OCCUPATIONAL SELF-EFFICACY AND RESILIENCE OF NURSES: KEY PREDICTORS OF WORKPLACE WELL-BEING IN REGION XI

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Abstract

This study aimed to determine the significant influence of nurses' occupational self-efficacy and resilience on workplace well-being. The researcher used a descriptive-predictive research design in this study. A total of 210 respondents were selected via convenience sampling technique. Data were gathered through adapted questionnaires for occupational self-efficacy (Eslin, 2016), resilience (Park et al., 2019), and workplace well-being (Smith & Smith, 2017). Results revealed a very high level of occupational self-efficacy in task-oriented activities (M=3.29; SD= 0.33), resilience in philosophical patterns (M= 3.33; SD= 0.41), and a high level of workplace well-being in stress management (M=3.15; SD = 0.36) and job security (M=3.15; SD = 0.37) among nurses. Significantly, occupational self-efficacy and resilience were positively correlated with workplace well-being among nurses. However, occupational self-efficacy and resilience did not significantly influence the workplace well-being of nurses. It is recommended that programs centered on skills training be used to enhance nurses' skillsets and address their workplace well-being in an organization. Furthermore, it is also recommended that stress management programs be provided to avoid burnout among nurses.

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Introduction

Nursing is a fulfilling career; its tasks are highly technical and stressful. Burnout among Filipino nurses is high and poses a significant threat to an understaffed Philippine healthcare system. This leads to resignations, change of profession, and migration to other countries, exacerbating local nursing shortages (Alibudbud,2023). Resilience is important in preventing or alleviating burnout among nurses (Gonzalez et al.,2023). With various concerns (such as workload, stress, wages vs expenses, health conditions, staffing, and problems with family matters at home), this profession demands building resilience as an important factor to help nurses remain in the profession (Patricio,2024). Resilience improves occupational self-efficacy among nurses (Labrague & De los Santos,2021). Occupational self-efficacy is the belief that individuals can fulfill work-related tasks or activities (Peng et al.,2021).

Filipino nurses are in demand globally because of the culture and characteristics encompassing our roots. Filipinos are known for being resilient, enthusiastic, creative, adaptive, and self-sufficient in their duties and responsibilities, evident during the COVID-19 pandemic. A study about the Resilience and Work Engagement of Filipino Nurses in Covid-designated units in a National University Hospital concluded that resilience is a significant predictor of work engagement among nurses assigned to COVID-19 units. (Gatchanlian et al.,2022). Even in foreign lands, healthcare organizations struggle with understaffing due to burn-out, neglect of duty, etc. According to the Asian American Journal of Psychology, the Filipino American community experiences resilience when dealing with adversities (Hufana et al.,2020). One reason is widespread alarm about the increased threats from natural and technological disasters, pandemics, terror, and political conflict worldwide (Masten, 2021).

Mental health programs and interventions against burnout are conducted in different hospitals in the Philippines. However, addressing the structural factors contributing to burnout among Filipino nurses is crucial, such as low salaries, delayed benefits, understaffing, overwork, and job insecurity (Alibudbud,2023). There are positive and negative resilience and motivations from different facets of the

social life of Filipino nurses, including passion, familial ties, patient care, and faith, which are the antecedents influencing the intention to serve in the healthcare service (Belitung,2022).

Existing studies on Filipino resilience focus on exploratory and correlational literature, not the causal relationship between workplace resilience and self-efficacy (Belitung,2022). Although resilience in nurses has been the subject of earlier research, little is known about how it directly affects workplace well-being in the Philippines.

A recent study showed that nurses working in private hospitals reported higher levels of self-efficacy than nurses in public hospitals (Alquwez,2023). It also confirms that Filipino nurses working in private hospitals with higher self-efficacy are associated with better well-being at work. Some approaches overlook the contextual factors experienced by Filipino nurses during rounds that contribute to their situational and relational patterns of resilience response. Against this backdrop, it is significant to understand how nurses embody resilience so that it can be sustained and fostered.

The results of this study can be used to better understand the importance of professional resilience to occupational self-efficacy and enhanced workplace well-being to deliver high-quality nursing care to Filipino nurses in Region XI. Additionally, this study seeks to ascertain the degree to which nurses' workplace well-being is predicted by their resilience and occupational self-efficacy.

