International Journal of Sustainability and Advanced Integrated Research
Volume 2, Issue 2 (April-June 2026) | ISSN: 3107-7854
DOI: https://doi.org/10.65339/ijsair.V2.I2.156

Resiliency, Work Engagement and Performance of Healthcare Workers in Rizal Provincial Hospital System - Antipolo City

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Publication history: Received: March 12, 2026; Revised: March 27, 2026; Accepted: April 1, 2026
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Abstract

This study examined the levels of resiliency, work engagement, and work performance among healthcare workers at the Rizal Provincial Hospital System (RPHS) – Antipolo City Main Hospital and its Annex during the period 2024–2025. It specifically aimed to identify factors affecting the ability of healthcare workers to deliver efficient and timely patient care, with particular attention to occupational fatigue and burnout. A descriptive survey research design was employed using a researcher-made questionnaire to assess respondents' resiliency in terms of mental, emotional, physical, and social dimensions, as well as their work engagement in terms of compassion, dedication, and commitment. Work performance was evaluated through the Individual Performance Commitment and Review (IPCR). The study involved the total population of 50 healthcare workers, including nurses, midwives, pharmacists, medical technologists, and other staff, who were selected from various departments within the RPHS branches. Respondents were described according to age, sex, civil status, educational attainment, length of service, position, and training attended. Findings revealed that most respondents were 31–40 years old, female, married, bachelor's degree holders, and nurses with 6–10 years of service. Overall, healthcare workers demonstrated a high level of resiliency across all dimensions and consistently exhibited strong work engagement in terms of compassion, dedication, and commitment. Their work performance was rated as very satisfactory. Statistical analysis showed no significant differences in resiliency and work engagement based on most demographic variables; however, educational attainment and age showed some influence. Furthermore, no significant relationships were found between resiliency, work engagement, and work performance. The findings suggest that while healthcare workers are generally resilient and engaged, these factors do not directly predict performance outcomes. The study recommends strengthening institutional support, professional development, and wellness programs to sustain workforce resilience and enhance healthcare service delivery..

Keywords: resiliency, work engagement, work performance, healthcare workers, burnout, IPCR, hospital workforce, Philippines

1. Introduction

The development of human resources remains one of the most essential components of any organization, as it enhances individual capability while contributing significantly to institutional efficiency, productivity, and service quality. In the healthcare sector, human resources are particularly critical because the competence, dedication, and well-being of healthcare workers directly influence patient outcomes and overall health system performance. In a rapidly evolving and demanding environment, healthcare professionals are continuously exposed to stressors such as heavy workloads, limited resources, and emotional strain, making resilience a vital attribute for sustaining effective service delivery.

Resilience, defined as the capacity to adapt, recover, and thrive amidst adversity, has gained increasing importance in modern healthcare systems. It is not merely an individual trait but a dynamic process shaped by personal, social, and organizational factors. The importance of mental health and resilience is strongly supported by legal frameworks in the Philippines. Republic Act No. 11036, also known as the Mental Health Act of 2018, emphasizes the State's commitment to promoting mental well-being and ensuring that individuals can fully participate in society and the workplace without stigma or discrimination. Similarly, Republic Act No. 7305, or the Magna Carta of Public Health Workers, provides structural support by promoting the welfare, rights, and professional growth of healthcare workers, ensuring fair treatment, improved working conditions, and opportunities for career development.

Several foreign and local studies highlight the significance of resilience, work engagement, and performance among healthcare and related professionals. For instance, Alkubati (2025) found that resilience and job satisfaction significantly influence nurses' performance, while stress negatively affects work outcomes. Similarly, Uccella (2024) emphasized that resilience is crucial in managing stress and maintaining effective performance among healthcare workers in high-demand settings.

In a related context, Adeyi (2023) established that resilience positively influences organizational performance in healthcare institutions. Likewise, Maghfirroh (2024) demonstrated that resilience significantly enhances work engagement, particularly in sustaining motivation and dedication. Local studies such as those by Manaloto (2024) and Lumayag (2024) further confirm that Filipino healthcare workers demonstrate resilience despite challenging working conditions, including staff shortages and workload pressures.Moreover, studies by Lucero (2023) and Espirituoso (2022) highlight the role of emotional intelligence and social support in strengthening resilience among professionals. In addition, Delos Santos (2022) revealed that resilience significantly predicts work commitment, particularly among nurses in high-stress environments such as COVID-19 units.

