Stress and Coping Mechanisms of Staff Nurses Employed from 2000 to 2026 in Selected Government Hospitals in the First District of Batangas

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ABSTRACT

This study determined the occupational stress and coping mechanisms of staff nurses hired from 2000 to 2026 and currently employed in selected government hospitals in the First District of Batangas. It examined occupational stress in terms of workload, work environment, interpersonal relationships, and organizational factors and identified the coping mechanisms utilized in terms of problem-focused, emotion-focused, and avoidant coping. A quantitative descriptive-correlational research design was employed among one hundred fourteen staff nurses. Data were collected using a validated survey questionnaire and analyzed using descriptive statistics, tests of significant differences, and Spearman's rho correlation. The findings showed that occupational stress was experienced across the four dimensions, with workload, work environment, interpersonal relationships, and organizational factors identified as sources of workplace stress. Problem-focused, emotion-focused, and avoidant coping mechanisms were all often utilized by the staff nurses. Significant differences in coping mechanisms were found according to years of nursing service, particularly in problem-focused and emotion-focused coping, while avoidant coping did not significantly differ across the demographic and employment profiles. Significant positive relationships were found between occupational stress and all three coping mechanisms. Problem-focused coping demonstrated moderate positive relationships with all four stress dimensions, while emotion-focused coping showed weak to moderate and avoidant coping showed moderate positive relationships. Based on the findings, Project CARES (Coping, Adaptation, Resilience, and Employee Support) was proposed as a stress management intervention program to strengthen coping, workplace support, communication, workload management, and staff well-being.

Keywords: coping mechanisms, government hospital, occupational stress, staff nurses, Project CARES

INTRODUCTION

Background of the Study

Nursing is a widely recognized demanding career due to the physical, emotional and complex demands of caring for patients faced by staff nurses on a regular basis. (Rizany et al., 2022). They work in a situation that requires a high level of attention, speed of decision making, and the ability to adjust to the patient's situation while maintaining safety and quality. In government hospitals here in the Philippines, these demands can be increased by high workload, low staffing, rotating or night shifts, limited resources, and increased exposure to critical illness and death. Studies internationally have reported that occupational stress in nurses is related to fatigue, psychological distress, decreased job satisfaction, burn-out and poor professional performance (Rizany et al., 2022; Weret, 2023; Khade et al., 2022).

The same has been noted among Filipino nurses especially during times of heightened stress on the healthcare system. Compassion fatigue, psychological distress, a decrease in work satisfaction, and increased plans to leave the organization or profession have been seen among frontline nurses in the Philippines (Labrague & de los Santos, 2021a, 2021b). Stress in work can also have an impact on nurses' engagement, relationships with others and their own perception of quality of care. These repercussions are of paramount significance in government

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hospitals where staff nurses are supposed to be providing uninterrupted services even in the face of limited resources and staff.

Nurses' coping strategies can impact their response to occupational stress. Problem-solving, accepting, adapting with resilience, positive reframing, social support and spirituality are adaptive strategies which can decrease emotional exhaustion and maintain professional functioning. Conversely, maladaptive coping mechanisms like avoidance and self-blame can contribute to increased feelings of psychological stress and burnout (Abou Hashish & Atalla, 2023; Sari et al., 2023). This stress-coping relationship is significant, since the coping responses that nurses bring to the workplace may affect their well-being, job satisfaction, retention, and quality patient care.

Despite the growing body of literature on occupational stress and coping among nurses, several gaps remain. Much of the available evidence has focused on the COVID-19 pandemic, specialized clinical units, or nurses observed within a limited employment period. In the Philippines, Gonzales et al. (2024) examined psychological distress and coping styles among nurses and physicians in a COVID-19 referral hospital. However, the study centered on pandemic-related experiences and compared different professional groups. Limited local research has directly examined the relationship between occupational stress and coping mechanisms exclusively among staff nurses while also considering their demographic and employment characteristics. Evidence is particularly scarce for nurses employed across different periods from 2000 to 2026 in government hospitals in the First District of Batangas. This gap supports the need for a localized investigation of stress, coping mechanisms, group differences, and the relationship between the two principal variables.

In response to these gaps, the study aims to determine the stress levels and coping mechanisms of staff nurses employed from 2000 to 2026 in selected government hospitals in the First District of Batangas. It also seeks to identify the prevailing sources of stress, describe the coping strategies used by nurses, examine possible differences according to relevant personal and employment characteristics, and determine whether stress is significantly related to coping mechanisms. The results could inform hospital management regarding the development of wellness programs, stress management programs, psychological support services, and hospital policies that are responsive to the needs of staff nurses. The study supports Sustainable Development Goal 3 on health and well-being and AmBisyon Natin 2040’s vision of a healthy, resilient, and productive Filipino population (National Economic and Development Authority [NEDA], 2016; United Nations, 2015). It is likewise aligned with institutional and national priorities concerning health systems strengthening, workforce welfare, nursing practice, and evidence-based decision-making.

Statement of the Problem

This study seeks to determine the stress levels and coping mechanisms of staff nurses hired from 2000 to 2026 and currently employed in selected government hospitals in the First District of Batangas. Specifically, it aims to answer the following questions:

1. What is the demographic and employment profile of the respondents in terms of:

1.1. age;

1.2. sex;

1.3. civil status;

1.4. educational attainment;

1.5. years of service; and

1.6. area of assignment?

2. What is the level of occupational stress experienced by staff nurses in terms of:

2.1. workload;

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2.2. work environment;

2.3. interpersonal relationships; and

2.4. organizational factors?

3. What coping mechanisms are utilized by staff nurses in managing occupational stress in terms of:

3.1. problem-focused coping;

3.2. emotion-focused coping; and

3.3. avoidant coping?

4. Is there a significant difference in the level of occupational stress experienced by staff nurses when they are grouped according to their demographic and employment profile?

5. Is there a significant difference in the coping mechanisms utilized by staff nurses when they are grouped according to their demographic and employment profile?

6. Is there a significant relationship between the level of occupational stress and the coping mechanisms utilized by staff nurses?

7. What stress management intervention program may be proposed based on the findings of the study?

Based on the research problems stated, the following hypotheses are formulated:

H_{01}: There is no statistically significant difference in the level of occupational stress experienced by staff nurses when they are grouped according to age, sex, civil status, educational attainment, years of service, and area of assignment.