Methods

A quantitative, descriptive-predictive was utilized. Predictive is also known as predictive-correlational design, which was one of the approaches used in this study to examine the causal relationships between the variables. As defined by Burns and Groove (2020), it is a specific type of correlational design used to examine the causal relationships between the variables that involve applying regression analysis to test the hypothesis. Descriptive design was also used to determine the level of occupational self-efficacy, resilience, and workplace well-being of nurses. Moreover, this predictive correlational research design also examined the significant influence of occupational self-efficacy and resilience on workplace well-being among nurses

The study methodically collected and analyzed numerical data to convey the Occupational Self-Efficacy, Resilience, and Workplace well-being of nurses. The outcome of the data gathered was shown to evaluate the variables' significance and influence with one another. The data also answered the

hypotheses presented using the regression analysis. Furthermore, the study also discussed each variable's significance, which shows a significant difference.

The study was conducted in selected hospitals in Region XI or Davao Region, located in the southern part of Mindanao. It comprises five provinces: Davao de Oro, Davao del Norte, Davao Oriental, Davao del Sur, and Davao Occidental. Region XI houses the country's highest number of staff nurses and is the home of many tertiary patient-centered care hospitals in the Department of Health (DOH) Philippines. It is also the 7th most populous region in the Philippines, with more than 5.2 million citizens. Although the survey was conducted virtually, filters were used to identify the respondents. The study aimed to assess the quality of healthcare services provided in these hospitals, focusing mainly on the experiences and perceptions of the nursing staff.

The respondents of this study are staff nurses working in different hospitals located in Region XI, where 210 staff nurses responded from 24 to 56 years old who answered the survey.

Although 200 respondents comprise the desired number for this survey, we acquired 210. Using power analysis for multiple regression, a goal of 200 responders was established (Cohen, 1992). However, due to the filtered questions, only 206 fit the criteria, which is still above the target sample size. Some answers were also considered null or bot based on Qualtrics default selection.

A convenience sampling technique was used to choose the respondents. Convenience sampling was chosen for its accessibility constraints, albeit it limits generalizability. There are three inclusive criteria for survey respondents. First, they must be licensed nurses in the Philippines. Second, they must be residents and employed at a registered hospital in Region XI. Thirdly, they are 18 years old and above. The participants answered the survey accordingly.

The researcher adapted the questionnaire Eslin (2016) developed to measure the nurse's Occupational Self-Efficacy. It was modified into a 4-point Likert scale from a 7-point Likert scale. It is divided into Task-oriented activities (5 items), Patient-Centered Care (7 items), Control (2 items), and Trust in One's instinct (5 items). It has a Cronbach alpha of 0.957, indicating a highly reliable instrument.

The second part of the questionnaire included the tool developed by Park et al. (2019) to measure nurses' resilience levels. The survey was modified to fit into the study's metrics. Instead of a 7-point Likert Scale, this study only has 4, namely (1) Strongly Disagree, (2) Disagree, (3) Agree, (4) Agree. It has four domains: philosophical (5 items), relational (5

items), dispositional (5 items), and situational patterns (6 items).

Its Cronbach alpha of 0.951 indicates a high level of reliability.

The third part of the questionnaire included the modified version of the Short Smith Well-being questionnaire for Workspace Well-being (SSWELL) developed by Smith and Smith (2017). This questionnaire contains four domains, namely stress management (5 items), mental health (5 items), and job security (9 items). It has a Cronbach alpha of 0.954, indicating that the tool was highly reliable after modification was made into a 4-point Likert scale from its original version of a 7-point Likert scale.

This research aims to conduct quantitative descriptive, predictive correlational research design to understand whether occupational self-efficacy and resilience affect the workplace well-being of nurses in Region XI. The findings of this study will be used to inform the development of policies and procedures that support efficient management of nurses' workplace well-being, which will improve the quality

This study adhered to established ethical guidelines to protect all participants' rights, safety, and well-being. Ethical approval was obtained from the Davao Doctors College Research Ethics Committee with reference number DDC REC MAN 10-24 017, and informed consent was secured from all participants before their inclusion in the study. Participants were provided detailed information about the research objectives, procedures, potential risks, and benefits. Confidentiality and anonymity were maintained by coding responses and securely storing data. Participation was voluntary, and participants were free to withdraw from the study at any time without penalty.

of nursing care services provided by healthcare institutions and result in a positive work response from nurses' occupational self-efficiency and resilience. Nursing administrators may also improve organizational results, increase patient safety and adequate mental health, and foster a pleasant work atmosphere that would benefit the organization.