Despite the growing body of literature, several gaps remain. First, most studies focus on specific groups such as nurses or single professional categories, with limited attention given to a broader group of healthcare workers including midwives, pharmacists, and medical technologists. Second, while many studies establish relationships between resilience, work engagement, and performance, few examine whether resilience and engagement directly influence work performance in a government hospital setting using actual performance ratings such as the Individual Performance Commitment and Review (IPCR).

Third, there is a lack of localized studies within the Rizal Provincial Hospital System (RPHS) that integrate legal frameworks such as RA 11036 and RA 7305 in analyzing workforce development and mental health support. Lastly, while existing literature recognizes the importance of resilience and engagement, there is limited evidence on how these variables interact in relation to performance in Philippine public healthcare institutions, particularly at the provincial level.

In response to these gaps, the present study aims to examine the resiliency, work engagement, and work performance of healthcare workers at the Rizal Provincial Hospital System – Antipolo City Main Hospital and its Annex. By exploring these variables, the study seeks to provide empirical evidence that can guide hospital administrators and policymakers in designing effective interventions, enhancing workforce well-being, and ultimately improving the quality of healthcare services

2. Material and methods

2.1 Research Design

This study applied the descriptive method of research utilizing a researcher-made questionnaire-checklist to gather the needed data.

2.2 Locale of the Study

The study took place in the different parts of the Rizal Provincial Hospital System – Antipolo City, which is in the Province of Rizal. This includes Rizal Provincial Hospital System – Antipolo (Main) and Rizal Provincial Hospital System – Annex.

2.3 Respondents of the Study

The study involved the total population of 50 healthcare workers, including nurses, midwives, pharmacists, medical technologists, and other staff, who were selected from various departments within the RPHS branches. Respondents were described according to age, sex, civil status, educational attainment, length of service, position, and training attended.

2.4 Sample and Sampling Procedure

The study employed a total population sampling technique, wherein all 50 healthcare workers from the Rizal Provincial Hospital System (RPHS) – Antipolo City Main Hospital and its Annex were included as respondents. These participants comprised nurses, midwives, pharmacists, medical technologists, and other healthcare staff assigned to various departments within the selected RPHS branches. Since the entire population of interest was relatively small and accessible, no sampling selection or randomization was applied, ensuring that all eligible respondents were given equal opportunity to participate. The respondents were described in terms of their demographic and professional profiles, including age, sex, civil status, educational attainment, length of service, position, and training attended. This approach ensured a comprehensive representation of the healthcare workforce within the selected hospital settings, allowing for a more accurate assessment of their resiliency, work engagement, and job performance.

2.5 Research Instrument

The study utilized a researcher-made questionnaire-checklist as the primary instrument for data collection, designed to gather comprehensive information on the variables under investigation. The instrument was divided into three parts. Part I focused on the profile of the healthcare workers, including their age, sex, civil status, educational attainment, position title, length of service, and department assignment within the Rizal Provincial Hospital System (RPHS) – Antipolo

City. Part II assessed the extent of resiliency among healthcare workers in terms of mental, emotional, physical, and social resilience, with each aspect consisting of 10 items for a total of 40 items. Part III measured the extent of work engagement in terms of compassion, dedication, and commitment, with each aspect composed of 5 items for a total of 15 items. Respondents rated each statement using a five-point Likert scale with corresponding verbal interpretations ranging from "Never" to "Always," indicating the degree to which they exhibited the described behaviors or traits. In addition, documentary analysis was employed to assess the work performance of healthcare workers based on their latest Individual Performance Commitment and Review (IPCR), using a rating scale that ranges from "Not Satisfactory" to "Outstanding." To ensure the validity of the instrument, it was reviewed by experts, including the thesis adviser, statistician, professorial lecturers, Former Rizal Provincial Health Officer, Administrative Officer IV (Human Resource Management Officer II), Community Development Officer III, and the Dean of the Graduate Studies Program, whose comments and suggestions were incorporated into the final version of the questionnaire-checklist..