H_{02}: There is no statistically significant difference in the coping mechanisms utilized by staff nurses when they are grouped according to age, sex, civil status, educational attainment, years of service, and area of assignment.

H_{03}: There is no statistically significant relationship between the level of occupational stress and the coping mechanisms utilized by staff nurses.a

Purpose of the Study

This study seeks to determine the stress levels and coping mechanisms of staff nurses hired from 2000 to 2026 and currently employed in selected government hospitals in the First District of Batangas.

The specific objectives are as follows:

1. To describe the demographic and employment profile of the respondents in terms of age, sex, civil status, educational attainment, years of service, and area of assignment.

2. To assess the level of occupational stress experienced by staff nurses in terms of workload, work environment, interpersonal relationships, and organizational factors.

3. To identify the coping mechanisms utilized by staff nurses in terms of problem-focused coping, emotion-focused coping, and avoidant coping.

4. To determine whether there is a significant difference in the level of occupational stress when respondents are grouped according to their demographic and employment profile.

5. To determine whether there is a significant difference in the coping mechanisms utilized when respondents

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are grouped according to their demographic and employment profile.

6. To determine whether there is a significant relationship between the level of occupational stress and the coping mechanisms utilized by staff nurses.

7. To propose a stress management intervention program based on the findings of the study.

Significance of the Study

Occupational stress can influence the health, performance, work satisfaction, and professional retention of staff nurses. Stress and coping among nurses in government hospitals are important to understand given the constant demand on their services and the fact that these facilities often have large and diverse populations of patients. By examining the stress levels and coping mechanisms of staff nurses hired from 2000 to 2026 in selected government hospitals in the First District of Batangas, the study may provide locally grounded evidence that may benefit the following groups:

Staff Nurses. The study may help staff nurses recognize the occupational conditions that contribute to their stress and the coping mechanisms they commonly employ. The results may raise awareness about their problem-focused, emotion-focused or avoiding reactions. This awareness may help them reinforce healthy coping mechanisms, reach out for the right help, and avoid burnout, emotional fatigue or decreased productivity at work. The results may also help staff nurses to express concerns in the workplace that might not be expressed in a way that is sufficiently recognized.

Hospital Administrators. The results could offer evidence to hospital administrators about the extent and nature of occupational stress among their nursing staff. Data regarding workload, work environment, interpersonal relationships and organizational factors may inform the examination of institutional policies, staffing, scheduling, employee assistance and workplace wellness programs. The proposed intervention program might also provide a framework for developing interventions that target coping stressors and organizational stressors.

Chief Nurses, Nurse Managers, and Supervisors. The findings may be used by nursing leaders to gain an understanding of the differences in stress and coping among nurses with different demographic characteristics, lengths of service and areas of assignment. This information may be used to inform duty sharing, optimize shift schedules, determine which units need extra support and resources, and offer prompt psychological or supervisory support. The results could also be used to guide nursing executives to support effective communication and peer support, as well as conflict management and healthy working relationships in clinical units.

Hospital Human Resource and Employee Welfare Personnel. Evidence of the psychological and occupational needs of staff nurses could be of benefit to human resource and employee welfare offices. Results from the study may be used to inform orientation programs, stress management seminars, counselling services, resilience-building programs and work-life support. It may also help shape the programs for nurses at various stages of their careers, from new to seasoned.

Patients and Their Families. Interventions which benefit the health of the nurses may also benefit patients and their families indirectly. Stress reduction also allows for better attentiveness, emotional availability and consistency of staff nurses in providing safe and compassionate care, which can positively impact their work. Better stress management may also mean that staff nurses have attention to detail, are emotionally available, and are consistent in providing safe and compassionate care, which can positively affect their work. Reducing excessive stress may also contribute to stronger communication, fewer performance difficulties, and improved patient experiences within government hospitals.

Government Hospitals and Local Health Authorities. The results could be used as a guide for workforce planning at participating hospitals and local health authorities for health system improvement. Local evidence may be used to inform decisions on staffing, retention of staff, occupational health, mental health provision, and

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resource allocation. The study may also demonstrate the importance of including nurses' mental well-being in policies intended to strengthen public hospital services in the First District of Batangas.

Nursing Education and Training Institutions. The results may be incorporated by nursing schools and continuing professional development providers in developing learning activities about stress recognition, coping, resilience, communication and self-care. Knowledge of the real experiences of the practicing nurses might be useful to assist in supporting educators' attempts to equip nursing students and professionals with psychological and organizational skills for hospital practice.

Policymakers and Nursing Organizations. The outcomes may offer local data to policymakers and professional nursing organizations about occupational stress and coping among government hospital nurses. This evidence may inform policies, advocacy on safe staffing, protecting the workforce, mental health support, healthy practice environment and keeping qualified nurses in public health organizations.

Future Researchers. The study may add to the limited local literature on occupational stress and coping mechanisms among staff nurses. The results obtained may be used as a guide in other districts, provinces, hospitals or nursing specialties. Other factors that could be studied in future research include patient safety, quality of care, job satisfaction, organizational commitment, turnover intention, resilience, and burnout.

Scope and Delimitations

This study focused on the occupational stress levels and coping strategies of registered staff nurses recruited from 2000 to 2026, and currently working in government hospitals in the First District in Batangas. It also featured eligible staff nurses from various clinical settings, including medical, surgical, emergency, intensive care, operating room, outpatient and other patient care units in the participating hospitals. The study evaluated occupational stress with respect to workload, work environment, interpersonal relationships and organizational factors. It also categorized problem-focused coping as well as emotion-focused coping and avoidant coping of the respondents. The study also involved the description of the respondents' age, sex, marital status, education, years of service and area of assignment.

The investigation determined whether occupational stress and coping mechanisms differ when the respondents are grouped according to their demographic and employment characteristics. It also analyzed how nurses' occupational stress is related to coping strategies used. Results of the evaluation were used to recommend a stress management intervention program for the psychological health and professional functioning of staff nurses. Data was collected using a researcher-made survey questionnaire developed with reference to established concepts on nursing stress and coping. The instrument was administered after it has been expertly validated and pilot tested.