Results and Discussion

This section of the research explains the results of the data analysis of the study on Occupational self-efficacy, resilience, and workplace well-being of nurses in Region XI.

1. What is nurses' level of Occupational Self-efficacy in terms of Task-oriented activities, Patient-centered care, Control, and trust in One's instincts?

Table 1. Level of Occupational Self-Efficacy among nurses

Indicators	Mean	SD	Interpretation
Task-oriented Activities	3.29	0.33	Very High
Patient-centered Care	3.27	0.34	Very High
Control	3.24	0.39	High
Trust in One's Instinct	3.24	0.34	High
Over-all	3.25	0.32	High

Legend: 1.00-1.75 (Very Low); 1.76-2.50 (Low); 2.51-3.25 (High); 3.26-4.00 (Very High)

It shows that nurses' overall level of Occupational Self-efficacy in Region XI is High, with M=3.25 and SD=0.32. The respective subcategories are as follows: Task-oriented activities have the highest mean score, with M= 3.29, and Patient-Centered Care with M=3.27. This implies that most nurses answered "Agree" regarding the items in this subcategory. Control and Trust in One's Instinct have the lowest

Mean Point Estimate of M=3.24. This implies that the scores for the different patterns are relatively close to the mean, suggesting that the level of occupational

self-efficacy is consistent across the different patterns. The high overall mean for occupational self-efficacy is consistent with previous studies that reported a positive association between task-oriented activities, such as safety practices and nursing care, and Patient-Centered Care. The caring behaviors and professional self-efficacy demonstrated mediating effects that could improve patient safety practices, thereby minimizing unfinished or missed nursing care (Berdida et al.,2024).

It proves that nurses can perform task-oriented activities well and provide quality and efficient

patient-centered care when they are self-efficient. Control and Trust in one's instinct have the same M = 3.24, and both are high. This indicates that nurses in Region XI are equivocally able to control themselves and have the confidence to do their tasks despite the odds there are. In the same way, nurses with a high CSE rating are confident in themselves and their abilities and are convinced that their decisions will lead to positive results. They are not afraid to make decisions and do not worry about their adverse and possibly harmful outcomes because they are convinced that all troubles can be overcome and all problems can be solved and corrected (Farčić et al.,2020).

The table depicts that the overall occupational self-efficacy of nurses in Region XI is High with M = 3.25, a descriptively High score, and SD = 0.32, which is near the mean; the result illustrates that nurses can perform duties and responsibilities well if they are equipped with the tasks presented.

2.) What is the level of Resilience of nurses in terms of Philosophical Patterns, Relational Patterns, Dispositional Patterns, and Situational Patterns?

Table 2. Level of Resilience among nurses

Indicators	Mean	SD	Interpretation
Philosophical Patterns	3.33	0.41	Very High
Relational Patterns	3.28	0.38	Very High
Dispositional Patterns	3.26	0.38	Very High
Situational Patterns	3.29	0.42	Very High
Over-all	**3.29**	**0.36**	**Very High**

Legend: 1.00-1.75 (Very Low); 1.76-2.50 (Low); 2.51-3.25 (High); 3.26-4.00 (Very High)

Nurses' overall level of Resilience is Very High, with M=3.29 and SD=0.36. The Resilience Pattern with the highest mean score is the Philosophical Pattern (M=3.33), which shows that nurses from Region XI generally answered "Agree" in the items under Philosophical Patterns. Meanwhile, they are Least Likely to "Agree" with the items under Dispositional Patterns.

The philosophical pattern pertains to assessing personal beliefs and positive vision for the future. The table above lays down a result of M 3.33, SD = 0.41, and a descriptive level of Very High. This makes the Region XI nurses confident and have an optimistic view of the future making them more resilient with what they are doing. Nurses must positively overcome numerous difficulties in practicing fields and exhibit professional competencies (Kim et al., 2019).
The situational pattern of resilience is next in line as nurses have high willpower to overcome obstacles. The situational pattern measures the ability to interpret stress situations, the flexibility in coping, and patience. In the same way as the study conducted by Patricio

