percent (47.5%) of the respondents reported moderate burnout. In terms of client-related burnout, respondents who experienced both moderate and extremely low burnout corresponded to twenty-three (23) or twenty-eight-point-seventy-five percent (28.75%) of the total population, respectively.

Table 14 Level of Respondents' Personal-Related Burnout with Regards to their Age

Age	Personal			Work			Client		
	M	SD	I	M	SD	I	M	SD	I
Less than 30 years	2.11	.87	Moderate	2.03	.79	Moderate	1.47	1.0	Low
30-40 years	2.12	.88	Moderate	2.04	.80	Moderate	1.48	1.0	Low
41-50 years	2.13	.88	Moderate	2.05	.80	Moderate	1.48	1.0	Low
Greater than 50 years	2.12	.90	Moderate	2.07	.81	Moderate	1.53	.99	Low

Legend: 0-.80 = Extremely Low; .81-1.60 = Low; 1.61-2.40 = Moderate; 2.41 - 4.20 = High; 4.21-5.00 = Very High

Table 14 implies that there was a majority of moderate personal-related burnout regarding the respondents' age of 41-50 years which scored the highest (M = 2.13, SD = .88). Along with the age range of 30-40 years (M = 2.12, SD = .88), greater than 50 years (M = 2.12, SD = .90), and less than 30 years (M = 2.11, SD = .87). While work-related burnout showed a majority of moderate interpretation in the greater than 50 years of age (M = 2.07, SD = .81) along with the age range of 41-50 years (M = 2.05, SD = .80), 30-40 years of age (M = 2.04, SD = .80) and less than 30 years (M = 2.03, SD = .79). Lastly, client-related burnout showed a majority of low interpretation especially at the age of greater than 50 years (M = 1.53, SD = .99) along with 41-50 years and 30-40 years (M = 1.48, SD = 1.0) and less than 30 years (M = 1.47, SD = 1.0).

Table 15 Level of Respondents' Personal Related Burnout with Regards to their Years in Service

Years in Service	Personal			Work			Client		
	M	SD	I	M	SD	I	M	SD	I
Less than a year	2.11	.90	Moderate	2.03	.82	Moderate	1.47	1.01	Low
1 to 4 years	2.14	.87	Moderate	2.05	.79	Moderate	1.50	1.0	Low
5 to 10 years	2.13	.88	Moderate	2.08	.82	Moderate	1.53	.99	Low
11 to 20 years	2.13	.88	Moderate	2.05	.80	Moderate	1.49	1.01	Low
21 to 30 years	2.13	.90	Moderate	2.05	.81	Moderate	1.48	1.0	Low

Legend: 0-.80 = Extremely Low; .81-1.60 = Low; 1.61-2.40 = Moderate; 2.41 - 4.20 = High; 4.21-5.00 = Very High

Table 15 itemizes personal-related burnout of the respondents' years in service. Based on the result, most of the respondents that belong in 1 to 4 years in Personal-related burnout scored the highest (M = 2.14, SD = .87) with an interpretation of moderate followed by 5 to 10 years (M = 2.13, SD = .88), 11 to 20 years (M = 2.13, SD = .88), and 21 to 30 years (M = 2.13, SD = .90), then Less than a year (M = 2.11, SD = .90). Most of the respondents that belong in 5 to 10 years in work-related burnout scored the highest (M = 2.08, SD = .82) with an interpretation of moderate followed by 1 to 4 years (M = 2.05, SD = .79), 11 to 20 years (M = 2.05, SD = .80), and 21 to 30 years (M = 2.05, SD = .81), then Less than a year (M = 2.03, SD = .82). Most of the respondents that belong in 5 to 10 years in client-related burnout scored the highest (M = 1.53, SD = .99) with an interpretation of low, followed by 1 to 4 years (M = 1.50, SD = 1.0), 11 to 20 years (M = 1.49, SD = 1.01), 21 to 30 years (M = 1.48, SD = 1.0), and Less than a year (M = 1.47, SD = 1.01). This indicated that most of the respondents from 1 to 4 years of experience have a moderate personal-related burnout.

Table 16 Level of respondents' personal related burnout with regards to their salary

Salary	Personal			Work			Client		
	M	SD	I	M	SD	I	M	SD	I
5,000 – 10,000	2.14	.80	Moderate	2.10	.69	Moderate	1.55	.83	Low
10,001 – 15,000	2.20	.66	Moderate	2.01	.60	Moderate	1.61	.79	Moderate
15,001 – 20,000	2.11	.88	Moderate	2.11	.88	Moderate	1.47	.99	Low
20,001 – 25,000	2.12	.87	Moderate	2.04	.79	Moderate	1.48	1.0	Low
25,001 – 30,000	2.14	.87	Moderate	2.05	.79	Moderate	1.50	1.0	Low
30,001 – 40,000	2.83	0	High	2.43	0	High	2.2	0	Moderate
40,001 and above	1.83	0	Moderate	1.71	0	Moderate	1.67	0	Moderate

Legend: 0-.80 = Extremely Low; .81-1.60 = Low; 1.61-2.40 = Moderate; 2.41 - 4.20 = High; 4.21-5.00 = Very High

In table 16, Personal-related burnout (M = 2.83, SD = 0) and work-related burnout (M = 2.43, SD = 0) both obtained a high mean level of burnout with regards to their salary specifically at the range of Php 30,001-40,000. However, client-related burnout majorly showed a low mean. This implies that there is a majority of high personal-related burnout in connection to the respondents' salary.

Table 17 Correlation of Effort-Reward Imbalance and Level of Burnout

Descriptive Statistics			
	Mean	Std. Deviation	N
ERI	.9290	.24973	80
Personal	2.1146	.87936	80
Work	2.0339	.79661	80
Client	1.4729	1.00507	80
Correlations			
	Personal	Work	Client
ERI	Pearson Correlation	.645**	.595**
	N	80	80



In table 17, a Pearson correlation coefficient was utilized to determine the relationship between effort-reward imbalance and burnout of nurses from the Community General Hospital of San Pablo City. It showed that effort-reward imbalance has a high positive correlation in terms of personal-related burnout ( $r(80) = .645$ ) and client-related burnout ( $r(80) = .669$ ), while effort-reward imbalance has a moderate positive correlation with work-related burnout ( $r(80) = .595$ ). Moreover, personal-related ( $M = 2.1146$ ,  $SD = .87936$ ) and work-related ( $M = 2.0339$ ,  $SD = .79661$ ) burnout has a higher and closer mean than client-related burnout ( $M = 1.4729$ ,  $SD = 1.00507$ ). These imply that as effort-reward imbalance increases, the nurses' level of burnout in terms of personal and work, and client increases as well.

## VI. CONCLUSION

To begin with, the majority of the respondents reported that they experienced more effort for each reward in connection to their age, years in service, and salary. Where, there is an overall moderate personal-related and work-related burnout along with a low client-related burnout. Specifically, personal and work-related burnout got the highest mean in connection with the salary range of 30,001-40,000. From this standpoint, these showed that personal and work-related burnout has a higher and closer mean than client-related burnout; hence, effort-reward imbalance has an incremental positive correlation in both personal-related burnout and work-related burnout while effort-reward imbalance has a medium positive relationship with client-related burnout. Thus, when effort-reward imbalance increases, the nurses' level of burnout in terms of personal and work, and client increases as well. As a result, an intervention program entitled "Recognition Necessitates Salient Nurses: A planned action to address effort-reward imbalance and burnout among nurses from Community General Hospital in San Pablo City" prompted the researchers.

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