The study was conducted in selected government hospitals in the First District of Batangas. Only registered nurses currently employed as staff nurses, have direct patient care responsibilities, and were hired within the identified period were included. Nurses who work mostly as chief nurses, nurse managers, nurse supervisors, administrators, educators, or as nonclinical staff were excluded, as their roles and stressors are different from those of bedside nurses. Nurses from private hospitals, hospitals outside the First District of Batangas, and other health care professionals were excluded from the study.

The findings were based on the respondents' self-reported perceptions and experiences at the time of data collection. Consequently, the accuracy of the results were based on their honesty, understanding of the questionnaire items, and willingness to disclose their experiences. The study was limited to occupational stress related to the nursing profession and hospital environment. Personal issues such as family conflict, financial problems, previous medical or psychological history, and other social problems were not assessed by themselves unless the respondent sees a link between these issues and their work-related stress and coping behaviors. There was no clinical diagnosis or psychological testing of participants or direct observation of workplace behavior. Its conclusions therefore applied primarily to the participating staff nurses and may not be generalized to all nurses or health institutions in Batangas or other locations.

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Definition of Terms

The following key terms are defined operationally to the study:

Coping Mechanisms. These refer to the strategies used by the respondents to manage work-related stress. In this study, they are assessed in terms of problem-focused coping, emotion-focused coping, and avoidant coping.

Government Hospitals. These refer to the publicly funded hospitals located in the First District of Batangas that are selected as the study sites.

Occupational Stress. This refers to the physical, emotional, and psychological strain experienced by the respondents in performing their nursing duties. It is assessed in terms of workload, work environment, interpersonal relationships, and organizational factors.

Staff Nurses. These refer to registered nurses hired from 2000 to 2026 who are currently employed in direct patient care positions in selected government hospitals in the First District of Batangas.

Stress Management Intervention Program. This refers to the proposed output of the study that was developed based on the findings on occupational stress, coping mechanisms, and respondent characteristics. It is intended to support adaptive coping and improve the well-being of staff nurses.

REVIEW OF RELATED LITERATURE AND STUDIES

This chapter reviews related literature and studies drawn from the researcher's in-depth investigation. Sources include local and foreign books, journals, online materials, as well as master's theses and dissertations. These references provide relevant background and support for the present study.

Thematic Review of Related Literature

Occupational Stress Among Staff Nurses

Occupational stress is a prevalent concern among staff nurses across different hospital settings and healthcare systems. The nursing profession requires continuous physical effort, emotional engagement, sound clinical judgment, and sustained responsibility for patient safety, all of which expose nurses to considerable workplace demands. Occupational stress arises when these demands exceed the resources, support, or coping capacity available to nurses, thereby affecting their physical health, psychological well-being, interpersonal relationships, and work performance (Rizany et al., 2022; Weret, 2023). Although the reported magnitude of stress varies across healthcare institutions and countries, both international and Philippine studies consistently indicate that a substantial proportion of nurses experience occupational stress during the course of their professional practice (Weret, 2023; Labrague, 2021).

In public hospitals, occupational stress is a common problem affecting nurses. The study found that in Ethiopia, almost half of the nurses were affected by occupational stress, which means that a significant number of nurses in Ethiopia are stressed due to their work. Additionally, Weret (2023) determined that there were personal and employment factors that affect occupational stress. Their results showed that stress is not a rare occurrence for nurses, but could happen to many other individuals who are directly involved in taking care of patients.

The higher level of occupational stress reported by the nurses in the tertiary hospital in India. The level of stress experienced by most nurses was moderate and more than a third of them had high stress. Few reported low stress and none was totally free from occupational stress. These results underscore the prevalence of stress among nurses, and its impact on the psychological health, job performance, and the nurse's satisfaction with their job, in general (Jiju & Singh, 2022).

But the intensity of the stress at work is not the same in every hospital. Staff nurses from another hospital in India predominantly experienced mild stress, while the remaining nurses had moderate stress. All participants suffered from some level of stress with no severe cases reported. Joseph et al. (2021) also concluded that there

was no significant association between age, gender, marital status, educational qualification, and years of experience with occupational stress. This means that stress can be felt among a variety of groups of nurses and is not limited to a specific demographic.

Occupational stress was also examined in nurses of a tertiary hospital in a metropolitan city in India and its psychological effects were noted. Some 45% of the nurses were stressed and their stress was strongly linked to various aspects of mental health. A few nurses exhibited higher depressive and paranoid scores suggesting that sustained stress on the job could impact emotional and psychological functioning. No significant differences were observed among various age groups, length of service, and departmental assignment, which indicate that nurses of all ages, experience levels, and clinical areas might be at risk of stress (Khade et al., 2022).

In addition to psychological effects, occupational stress can also cause physical symptoms, relationship problems and decreased work productivity. Nurses in Ghana termed stress as a phenomenon that impacted them physically, emotionally, relationally and performance wise. The results of the study conducted by Darkey et al. (2023) showed general body pain, tiredness, mental health problems, ineffective relationships, and reduced productivity at work. The results of these studies show that stress in the workplace can impact not only the individual nurse, but also personal life and nursing practice.

During the COVID-19 pandemic, when nurses were under increased clinical and emotional stress, the effects of occupational stress were more apparent. Nurses working during the period said that they experienced high levels of occupational stress, which called for extra care of their welfare during health emergencies. Abuatiq & Borchardt (2021) noted that the nurse administrator is in a position to identify stress and set up interventions to help nurses. The pandemic experience has demonstrated that occupational stress that lasts for a long time can make nurses more vulnerable to physical fatigue, emotional stress, and reduced work performance.

Occupational stress was also a continuous issue in Botswana among the health care workers, nurses as they are called, who provide basic health care services. Nurse experience in these condition was found to have a negative impact on the well-being of the nurses and their effectiveness on professional duties. Maphangela (2022) argued that occupational stress not only has individual consequences but also has institutional consequences; that its effects can impact the quality and continuity of health care services.

Similar evidence of the psychological stress of nurses can be found in Philippine literature. Increased psychological distress was linked with increased fear of COVID-19, decreased job satisfaction, and higher intention to quit the organization and nursing profession among Filipino frontline nurses during the COVID-19 pandemic. Labrague & de los Santos (2021a) demonstrated the impact of nurses' emotional responses to stressful health issues on their mental health and employment opportunities. The results suggest that pressures at work can play a role in the onset of distress but also in whether a nurse wants to stay in their profession or job.