(2024) about factors influencing the work resilience of nurses, the results show a high level of overall resiliency of nurses in terms of their authentic life, sense of purpose in life, stress management, and how they connect or interact with others inside or outside their workplace. This high level of resiliency from the respondents exhibits a sample of strong emotional regulation wherein they can manage their emotions effectively in challenging situations (Patricio, 2024). This entails that aside from this study, another study was conducted to check the resilience of nurses in the Philippines, and this study was conducted in Region XI, which means that Region XI nurses have resilience amidst the adversities they are facing and are optimistic enough to conquer the odds. The overall resilience score of Region XI nurses is M = 3.29, SD 0.36, and a descriptive level of Very High. This implies that nurses are equipped with the armor of self-reliance with a strong purpose to get through the day they are facing. Nurses are optimistic about their day-to-day experiences. They can picture their day as a purposive day that they can go through, and every action they take has meaning to save and protect their

patient's lives. It is not easy to be a nurse; however, this study proves that Region XI nurses have a strong will and resilience to fulfill their duties and responsibilities despite the odds they are facing.

3.) What is the level of workplace well-being of nurses in terms of Stress management, Mental Health, and Job Security?

Table 3. Level of Workplace Well-being among nurses

Indicators	Mean	SD	Interpretation
Stress Management	3.15	0.36	High
Mental Health	2.97	0.40	High
Job Security	3.15	0.37	High
Over-all	3.08	0.35	High

Legend: 1.00-1.75 (Very Low); 1.76-2.50 (Low); 2.51-3.25 (High); 3.26-4.00 (Very High)

Workplace well-being has a high overall level, with M=3.08 and SD= 0.35 SD. Stress Management has the highest mean point of the estimate, M=3.15, and SD=0.36, in all three subcategories. Conversely, mental health had the lowest mean point estimate, M= 2.97 and SD=0.40, meaning they are Least Likely to agree on items on Mental Health under Workplace Wellbeing.

Stress Management and Job Security go hand in hand. This proposes that managing stress in an organization dramatically impacts the job security of nurses. This means that when stress is considered a factor in an institution, and the policy and regulation, even training in managing stress, are noted, nurses would feel regarded as valued individuals in an organization, making them feel well and important. Mindfulness practice and stress management approaches are two additional health interventions with evidence of efficacy and measurable outcomes for reducing burnout and promoting resilience in clinicians (Søvold et al.,2021). Policies, regulations, training, and considerations for nurses should be considered, considering the best way for the well-being of nurses. On the other hand, mental health has the lowest mean of 2.97, SD = 0.40, which indicates the farthest from

the mean for the workplace well-being of nurses. This may be because of many factors like understaffing, workload, and many others. This entails that mental health is still high in the descriptive aspect and should also be considered, although it is the least in the table. It is still a factor that helps nurses feel good in their careers. Mental health problems, stress, compassion fatigue, and burnout are leading causes of healthcare workers thinking about leaving their profession worldwide (Naslund et al., 2021). Workplace well-being would result in the retention of nurses in an organization as nurses will feel contented, and all their needs will be met. The overall workplace well-being of nurses in Region XI is High, as descriptively indicated in the table, with M = 3.08 and SD = 0.35. This indicates that nurses in their respective organizations feel contented and well when their needs are met. The mental health concerns were still substantially important though the least amongst. As discussed, mental health is one factor in the workplace well-being of the nurses and one reason for their decision to be content with their jobs and daily tasks. Leaders should be mindful of the levels of indicators of workplace well-being as it aids them with a good staffing ratio and less absenteeism.

4.) Is there a significant relationship between Occupational Self-efficacy and Workplace Well-being?

Table 4. The test of the relationship between Occupational Self-Efficacy and Workplace Well-being.

Occupational Self-Efficacy	Workplace Well-being			
	r_s	p-value	Decision	Remarks
Task-oriented Activities	0.610	0.000	Reject H_{o1}	Significant
Patient-Centered Care	0.563	0.000	Reject H_{o1}	Significant

Control	0.605	0.000	Reject H_{o1}	Significant
Trust in One's Instinct	0.523	0.000	Reject H_{o1}	Significant

Legend: p-value ≤ 0.05 (Significant)

A positive significant relationship between task-oriented activities and the workplace well-being of nurses. Specifically, the relationship's strength is moderate and directly proportional (rs = 0.610, p<0.05). Thus, in every unit, an increase in philosophical patterns is correlated to an increase in workplace well-being. Patient-centered care (rs = 0.563, p<0.05), Control (rs = 0.605, p<0.05), and trust in one's instinct also fall in the moderate and direct proportional relationship to workplace well-being. Task-oriented activities have the most substantial relationship to workplace well-being among the subcategories.