2.6 Data Gathering Procedure

The study followed the Gantt Chart of Activities in the conduct of the study. This included the formulation of the research problem up to the revision of the manuscript and submission of the final copy. The instrument was content-validated first. Afterwards, permission to conduct the study was obtained from the Office of Governor After seeking permission, the questionnaire-checklist was administered to the respondents using Google Survey Forms. The researcher was also guided by the Data Privacy Act.After retrieval, the data were encoded and processed using the Statistical Package for the Social Sciences (SPSS). Data were analyzed and interpreted based on the sub-problems. A summary of findings, conclusions, and recommendations were formulated. After the oral defense, the manuscript was revised considering the comments and suggestions of the Oral Examination Committee. The manuscript was also subjected to the anti-plagiarism process at the Statistical Center. After finalization, hardbound copies were submitted to the office of the Graduate Studies Program and other relevant offices.

2.7 Data Analysis Techniques

For the statistical treatment of data, appropriate statistical tools were employed to analyze and interpret the gathered information. Frequency, percentage, and rank distribution were used to describe the profile of the respondents in terms of selected variables. The extent of resiliency among healthcare workers, in terms of mental, emotional, physical, and social aspects, was determined using the weighted mean, while one-way analysis of variance (ANOVA) was applied to test for significant differences in resiliency based on respondents' profile variables. Similarly, the extent of work engagement, measured in terms of compassion, dedication, and commitment, was analyzed using the weighted mean, and ANOVA was used to determine significant differences in work engagement when grouped according to their profile. The level of work performance, as reflected in the latest Individual Performance Commitment and Review (IPCR), was analyzed using frequency, percentage, mean, and standard deviation to describe the overall performance of the healthcare workers. Furthermore, Pearson correlation was used to determine the significant relationships between resiliency and work performance, as well as between work engagement and work performance, in order to establish whether these variables are significantly associated with one another..

2.8 Ethical Considerations

This study strictly adhered to ethical standards in the conduct of research. Prior to data collection, permission was sought from the school authorities and concerned officials to ensure proper coordination and approval. The respondents were informed about the purpose of the study, and their participation was entirely voluntary. Informed consent was obtained, assuring them that they could withdraw from the study at any time without any consequences. Confidentiality and anonymity of the respondents were strictly maintained by not disclosing their identities and ensuring that all collected data were used solely for academic purposes. Additionally, the researcher ensured that no harm, discomfort, or bias would affect the participants throughout the process. All information gathered was treated with utmost respect and integrity, and results were presented honestly and objectively.

3. Results and Discussion

3.1 Profile of the Respondents in Terms of Age, Sex, Civil Status, Educational Attainment, Position Title, Length of Service and Department

The table shows that in terms of age of the respondents, first in rank at 48.0% are from 31 – 40 years old while 8.0% are from 51 – 60 years old. Majority of them are female respondents at 68.0% since the male respondents got 32.0%.As to their civil status, 62.0% are married while 38.0% are single. Likewise, in terms of their educational attainment, majority of them are Bachelor's Degree holders at 74.0% while only 2.0% hold a Master's Degree. In addition, in terms of position title, 48.0% are nurses while 8.0% are midwives. Moreover, 34.0% of them have been in the service for 6 – 10 years while 2.0% have rendered 21–25 years of service. Majority of the respondents attended seminars at the international level at 44.0% while 24.0% attended seminars at the provincial level.

Table 1
Profile of the Respondents in Terms of Selected Variables

Profile	Frequency	Percentage	Rank
Age			
51 – 60 years old	4	8.0	4
41 – 50 years old	14	28.0	2
31 – 40 years old	24	48.0	1
21 – 30 years old	8	16.0	3
Total	**50**	**100.0**	
Sex			
Male	16	32.0	2
Female	34	68.0	1
Total	**50**	**100.0**	
Civil Status			
Single	19	38.0	2
Married	31	62.0	1
Total	**50**	**100.0**	
Educational Attainment			
Doctorate Degree	12	24.0	2
Master's Degree	1	2.0	3
Bachelor's Degree	37	74.0	1
Total	**50**	**100.0**	
Position Title			
Physician/Resident	12	24.0	2
Nurse	24	48.0	1
Medical Technologist	5	10.0	3.5
Pharmacist	5	10.0	3.5
Midwife	4	8.0	5
Total	**50**	**100.0**	
Length of Service			
26 years above	4	8.0	4
21 – 25 years	1	2.0	6
16 – 20 years	3	6.0	5
11 – 15 years	10	20.0	3
6 – 10 years	17	34.0	1
5 years and below	15	30.0	2
Total	**50**	**100.0**	
Seminars Attended			
International Level	22	44.0	1