Compassion fatigue was also identified as an occupational concern among the front line nurses in the Philippines. Higher levels of compassion fatigue were related to worse work outcomes and negative perceptions of quality of care. But some of the adverse impacts of the exposure were mitigated by resilience. Labrague and de los Santos (2021b) revealed that the emotional demands that nurses undergo can gradually have an impact on their satisfaction level, professional functioning, and ability to provide good care to patients.

Similar results were indicated amongst nurses in the Central Philippines, where compassion fatigue was linked to decreased mental health and greater intentions to leave the profession. Emotional exhaustion can, in turn, impact a nurse's psychological state and their desire to stay in their profession (De los Santos, 2023). This suggests that occupational stress and its manifestation as emotional fatigue have ramifications on the workers' health and retention in the workplace of health institutions in the Philippines.

The association between work engagement and professional and personal outcomes of Filipino nurses was also found. Those nurses who reported higher levels of engagement were more likely to report positive work and patient outcomes, while lower engagement was related to stress, burnout and decreased satisfaction. Falguera et al. (2023) emphasized the significance of nurses' psychological relationship with their work, noting that reduced engagement can occur with negative events that impact their well-being and functioning.

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In general, the literature reviewed shows that occupational stress is prevalent among staff nurses in both international and Philippine contexts. Stress levels can be mild to high, but even where lower levels have been reported in studies, there is stress within much of the nursing workforce. Psychological distress, physical fatigue, depressive symptoms, diminished interpersonal relationships, diminished job satisfaction, diminished work productivity, compassion fatigue, and intent to leave the job are all associated with occupational stress. Results of studies on age, years in practice, department assignment and other personal attributes are not uniform but the literature reveals that the stress of the work can impact nurses at all stages of their careers.

Sources and Factors Contributing to Nurses' Stress

Stress among nurses is a combination of working demands, organizational factors, relationships between nurses and others, and personal responsibilities. Nurses must deliver ongoing and precise care in the face of shifting patient circumstances, restricted time, and stressful circumstances. If there is a lack of staffing, resources, administrative support and recovery opportunities to meet these demands, they can and do emerge as a constant source of work-related stress. The literature indicates that nurses' stress is rarely caused by one factor alone. Rather, it typically occurs due to a combination of pressures that happen at and outside work.

A wide survey of hospital nursing literature revealed many conditions which may lead to stress on the job. Some of the most significant factors were a heavy workload, an unfavorable work environment, and a clash between work and family responsibilities. These pressures can negatively affect the performance of nurses and increase the risk of patient care errors occurring (Rizany et al., 2022). Other factors identified were low compensation, low job satisfaction, unclear job responsibilities, lack of support and multiple role difficulties. The results indicate that the overall organization of nursing work is more important than individual clinical events in the workplace in determining workplace stress.

Workload has been identified routinely as a major contributing source of stress among nurses. Stress was a very common occurrence among critical care nurses in Pakistan in regard to workload and workload intensity. Being constantly attentive to critically ill patients, responding quickly and paying close attention to them can lead to physical and mental fatigue. Saher et al. (2022) reported that the highest frequency of stress being reported by critical care nurses was from workload-related pressure. Nurses in intensive and emergency units may thus be at greater risk of occupational stress than other nurse groups when considering responsibilities related to high-acuity care.

Hospital practice needs can also be different from what is found in community and non-direct care settings. Registered nurses in Canada who worked in hospitals reported greater work-related stress and lower compassion satisfaction than nurses assigned to other settings. A key predictor of reduced secondary traumatic stress and reduced burnout was satisfaction with current employment. Maddigan et al. (2023) stated that nurses' work environments at the hospital should be supportive, as exposure to suffering patients and high stress conditions can begin to erode their professional quality of life over time.

The organizational and interpersonal aspects of nursing tasks may be significant sources of stress in public sector hospitals. Nurses can experience insults by doctors, hostility from patients and staff, bias against them because of their gender, erratic working hours and challenging workloads. When the demands are greater than the resources, limited social support from supervisors and coworkers can further increase the stress that is experienced by the nurse. According to Noor et al. (2023), the psychological, physical, and social well-being of nurses is impacted by these conditions, which could also decrease their efficiency in their work.

However, emotional exposure is another significant factor in the stress level of nurses. Ethiopian public hospitals reported death and dying, treatment uncertainty, and disagreements with doctors as the most stressful conditions to working in nursing. Such experiences put nurses in a position where they have to care for themselves and for patients and families. Storey et al. (2023) also identified shifts to occupations and parental care as factors that were related to occupational stress, which highlights the interaction between working conditions and household roles which can add to the strain.

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A similar study was conducted among nurses in Oman that yielded similar results. Workload was indicated as the main factor of work-related stress, which was closely related to the emotional stress of death and dying. Stress was significantly related to night duty, staff level nursing roles and reduced job satisfaction. Al-Yaqoubi and Arulappan (2023) showed that pressures of nursing have to do with the amount of work assigned and the emotional demands of caring for patients whose wellness may deteriorate or lead to their death.

The importance of shift patterns in relation to stress among nurses is also highlighted. In Saudi Arabia, primary health care nurses who worked at night had a higher level of stress, and those with chronic health conditions were also more vulnerable. All workplace stressors were associated with overall stress in a positive direction. Abdoh et al. (2021) suggested that nonstandard working hours could potentially impact on the nurses' rest, health, personal life and recovery time between jobs. The responsibilities of night work can be particularly challenging if the nurse is concerned about their health or has a health responsibility that does not involve the workplace.

Hospitals became more precarious due to the COVID-19 pandemic. Emergency nurses were exposed to more patients, longer hours, poor shift handoffs, lack of personal protective equipment and having to make quick clinical judgments. They were also concerned about getting the disease and spreading it to their families. Suryati et al., (2023) found two types of factors, namely organizational and personal factors such as lack of resources, domestic responsibilities, fear of infection, gender pressure and lack of emotional support. Stress related to discrimination by community members was also a factor among nurses who cared for infected patients.

In the Philippines, these sources of stress have also been found in the Filipino nurses. Fear of COVID-19 was a significant factor in the job related stress of frontline community nurses during the pandemic. Fear was associated with the threat of infection, lack of understanding about the disease, and anxiety about the safety of themselves and their families. Higher fear was correlated with higher job stress and more intention to quit work. When nurses regularly experience threat from infectious diseases in their front-line duties, they become a significant stressor, as shown by de los Santos and Labrague (2021).