It shows a significant relationship between Occupational self-efficacy and workplace well-being, rejecting the null hypothesis (H_{o1}). This indicates that nurses with occupational self-efficacy would stay in an organization if treated well. This study proves that educational training can boost their self-efficacy and make their workplace their home. One example of educational training is communication training, which demonstrates the potential of communication skills training to enhance nurses' interactions with patients. Considerable variation exists in training programs regarding overall structure, content, and evaluation methods. Development, implementation, and evaluation of a broader range of programs are needed (Kerr et al.,2020). There are still more educational opportunities an organization can train that would significantly impact the workplace well-being of nurses in Region XI.

Overall, there is a significant relationship between occupational self-efficacy and workplace well-being, as evident in the result of this study, as the decision of Hypothesis 2 was rejected. This means that Region XI nurses' workplace well-being is directly related to the five subcategories of occupational self-efficacy. When nurses feel self-efficient, they feel good about their workplace.

5.) Is there a significant relationship between Resilience and Workplace Well-being?

Table 5. The test of the Relationship between Resilience and Workplace Well-being.

Resilience	Workplace Well-being			
	r_s	p-value	Decision	Remarks
Philosophical Patterns	0.427	0.000	Reject H_{o1}	Significant
Relational Patterns	0.393	0.000	Reject H_{o1}	Significant
Dispositional Patterns	0.414	0.000	Reject H_{o1}	Significant
Situational Patterns	0.482	0.000	Reject H_{o1}	Significant

Legend: p-value ≤ 0.05 (Significant)

A significant positive relationship between philosophical patterns and the workplace well-being of nurses is stated above. Specifically, the relationship's strength is weak and directly proportional (rs = 0.427, p<0.05). Thus, in every unit, an increase in philosophical patterns is correlated to an increase in workplace well-being. Similarly, Relational Patterns (rs = 0.393, p<0.05) have a moderate and direct proportional relationship to Workplace Well-being, while Dispositional Patterns (rs = 0.414, p<0.05) and situational patterns also have a moderate and proportional relationship to Workplace Well-Being. Philosophical Patterns have the most substantial relationship to Workplace Well-being.

A significant relationship between resilience and workplace well-being is found, rejecting the null hypothesis (H_{o2}). Having a significant relationship between resilience and workplace well-being, nurses in Region XI have a buoyant personality that allows them to bounce back to their goals and assign tasks whenever faced with difficulties. Resilience in nurses is their ability to bounce back from challenges, adapt to stressful situations, and maintain their well-being (Patricio, 2024). Nurses with high resilience demonstrate exceptional ability to cope with adversity (Walpita & Arambepola, 2019).

The totality of the decision for the relationship between resilience and workplace well-being states that there is a significant relationship between the two

variables indicated in this number. It means that resilient nurses feel content with their workplace.

6.) Does Occupational Self-efficacy significantly influence the Workplace Well-being of nurses?

Table 6. The test of the Influence of Occupational Self-Efficacy on Workplace Well-being

Occupational Self-efficacy	Observed Estimate	Bootstrap SE	z	p-value	Decision	Remarks
Mean						
Workplace Well-being	3.102	0.025	122.12			
Effect						
Task-oriented Activities	0.349	0.198	1.760	0.078	Accept H_{o3}	NS
Patient-Centered Care	0.084	0.347	0.240	0.810	Accept H_{o3}	NS
Control	0.116	0.099	1.180	0.240	Accept H_{o3}	NS
Trust in one's instinct	0.110	.0239	0.460	0.646	Accept H_{o3}	NS

Legend: p-value ≤ 0.05 (Significant); R-squared = 0.6512; NS= Not Significant

All parameters of occupational self-efficacy have no significant influence on the workplace well-being of nurses ($p > 0.05$), as reflected in the result.

It shows no significant influence on the occupational self-efficacy of nurses, signifying their workplace well-being. It entails that, as per Kernell's Regression analysis of influence, it accepts the null Hypothesis (H_{o3}). It proves that Region XI nurses can provide the needed tasks, provide quality patient-centered care, have control, and make decisions without affecting how they can perform it for the organization. It proves that they can execute their duties and responsibilities without being affected by what their environment entails. The result proves that occupational self-efficacy amongst Region XI nurses would not be degraded by how the environment pulls down.