National Level	16	32.0	2
Provincial Level	12	24.0	3
Total	**50**	**100.0**	

3.2 Extent of Resiliency Among Healthcare Workers as Perceived by Themselves with Respect to Mental Resilience, Emotional Resilience, Physical Resilience and Social Resilience

The table reveals that healthcare workers demonstrate a high level of resiliency across mental, emotional, physical, and social dimensions, with an overall composite mean of 4.37 verbally interpreted as "Often" or "High Extent." Among the indicators, mental resilience ranked first with a mean of 4.50, suggesting that respondents are highly capable of maintaining focus, adapting to challenges, and managing stress effectively. Social resilience ranked second with a mean of 4.40, indicating strong teamwork, collaboration, and support among colleagues. Emotional resilience ranked third with a mean of 4.30, showing that healthcare workers are often able to regulate their emotions and remain composed in stressful situations. Physical resilience ranked fourth with a mean of 4.29, though still within the "Often" range, reflecting their ability to handle the physical demands of their work. These findings imply that healthcare workers are generally resilient in managing the complex demands of their profession, allowing them to maintain performance and deliver quality patient care despite workplace challenges. Their combined mental, emotional, social, and physical strengths enable them to remain balanced, focused, and responsive in high-pressure environments, supporting the idea that resilience plays a crucial role in sustaining effective healthcare service delivery.

Table 2
Extent of Resiliency Among Healthcare Workers as Perceived by Themselves with Respect to Mental Resilience, Emotional Resilience, Physical Resilience and Social Resilience

Aspects	Overall Mean	Verbal Interpretation	Rank
Mental Resilience	4.50	Always (Very High Extent)	1
Emotional Resilience	4.30	Often (High Extent)	3
Physical Resilience	4.29	Often (High Extent)	4
Social Resilience	4.40	Often (High Extent)	2
Composite Mean	**4.37**	**Often (High Extent)**	

3.3 Significant Difference on the Extent of Resiliency Among Healthcare Workers as Perceived by Themselves with Respect to the Cited Aspects in Terms of Their Profile

The table presents the results of the test for significant differences in the extent of resiliency among healthcare workers as perceived by themselves when grouped according to selected demographic variables. The findings show that the obtained p-values for age, sex, civil status, position title, length of service, and seminars attended are all higher than the 0.05 level of significance; hence, the null hypothesis is accepted, indicating that there is no significant difference in resiliency across these variables. This means that healthcare workers perceive their level of resiliency similarly regardless of their demographic profile and work-related characteristics. However, when grouped according to educational attainment, the p-values obtained are lower than 0.05 for all aspects of resiliency, leading to the rejection of the null hypothesis, which signifies that educational attainment has a significant influence on resiliency. This suggests that individuals with higher levels of education may possess better knowledge, critical thinking skills, and coping strategies that enhance their ability to manage stress and adapt to challenges in the workplace. Overall, the results imply that while most demographic factors do not significantly affect resiliency, education plays a crucial role in strengthening healthcare workers' capacity to respond effectively to demanding situations. These findings support the notion that resiliency is not only influenced by personal characteristics but is also shaped by educational background and the competencies developed through formal learning and training.