This unpreparedness for unexpected clinical demands can in turn contribute to increased fear and stress. The job role of front-line nurses and lack of COVID-19 training were shown to be the factors that were most associated with fear of COVID-19 in the Philippines. Psychological distress, less work satisfaction, and greater organizational and professional turnover intentions were related to increases in fear. The study results showed that uncertainty and lack of preparation can contribute to nurses' feeling of vulnerability during health emergencies (Labrague & de los Santos, 2021).

Another major issue that concerns the nurses from the Philippines is the conflict between work and family responsibilities. Nurses may find it difficult to perform duties to their patient, household, family, and work schedule, all at the same time. The Philippines revealed moderate work–family conflict among nurses, and age, educational attainment, hospital size, and hospital location were found to predict the occurrence of work–family conflict. Lower job satisfaction, decreased psychological well-being and increased organizational turnover intentions were also linked to work–family conflict. Labrague et al. (2021) demonstrated that stress among nurses can be present outside the hospital, when their professional responsibilities interfere with their roles in the family.

The emotional needs of the distressed patients are also a factor in the stress experienced by Filipino nurses. A significant percentage of frontline nurses had moderate to severe compassion fatigue during the pandemic. This situation was linked to decreased job satisfaction, care quality perception, and an intention to quit the organization. Labrague and de los Santos (2021) noted that nurses can become emotionally depleted due to the repeated exposure to patients' suffering and death, particularly when the work conditions remain challenging, which can lead to a prolonged exposure. While some, such as resilience, lessened these impacts, compassion fatigue was a significant work-related risk.

Stress can also be magnified by the situation of the health system in general in the Philippines. Structural issues that have been identified as concerns of Filipino nurses include low salaries, delayed benefits, limited regular government positions, understaffing, heavy patient loads, overwork, and insecure employment. These factors can lead to burnout, resignation, job changes, and moving to another place. Alibudbud (2023) asserted that

individual mental health interventions are not enough if the organizational and economic factors that are leading to a stressful situation are not addressed. To alleviate pressure on the local nursing workforce, it is therefore essential for structural employment issues to be addressed.

The literature collectively suggests that workload, staffing deficits, rotating schedules, night work, emotionally challenging patient situations, lack of remuneration, scarcity of resources, low job satisfaction, work–family conflict, and violence are factors that can significantly contribute to nurses' stress. In times of public health emergencies, such pressures are exacerbated by the threat of infection, lack of familiarity with assignment, lack of protective resources, and worry about infecting household members. The findings from the Philippines mirror many of the same concerns found globally, and highlight some local structural issues including understaffing, job insecurity, low pay, and ongoing nurse migration.

Coping Mechanisms of Staff Nurses

Coping mechanisms refer to the cognitive, emotional, behavioral, and social responses that nurses use to manage work-related stressors and reduce their adverse effects. These responses may be directed toward addressing the source of stress, regulating emotional reactions, seeking practical or emotional support, or temporarily distancing oneself from difficult situations. The effectiveness of a coping strategy may vary according to the nature and controllability of the stressor, as well as the personal and workplace resources available to the nurse. Research has shown that nurses commonly use problem-focused and emotion-focused coping, social support, self-care practices, relaxation, spirituality, and resilience when responding to occupational pressure (Labrague, 2021; Lorente et al., 2021; Williams et al., 2022). These strategies may help preserve nurses' psychological well-being, although their effectiveness depends on how appropriately they are applied to the stressful situation.

Personal interventions can be used to promote better healthier and more accessible responses to work stress for nurses. There is potential for technology-based programs incorporating relaxation and cognitive-behavioral components to reduce job-related stress and enhance nurses' well-being. These interventions might involve guided breathing, meditation, cognitive reframing, virtual activities and other forms of structured self-help. Programs delivered digitally can be especially helpful as nurses often are not able to attend programs due to their busy schedules and limited face-to-face availability, as stated by Velana and Rinkenauer (2021). But these programs can be successful if they are accessible, relevant and used in the workplace.

The effect of coping also depends on the nature of the coping strategy and the nurse's ability to cope with challenging situations. In the context of the COVID-19 pandemic, emotion-focused coping and psychological resilience were important psychological mechanisms for the psychological adjustment of nurses. Emotion-focused responses supported the nurses in dealing with distressing emotions related to fear, uncertainty, and challenging clinical scenarios. Lorente et al., (2021) reported that coping was shown to interact with resilience in its impact on psychological distress, thus coping needs to be considered as either effective or ineffective. Strategies can be useful when they are congruent with the nature of the stressor but can be less useful when they are employed to solve an unmanageable problem.

Resilience is similar to coping, in that it enables nurses to bounce back, adjust, and maintain their practice in the face of prolonged stress within the workplace. For intensive care nurses, these strategies for enhancing resilience involved the building of positive personal qualities, supportive relationships and psychological support. In addition to personal coping resources, Zenani et al. (2022) pointed out that the systematic support of nursing management is also needed. Individual stress management efforts alone might not be enough, especially when situations at work are constantly exposing nurses to emotional stress. Resilience is reinforced through clear communication, relational support, psychological services and the restoration of physical and emotional resources provided to nurses.

Another coping mechanism that can be helpful for nurses to manage stress and avoid burnout is being mindful. Mindfulness practices involve tuning into the here and now, but not reacting to it. For nurses, these might involve emotional awareness, focus and measured reactions in stressful situations. Armstrong and Turne (2022) identified that the overall mindfulness-based interventions had a positive effect on reducing stress and burnout

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amongst nurses in acute hospital settings. Interventions may be modified for nursing schedules, but must be done in a way that does not result in their being impractical to implement.

The workplace must also be made conducive to recovery and psychological safety to deal with occupational stress. While nurses might try to safeguard themselves by engaging in personal activities, personal coping is unlikely to be sufficient to alleviate burnout. West et al., (2022), argued that there is a need to implement both personal and organizational strategies to achieve effective prevention. Nurses can recuperate from extended occupational stress with access to wellness activities, confidential mental health consultation, supportive work relationships and reasonable work-life boundaries. A positive organizational culture can also minimize nurses' reluctance to obtain help when they are emotionally drained.