They would stand firm in their skill sets despite the organization's adversities. Self-efficacy beliefs are individuals' beliefs about their capacity to obtain specific achievements through their actions.

Experimental, clinical, longitudinal, and correlational studies have attested that self-efficacy beliefs are correlated and contribute to better performance and effective functioning across contexts and ages. Self-efficacy beliefs are associated with cognitive, decisional, motivational, and affective processes that, in turn, sustain effective performance. They have also been associated with effective interpersonal and emotional functioning, better educational achievement, better health, more effective organizational functioning, and employee well-being (Gerbino,2020). The more self-efficient the nurse is, the more tasks, duties, and responsibilities can be performed independently without relying on someone. There would be less absenteeism, and staff would undoubtedly stay for good in an organization. Knowing more efficient staff nurses stay the work will be more efficient as they are familiar with the routine and have fewer errors.

7.) Does Resilience significantly influence the Workplace Well-being of nurses?

Table 7. The test of the influence of Resilience on workplace well-being.

Resilience	Observed Estimate	Bootstrap SE	z	p-value	Decision	Remarks
Mean						
Workplace Wellbeing	3.093	0.019	158.70			

Effect						
Philosophical	0.160	0.112	1.420	0.155	Accept H_{o4}	NS
Relational	0.056	0.142	0.360	0.716	Accept H_{o4}	NS
Dispositional	0.209	0.214	0.980	0.329	Accept H_{o4}	NS
Situational	0.221	0.130	1.690	0.090	Accept H_{o4}	NS

Legend: p-value ≤ 0.05 (Significant); R-squared = 0.5260; NS= Not Significant

Although there is a significant moderate direct relationship between resilience patterns and subcategories, all resilience parameters have no significant influence on the workplace well-being of nurses ($p > 0.5$), as shown in the data presented.

The table provides data that nurses are remarkably resilient and can withstand the test of time. Having said so, their workplace well-being because of resiliency is not directly influenced by what, how, where, and why they feel, either bad or good. It indicates that nurses in this location can stand firm despite what is going on around their environment. This high level of resiliency from the respondents exhibits a sample of strong emotional regulation wherein they can manage their emotions effectively in challenging situations. A person who lives authentically has good well-being and is most likely to engage and adapt well to their working environment (Sutton, 2020). A study was also conducted by Sawatzky (2022), which concluded that the capacity to maintain composure and focus can be an asset in demanding work environments. Furthermore, individuals not easily fazed often demonstrate greater efficiency, problem-solving abilities, and decision-making skills under pressure.

SUMMARY, CONCLUSIONS, AND RECOMMENDATIONS

Summary

The goal of this study was to determine the level of Occupational Self-efficacy, Resilience, and workplace well-being of nurses. It also sought to determine whether Occupational Self-efficacy and Resilience have a significant relationship with Workplace Well-being. Also, this study would like to know if there is a substantial influence on Occupational self-efficacy and resilience on Workplace well-being among nurses in Region XI.

The researcher used a modified integrated version of the questionnaires of Park et al. 2019 and Smith & Smith Workplace Wellbeing (SWELL) 2017. The experts validated it. A pilot study was conducted in which twenty (20) of the first respondents were checked for the reliability of the survey questionnaires, and then survey questionnaires were distributed. The researcher utilized convenience sampling in data gathering online using Qualtrics from October 2024 to November 2024. The researcher was able to collect 210 respondents, with 206 respondents being valid for the analysis. A quantitative descriptive predictive correlation research design was used to answer the objectives of the study.

Summary of Findings

Listed below is the summary of the findings of this study:

1.) Nurses' level of occupational self-efficacy in Region XI is high, which shows M = 3.25, SD = 0.32, implying that the scores for the different patterns are relatively close to the mean.

2.) The level of resilience of nurses living in Region XI is high, which entails Very high with M = 3.29 and SD = 0.36 with the descriptive level of Very High.

3.) The overall workplace well-being of nurses in Region XI is high, showing M = 3.08 with SD = 0.35.

4.) There is a significant relationship between Occupational Self-efficacy and Workplace Well-being. As a result, it confirmed the rejection of the null Hypothesis (H_{o1}) with all four subcategories significantly related to occupational self-efficacy on workplace wellbeing.