Table 3
Significant Difference on the Extent of Resiliency Among Healthcare Workers as Perceived by Themselves with Respect to the Cited Aspects in Terms of Their Profile

Profile	f-value	p-value	Decision	Verbal Interpretation
Age				
Mental Resilience	1.462	.237	Accepted	Not Significant
Emotional Resilience	1.313	.282	Accepted	Not Significant
Physical Resilience	.859	.469	Accepted	Not Significant
Social Resilience	1.405	.253	Accepted	Not Significant
Sex				
Mental Resilience	.028	.867	Accepted	Not Significant
Emotional Resilience	.800	.375	Accepted	Not Significant
Physical Resilience	.174	.679	Accepted	Not Significant
Social Resilience	1.621	.209	Accepted	Not Significant
Civil Status				
Mental Resilience	2.526	.123	Accepted	Not Significant
Emotional Resilience	.849	.362	Accepted	Not Significant
Physical Resilience	.642	.427	Accepted	Not Significant
Social Resilience	2.419	.126	Accepted	Not Significant
Educational Attainment				
Mental Resilience	2.180	.006	Rejected	Significant
Emotional Resilience	3.933	.008	Rejected	Significant
Physical Resilience	7.381	.000	Rejected	Significant
Social Resilience	2.608	.048	Rejected	Significant
Position Title				
Mental Resilience	1.828	.172	Accepted	Not Significant
Emotional Resilience	1.668	.133	Accepted	Not Significant
Physical Resilience	1.487	.116	Accepted	Not Significant
Social Resilience	1.833	.129	Accepted	Not Significant
Length of Service				
Mental Resilience	.591	.707	Accepted	Not Significant
Emotional Resilience	.886	.499	Accepted	Not Significant
Physical Resilience	.591	.707	Accepted	Not Significant
Social Resilience	1.044	.404	Accepted	Not Significant
Seminars Attended				
Mental Resilience	1.531	.802	Accepted	Not Significant
Emotional Resilience	1.234	.765	Accepted	Not Significant
Physical Resilience	1.241	.654	Accepted	Not Significant
Social Resilience	.567	.542	Accepted	Not Significant

3.4 Extent of Work Engagement Among Healthcare Workers as Perceived by Themselves with Respect to Compassion, Dedication and Commitment

As shown in the table, the composite mean on the extent of work engagement among healthcare workers is 3.65, interpreted as "Often," indicating a generally high level of engagement. Among the indicators, compassion ranked first with a mean of 3.89, suggesting that healthcare workers consistently demonstrate care, empathy, and attentiveness toward patients. Dedication followed with a mean of 3.58, reflecting that respondents often show commitment and perseverance in their work despite challenges. Commitment ranked last with a mean of 3.49 and is interpreted as "Sometimes," indicating that while healthcare workers still show a sense of obligation and responsibility, this aspect may need further strengthening. Overall, the findings imply that healthcare workers are generally engaged in their work, with compassion as their strongest attribute, while commitment presents an area for improvement. This suggests that although healthcare workers are able to maintain positive attitudes and provide quality care, external factors such as workload, stress, and workplace demands may affect their level of sustained commitment. Enhancing support systems, stress management programs, and recognition mechanisms may help improve overall work engagement, particularly in fostering stronger dedication and commitment. When healthcare workers feel supported and valued, they are more likely to remain motivated, collaborate effectively, and deliver consistent and high-quality patient care. These findings are supported by Maghfirroh (2024), which emphasized that resilient individuals tend to exhibit higher levels of work engagement, demonstrated through greater enthusiasm, dedication, and active participation in their professional roles.

Table 4
Extent of Work Engagement Among Healthcare Workers as Perceived by Themselves with Respect to Compassion, Dedication and Commitment

Aspect	Overall Mean	Verbal Interpretation	Rank
Compassion	3.89	Often	1
Dedication	3.58	Often	2
Commitment	3.49	Sometimes	3
Composite Mean	**3.65**	**Often**	

3.5. Significant Difference in the Extent of Work Engagement Among Healthcare Workers as perceived By Themselves with respect to the Cited Aspects in terms of their Profile.