Nurses also employ informal and personally meaningful activities to restore energy after the stressful job. In one hospital setting, prayer was a very common stress management tool. Sleep, music, social interaction, recreation and planned travel were also used as coping strategies by the nurses. Shahzadi et al. (2022) demonstrated that coping can take place via everyday activities that enable nurses to recuperate, shift focus, or gain comfort. The desire for prayer is another example of the importance of spirituality in coping, as people may find strength, hope and emotional support from their religious beliefs.

More direct coping responses have been found in health workers in the operating theatres. Stressful situations were often dealt with through active coping, planning, positive reevaluation, acceptance, and seeking emotional support. These approaches are indicative of efforts to gain understanding of a problem, to explore potential options for action, to make sense of the experience and to seek assistance from others. Psychological aid and training in preparation can help build the capacity of medical staff to deal effectively with stressful situations, particularly of young and inexperienced staff (Michalak et al., 2022).

The same approach was found with nurses in the internal medicine and surgical wards in Croatia. Problem solving, social support, and self-control were all frequently used and avoidance was less frequently reported. Despite this, nurses still did not experience the full success they needed in managing stress, and felt their role was limited in stressful situations. Kundrata et al. (2022) proposed that the feelings of controllability in a situation can affect the coping approach used. Nurses who think that they have an ability to influence the outcome may be more likely to plan and assume some responsibility, while those who feel that it is an uncontrollable situation may rely more on emotional regulation or support from others.

Data from the Philippines also shows that nurses adopt several coping mechanisms and not just a single one. Nurses employed multiple culturally appropriate coping mechanisms in a COVID-19 referral hospital in Manila in relation to depression, anxiety and stress. They responded in a variety of ways such as problem solving, seeking social and emotional support, religious coping, acceptance, and other means of managing distress. Gonzales et al. (2024) discovered variations among Filipino nurses and physicians regarding some psychological stressors and coping strategies, suggesting that professional role and exposure to the workplace could influence how health workers react to stressors. The results also indicate that the interventions should consider how Filipino nurses cope with challenging situations socially and culturally.

Coping strategies of health workers at Philippine General Hospital involved emotional relief, personal connection, and hope maintenance. Family interaction and communication with colleagues, entertainment, rest, prayer, and other activities that helped to reduce distress during the pandemic were used by health workers in the pediatric department frequently. Anarna and Tomas (2024) demonstrated that health workers did not deal only with clinical knowledge or their professional preparation. Personal relationships, spiritual beliefs and opportunities for temporary distraction were also effective in helping them to manage difficult feelings and fulfil their tasks.

Relational and spiritual coping were also evident among hospital health professionals in Northern Philippines. Participants faced fear, fatigue, discrimination and emotional stress but managed to carry out their duties using religious coping, dedication to professional duty and the help of others. Faith and solidarity among health workers contributed to their resilience during challenging times, according to Capili et al. (2022). This finding

highlights the need for shared experience and interpersonal relationships in Filipino coping, especially if the health workers are feeling that their colleagues are aware of the demands they are experiencing.

Social support and non-scientific sources of nurses' support were found to be helpful in coping with their physical and psychological fatigue in a COVID-19 referral facility in the southern part of the Philippines. The nurses found support from those around them, their work colleagues, religion and other sources that were important to them. Personal experience in a crisis situation may be tiring, yet also bring a sense of completion or satisfaction to the job, as described by Rangaig and Bangcola (2023). They have found that coping can mean suffering and meaningfulness associated with being a nurse.

Frontline Filipino nurses have also been identified as having resilience as a protective coping mechanism. High levels of resilience led nurses to better cope with compassion fatigue and have more positive work outcomes. Labrague and de los Santos (2021) determined that the negative effects of compassion fatigue on job satisfaction, turnover intention and perceived care quality were mitigated by resilience. This reflects that nurses who are resilient are less emotionally exhausted and are able to carry out their duties in the face of prolonged and continual occupational stress. But this is not a substitute for sufficient numbers of staff, administrative support or healthy working conditions.

Examination of the literature reviewed revealed that coping strategies used by nurses were active problem-solving, planning, acceptance, emotional regulation, mindfulness, relaxation, prayer, rest, recreational activities, social interaction, and professional psychological support. Filipino nurses and health workers particularly relied on religious coping, family relationships, peer support, commitment to professional duty, resilience, and finding meaning in their work. Many of these mechanisms can reduce distress, but they will be effective depending on the stressful situation and the support in the workplace. As such, the literature demonstrates that coping is a personal and interpersonal process and should be supported by readily available psychological services, supportive nursing leadership, and organizational programs that meet the personal needs of nurses.

Relationship Between Stress and Coping Mechanisms Among Staff Nurses

Stress and coping are closely related because coping represents the cognitive and behavioral efforts that nurses employ to manage occupational stress and lessen its adverse effects (Lazarus & Folkman, 1984). The coping responses adopted by nurses vary according to the demands of the situation and the resources available to them, with adaptive and maladaptive strategies producing different outcomes. Adaptive strategies such as problem solving, positive reframing, acceptance, resilience, and seeking constructive social support have been associated with lower psychological distress, greater compassion satisfaction, and better professional well-being (Lorente et al., 2021; Hashish & Atalla, 2023). Conversely, maladaptive responses including avoidance, withdrawal, and self-blame have been linked to increased emotional exhaustion, compassion fatigue, burnout, and poorer psychological outcomes among nurses (Calegari et al., 2023; Sari et al., 2023). These findings suggest that the manner in which nurses cope with workplace demands can influence the extent to which occupational stress affects their well-being and professional functioning.

In Indonesia, the most common coping strategy among health workers was religious coping, while the least was maladaptive coping. The symptoms of burnout were relatively low among most of the health workers. However, greater use of maladaptive coping was significantly associated with increased burnout, while self-blame showed a similar positive relationship with burnout levels. Sari et al. (2023) described responses as those with feelings of self-criticism and were ineffective in managing stress, which can lead to higher levels of emotional and psychological exhaustion. The study results have shown that coping strategies are not only related to stress but can also increase or decrease the effects of stress.

The relationship between coping and burnout was also found with critical care nurses who have undergone a psychological educational intervention. The nurses had lower levels of emotional exhaustion and depersonalization and higher levels of personal accomplishment after the program. Mohamed et al. (2022) demonstrated that the knowledge regarding stress management and the coping responses can have positive effects on burnout. The results demonstrate that coping skills may be learned and not simply attributed to personal characteristics.