5.) There is a substantial relationship between Resilience and Workplace Well-being. As a result, rejecting the null Hypothesis (H_{o2}) with all four subcategories was significantly related to resilience and workplace wellbeing.

6.) The result shows that all parameters of occupational self-efficacy have no significant influence on the workspace well-being of nurses ($p > 0.05$). The result suggests that the null hypothesis (H_{o3}) should be accepted, indicating that occupational self-efficacy does not influence workplace well-being.

7.) The result shows that although there is a significant moderate direct relationship between resilience patterns and subcategories, all resilience

parameters have no significant influence on the workplace well-being of nurses ($p > 0.5$). The result suggests that the null Hypothesis (H_{o4}) should be accepted, implying that resilience does not influence workplace well-being.

Conclusions

Listed below are the conclusions made based on the findings of this study:

1.) The level of occupational self-efficacy of nurses in Region XI is high, which shows that the overall occupational self-efficacy of nurses in Region XI is High in all the subcategories and a descriptively High score, which is near the mean. The result illustrates that Davao Region nurses can perform duties and responsibilities well as long as they are equipped with the tasks presented.

2.) The level of resilience of nurses working in Region XI is very high, which entails an overall resilience score, with all the subcategories of Region XI nurses being very high and a descriptive level of Very High. This implies that nurses are equipped with the armor of self-reliance with a strong purpose to get through the day they are facing. Davao Region nurses are optimistic about their day-to-day experiences. They can picture their day as a purposive day that they can go through, and every action they take has meaning to save and protect their patient's lives. It is not easy to be a nurse; however, this study proves that Region XI nurses have a strong will and resilience to fulfill their duties and responsibilities despite the odds they are facing.

3.) The workplace well-being of nurses in Region XI is high, proving that the overall workplace well-being of nurses in Region XI is High, with the three subcategories, as descriptively indicated in the table. This suggests that nurses in their respective organizations feel contented and well when their needs are met.

4.) There is a significant relationship between Occupational Self-efficacy and Workplace Well-being as evident by Overall, there is a significant relationship between occupational self-efficacy and workplace well-being, as evident in the result of this study, as the decision of Hypothesis 1 was rejected. This means that Region XI nurses' workplace well-being is directly related to the five subcategories of occupational self-efficacy. When nurses feel self-efficient, they feel good about their workplace.

5.) There is a significant relationship between Resilience and Workplace Well-being. The totality of the decision for the relationship between resilience and workplace well-being states a substantial relationship between the two variables indicated in

this number. It means that resilient nurses feel content with their workplace.

6.) It does not significantly influence the occupational Self-efficacy with the Workplace Well-being of nurses in Region XI. The result shows that all parameters of occupational self-efficacy have no significant influence on the workspace well-being of Region XI nurses.

7.) It does not significantly influence the resilience of the Workplace Well-being of nurses in Region XI. This research study shows that although there is a significant moderate direct relationship between resilience patterns and subcategories, all resilience parameters have no significant influence on the workplace well-being of nurses.

Recommendations

In light of the research findings, the following recommendations are provided:

1.) As the research findings showed a significant relationship between occupational self-efficacy and workplace well-being, the researcher recommends programs and skills training that enhance their skillsets and address the workplace well-being of nurses in an organization. Examples include intravenous insertion skills for novice nurses, proper documentation and hospital information systems use (electronic documentation), advanced airway management training, essential life support, enhanced nurse communication skills, and many more.

2.) As the study showed a high level of resilience among nurses in their workplaces, the researcher recommends providing stress management programs to avoid burnout, recreational activities to offer relaxation, sports activities, pampering activities, and such to give nurses an off-duty day.

3.) As the result analyzed, there is no significant influence on occupational self-efficacy and resilience on workplace well-being. The researcher recommends Future researchers in similar areas of study must localize the questionnaires to include gender and age-specific factors in resilience and occupational self-efficacy. Gender and age categories were not included in the analysis. Culture tapestries can also be added in future studies to dig deep into the study comprehensively. It is also recommended that future researchers conduct a face-to-face survey instead of using social media to avoid bot and non-filtered respondents. Finally, future researchers should include more comprehensive surveys that are culture-specific and explanatory rather than quantitative research; context-based observations are included in data analysis.

Furthermore, the researcher recommends that future researchers conduct a qualitative study to enhance their experience further and explore new variables that might influence the workplace well-being of the nurses in their respective organizations.

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