The table presents the results of the test for significant differences in the extent of work engagement among healthcare workers as perceived by themselves in terms of compassion, dedication, and commitment when grouped according to their profile variables. The results show that for sex, civil status, position title, length of service, and seminars attended, the computed p-values are all higher than the .05 level of significance; hence, the null hypothesis is accepted, indicating no significant differences in work engagement across these variables. This suggests that regardless of gender, marital status, job position, years of service, or number of trainings attended, healthcare workers demonstrate relatively similar levels of engagement in terms of compassion, dedication, and commitment. On the other hand, when grouped according to age and educational attainment, the p-values obtained are lower than .05, leading to the rejection of the null hypothesis and indicating significant differences in all aspects of work engagement. This implies that age and level of education influence how healthcare workers perceive and exhibit engagement, with variations in motivation, emotional involvement, and professional outlook. Older or more educated healthcare workers may have developed greater coping strategies, deeper professional understanding, and stronger commitment to their roles, which enhance their engagement. These findings align with the study of Uccella (2024), which emphasized that work engagement varies depending on individual characteristics such as age, education, and work experience, as well as organizational support, opportunities for growth, and workplace environment.

Table 5
Significant Difference in the Extent of Work Engagement Among Healthcare Workers as perceived By Themselves with respect to the Cited Aspects in terms of their Profile.

Profile	f-value	p-value	Decision	Verbal Interpretation
Age				
Compassion	3.570	.021	Rejected	Significant
Dedication	4.695	.035	Rejected	Significant
Commitment	2.302	.025	Rejected	Significant
Sex				
Compassion	1.261	.267	Accepted	Not Significant
Dedication	1.695	.103	Accepted	Not Significant
Commitment	3.346	.074	Accepted	Not Significant
Civil Status				
Compassion	.001	.975	Accepted	Not Significant
Dedication	.164	.688	Accepted	Not Significant
Commitment	.003	.954	Accepted	Not Significant
Educational Attainment				
Compassion	4.229	.012	Rejected	Significant
Dedication	4.691	.003	Rejected	Significant
Commitment	5.334	.001	Rejected	Significant
Position Title				
Compassion	11.211	.000	Accepted	Not Significant
Dedication	11.822	.000	Accepted	Not Significant
Commitment	12.062	.000	Accepted	Not Significant
Length of Service				
Compassion	2.091	.085	Accepted	Not Significant

Dedication	1.386	.248	Accepted	Not Significant
Commitment	.669	.649	Accepted	Not Significant
Seminars Attended				
Compassion	.671	.055	Accepted	Not Significant
Dedication	.871	.212	Accepted	Not Significant
Commitment	.891	.331	Accepted	Not Significant

3.6. Level of Work Performance of the Healthcare Workers as Revealed in Their Latest Individual Performance and Commitment Review

The table reveals that majority of the healthcare workers have Very Satisfactory performance at 76.0% while 24.0% have Outstanding performance based on their latest Individual Performance and Commitment Review (IPCR). The mean rating obtained is 4.29, which is interpreted as Very Satisfactory (VS), with a standard deviation of .197, showing that the performance ratings are closely clustered around the mean and reflect consistency in their work performance. The highest rating recorded was 4.950, while the lowest was 4.111, further indicating generally high performance levels among the respondents.The findings imply that sustained effort, professional responsibility, and supportive workplace practices contribute positively to the work performance of healthcare workers. When healthcare workers are provided with appropriate support, clear performance standards, and opportunities for professional growth, they are more likely to maintain high levels of performance. This further implies that having a positive work environment helps healthcare workers stay motivated and focused on their responsibilities. Continuous training, recognition of good performance, and adequate resources can further enhance their skills and confidence.The findings are related to Adeyi (2023), who demonstrated that healthcare workers' performance is influenced by organizational culture, support systems, and employee resilience. High performance reflects competence, consistency, and the ability to meet professional standards despite workplace stressors.

Table 6
Level of Work Performance of the Healthcare Workers as Revealed in Their Latest Individual Performance and Commitment Review

Adjectival Rating	Numerical Point	F	%	R	HR	LR	Mean	SD
Outstanding	4.51 – 5.00	12	24.0	2	4.950	4.111	4.29 (VS)	0.197
Very Satisfactory	3.51 – 4.50	38	76.0	1	4.950	4.111	4.29 (VS)	0.197
Satisfactory	2.51 – 3.50	–	–	–	4.950	4.111	4.29 (VS)	0.197
Unsatisfactory	1.51 – 2.50	–	–	–	4.950	4.111	4.29 (VS)	0.197
Poor	1.50 and below	–	–	–	4.950	4.111	4.29 (VS)	0.197
Total		**50**	**100.0**					