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Nurses' professional quality of life is another factor that is impacted by coping strategies. Overall, nursing professionals with higher scores in coping strategies showed higher compassion satisfaction and lower compassion fatigue during COVID-19 pandemic. Avoidance was less used, while problem solving was the most common response. Coping strategies had a positive relationship with compassion satisfaction and negative relationship with compassion fatigue; this means that positive coping can help nurses maintain fulfillment of their job and decrease the emotional depletion (Abou Hashish & Atalla, 2023).

Another coping-related resource that may be protective against the effects of sustained stress is resilience. Moderate resilience was the most typical response among nurses who were in severe burnout during the pandemic. More favorable perceptions of personal accomplishment and less emotional exhaustion were related to higher resilience. Jamebozorgi et al., (2022) stated that resilience enables nurses to adapt to adverse situations in the workplace and continue to function psychologically even when facing stressful situations. The study's results indicate that individual nurses' resilience scores are negatively associated with severe burnout compared to their lower scores on the adaptive resources.

However, coping styles may vary depending on the situations in which they are used. When it comes to nurses and physicians during the pandemic, a positive mindset correlates with better professional quality of life. In some situations, however, avoidance and problem orientation and social support were linked to greater burnout or secondary traumatic stress. According to Calegari et al. (2022), a strategy which is considered adaptive might not yield positive outcomes in all cases. For instance, asking for help can be a sign of already high distress, and on-going problem solving can become fatiguing if the stressor is one that cannot be directly controlled.

Frontline nurses' perceived stress has also been found to be associated with psychological resilience. Cognitive reframing, emotional management, self-care, peer interaction, healthy sleeping habits, physical activity, and work-life balance are some strategies that can help nurses deal with the challenging environment at work. Joy et al. (2022) highlighted the importance of personal coping resources to be used when supported by the organization. While resiliency can help minimize burnout effects and enhance job satisfaction for nurses, it can be challenging to maintain resiliency when workload is too high.

Results of intervention research also indicate the link between coping-oriented activities and lower stress outcomes. This web-based WISER intervention resulted in a decrease in burnout, depression and work-life integration challenges in health care workers. Follow-up assessments revealed that these gains were maintained following the intervention, which indicated that the brief and easily accessible coping-focused activities continued to have ongoing benefits. In a challenging clinical setting, Profit et al. (2021) illustrated that interventions encouraging the experience of gratitude, reflection, and positive emotions can increase well-being.

Wider workplace reviews also indicated that programs that incorporated mindfulness, meditation, yoga, positive mindset practices, peer networks and organizational changes tended to be linked to positive changes in the workplace in terms of resilience, engagement and quality of life. They also had associations with improvements in perceived stress, burnout, anxiety and depression. Pignata et al. (2023) stressed that coping interventions can take place at an individual level and within the workplace. Despite the small sample of organizational interventions, however, there seems to be a continued focus on the role of health care staff rather than the institutions that influence their working environments when it comes to stress management.

There is related evidence in the literature that can be found in the Philippines that shows the protective role of resilience among nurses on the front lines. Compassion fatigue was related to decreased job satisfaction, increased intention to leave, and decreased perceived quality of care. But, resilience decreased the negative impact of compassion fatigue on these outcomes. Labrague and de los Santos (2021) discovered that resilience completely mediated the association between compassion fatigue and perceived care quality and partially mediated the associations between compassion fatigue and job satisfaction and intention to leave. This means that while people who can cope resiliently might reduce the work-related effects of emotional stress, they do not completely remove the effects.

The coping styles of Filipino nurses in a COVID-19 referral hospital in Manila were also explored. The nurses felt depressed, anxious and stressed and had to use various responses to cope with their psychological distress.

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These encompassed problem-based strategies, emotional coping, acceptance, religious coping and seeking help. Gonzales et al. (2024) discovered that there are variations in coping patterns and psychological outcomes among different health workers, including nurses and physicians, suggesting that professional roles might affect the coping response of health workers. The observations confirm the need to investigate whether the coping mechanisms adopted by the nurses' are associated with increased or decreased level of distress.

Among Filipino nurses during the pandemic, stress and coping were also manifested. Burnout and lower job satisfaction were accompanied by an increased workload, unfamiliar role assignments, and unclear expectations in the workplace. Nurses are used to experiencing them via social media and with friends and family. Although significant work stress was observed, most nurses showed resilience and planned to stay in their jobs. Castro et al. (2024) demonstrated that social connection can be a source of emotional relief, but that individual coping strategies are not enough to deal with the stress that arises from structural and organizational contexts.

For Filipino health workers, the use of prayer, communication with family, communication with peers, rest, entertainment, and temporary distraction were also ways of coping with stressful experiences. These coping responses reported by Anarna and Tomas (2024) helped with emotional support and psychological recovery. Their results indicate that culturally relevant coping strategies such as spirituality and close family ties are part of the stress coping relationship in the Philippines. Such processes could be used to help keep nurses going during challenging times, but they may not be effective when workplace stress is more severe or is more enduring.

Religious belief and relational support also played a role in the resiliency of the health professionals in the hospital in Northern Philippines. The participants used their faith, collegial solidarity, and dedication to professional responsibilities to help them navigate their fear, fatigue, and emotional stress. Capili et al. (2022) found that nurses feel supported by others who share and understand their workplace experiences, which seems to increase their coping. To this end, social and spiritual coping enabled health workers to continue with their work in the face of difficulties while giving it meaning.

Overall, the literature establishes a meaningful relationship between nurses' stress and the coping mechanisms they employ. Generally adaptive responses, including problem-solving, resilience, positive reframing, mindfulness, acceptance, spiritual coping, and supportive relationships, have been associated with less distress, lower burnout, higher compassion satisfaction, and higher professional functioning. On the other hand, there is more emotional exhaustion and burnout associated with maladaptive mechanisms like avoidance and self-blame. The effectiveness of coping, however, depends on the type of stressor, the available resources, and organizational support.