3.7. Significant Relationship Between the Extent of Resiliency Among Healthcare Workers and Their Level of Work Performance

The table shows that all p-values are greater than the 0.05 level of significance, leading to the acceptance of the null hypothesis, which means there is no significant relationship between the extent of resiliency and the work performance of healthcare workers. Although healthcare workers demonstrate varying levels of mental, emotional, physical, and social resilience, these factors do not significantly influence their performance ratings as reflected in their IPCR. This suggests that while resilience helps healthcare workers cope with stress and challenges, it does not directly affect how their work performance is evaluated. Instead, performance may be influenced by other factors such as workload, work environment, available resources, supervision, and institutional standards. Therefore, improving work performance should not rely solely on enhancing resilience but should also include organizational support, fair evaluation systems, and conducive working conditions, aligning with findings that resilience may reduce stress and improve job satisfaction but does not solely determine formal performance outcomes.

Table 7
. Significant Relationship Between the Extent of Resiliency Among Healthcare Workers and Their Level of Work Performance

Variables	r-value	p-value	Ho	Verbal Interpretation
Level of Work Performance – Mental Resilience	.110	.448	Accepted	Not Significant
Level of Work Performance – Emotional Resilience	.171	.234	Accepted	Not Significant
Level of Work Performance – Physical Resilience	.147	.310	Accepted	Not Significant
Level of Work Performance – Social Resilience	.052	.721	Accepted	Not Significant

3.8. Significant Difference Between the Extent of Work Engagement Among Healthcare Workers and Their Level of Work Performance

As shown in the table, all p-values are greater than the 0.05 level of significance; thus, the null hypothesis is accepted, indicating that there is no significant relationship between the extent of work engagement and the level of work performance of healthcare workers. The findings reveal that although healthcare workers demonstrate varying levels of compassion, dedication, and commitment, these aspects do not significantly correlate with their performance as reflected in their Individual Performance and Commitment Review (IPCR). This suggests that while work engagement can help healthcare workers manage stress and remain committed to their duties, it does not directly influence how their performance is formally evaluated. Work performance is likely affected by other factors such as workload, working environment, available resources, supervision, and institutional standards. Therefore, improving work performance should not rely solely on enhancing work engagement but should also consider organizational support, effective evaluation systems, and conducive working conditions that enable healthcare workers to perform at their best, consistent with findings that resilience and engagement may reduce stress and increase job satisfaction but do not solely determine performance outcomes

Table 8
Significant Difference Between the Extent of Work Engagement Among Healthcare Workers and Their Level of Work Performance

Variables	r-value	p-value	Ho	Verbal Interpretation
Level of Work Performance – Compassion	.176	.222	Accepted	Not Significant
Level of Work Performance – Dedication	.229	.110	Accepted	Not Significant
Level of Work Performance – Commitment	.194	.176	Accepted	Not Significant

4. Conclusion & Recommendations

Based on the findings of the study, it is concluded that several demographic variables such as age, sex, civil status, position, length of service, and seminars attended generally do not significantly affect the resiliency and work engagement of healthcare workers, except for educational attainment and age, which show some influence. Furthermore, the results indicate that both resiliency and work engagement do not have a significant impact on the work performance of healthcare workers. This suggests that while healthcare workers may possess varying levels of resilience, compassion, dedication, and commitment, these personal attributes alone are not strong determinants of their formal performance evaluations, as other factors within the work environment may play a more crucial role.

In light of these findings, it is recommended that healthcare institutions implement programs that promote work-life balance, reduce burnout, and enhance employee well-being through flexible work arrangements and wellness initiatives. Opportunities for further education, training, and professional development should also be encouraged to strengthen healthcare workers' competencies. Hospital administrators are advised to provide continuous support, recognition, and training focused on stress management, emotional intelligence, and patient-centered care to further enhance both personal and professional growth. Additionally, fostering mentorship programs, encouraging reflective practices, and supporting further research on other factors affecting work performance are essential in improving healthcare service delivery and sustaining a highly engaged and resilient workforce.

Compliance with ethical standards

The author declares no conflict of interest. This research received no specific grant from any funding agency in the public, commercial, or not-for-profit sectors. This study was self-funded. The authors thank the participating respondents for their contributions

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