Theoretical Framework

The study is based on the Transactional Model of Stress and Coping (Lazarus and Folkman, 1984). The theory regards stress as a consequence of the ongoing dynamic interaction between a person and the environment. Demanding circumstances are not the only cause of stress. Instead, it happens when people feel threatened, hurt, or helpless to cope with a situation. This is relevant to staff nurses as the same situation at work can be stressful for one nurse and not for another, depending on how they see the demand and their ability to meet it.

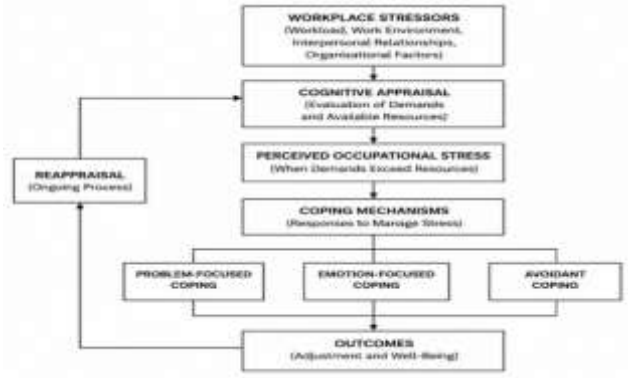


Figure 1. Theoretical Framework

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The model identifies cognitive appraisal as a central process in the experience of stress. Primary appraisal involves a person's initial evaluation of a situation to decide if it is irrelevant, helpful, challenging, threatening, or damaging. Within a nursing role, heavy workloads, challenging patient circumstances, conflict in the workplace, lack of resources or organizational pressures can all be considered threats to a nurse's physical health, emotional well-being, or professional practice. In secondary appraisal, they evaluate the capabilities and choices at their disposal for dealing with the situation, such as their personal skills, past experience, social resources, time, institutional resources, and access to adequate resources. Stress is more likely to occur when the demands of the workplace are greater than the coping resources of the nurse.

Lazarus and Folkman (1984) further explain that individuals respond to stressful situations through coping efforts. Problem-focused coping includes actions that attempt to change or alter the cause of the stress, including planning, problem solving, seeking practical help, time management, or talking about work-related issues. Emotion focused coping is directed towards managing emotional responses to stressful experiences. This may involve acceptance, positive reframing, emotional support, relaxation, prayer, or spirituality. In addition, the current study examines avoidant coping, defined as behaviors such as denial, behavioral disengagement, self-blame, or avoiding the stressful situation. Using avoidance can be helpful for the moment, but the regular use of this method can actually impede the ability of the nurse to look at the cause or effects of stress.

Because coping is also seen as a process, not a static or final reaction, the theory also stresses that coping will vary over time. A stressful situation may be re-evaluated after the nurse implements a coping strategy, and the nurse may find that the stress has decreased, stayed at the same level or increased. This process, known as reappraisal, may lead them to retain, modify, or replace their coping responses. Thus the coping strategies adopted by the nurses could differ depending on the type of stressors, prior experience, years spent in the service, location of assignment, personal resources and support at the hospital.

The Transactional Model is suitable for the study since it directly explains the relationship between the two key variables, occupational stress and coping mechanisms. workload, work environment, interpersonal relations, and organizational factors are explored through the lens of occupational stress, and problem-focused, emotion-focused, and avoidant coping is explored to assess coping. The theory supports the assumption that the stress experienced by staff nurses is influenced by their appraisal of workplace demands and that their coping responses may either lessen or intensify the effects of these demands.

In this framework, the study acknowledges that occupational stress of staff nurses cannot be seen solely as an issue of workplace pressures. It also needs to take account of the meaning that nurses give to these pressures and the ways in which they attempt to cope with them. The model therefore provides the theoretical basis for determining the stress levels and coping mechanisms of staff nurses, examining differences according to demographic and employment characteristics, and testing whether a significant relationship exists between occupational stress and coping mechanisms among staff nurses.

Conceptual Framework

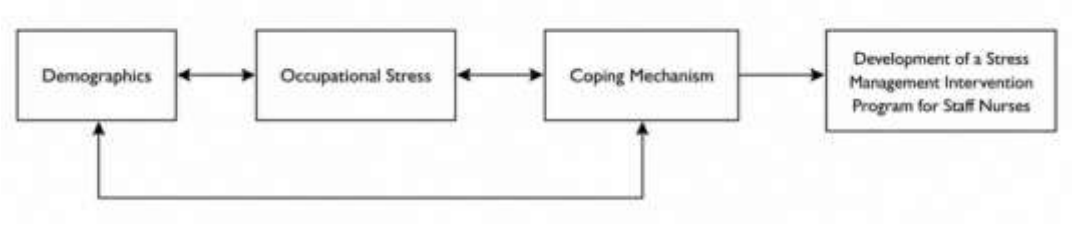


Figure 2. Conceptual Framework

The conceptual framework presents the relationship among the respondents' demographic and employment characteristics, occupational stress, coping mechanisms, and the proposed output of the study. It assumes that the stress experienced by staff nurses may vary according to their age, sex, civil status, educational attainment, years of service, and area of assignment. These attributes can influence both how nurses respond to the demands of the workplace and how susceptible they are to occupational pressures.

Occupational stress served as one of the main variables of the study and was examined in terms of workload, work environment, interpersonal relationships, and organizational factors. Bi-directional relationship between the profile and the demographic suggests a relationship between the profile of nurses and their stress level. Simultaneously, the experience of occupational stress can be connected to personal and employment factors of the respondents.

In addition, there is a reciprocal relationship between occupational stress and coping strategies as depicted in the framework. Staff nurses may use problem-focused, emotion-focused, or avoidant coping mechanisms in response to the stress they experience. The suitability and effectiveness of these coping responses may influence how nurses manage workplace demands. Conversely, the intensity and nature of occupational stress may affect the type of coping mechanism selected by the nurse.

Demographic and employment characteristics are similarly directly related to coping mechanisms. The relationship indicates that there may be differences in the approach to stress management among the age groups, civil status categories, educational levels, lengths of service, and areas of assignment of nurses. For instance, more experienced nurses may have acquired coping mechanisms that are different from the newer nurses in hospital use.

The study output is the last element of the framework. The study suggested a coping mechanism intervention program for the staff nurses based on the level of stress, coping mechanism, demographic differences, and relationship between these two main variables. The proposed program may include activities and institutional measures intended to strengthen adaptive coping, promote psychological well-being, and provide appropriate support for nurses.

Review of Previous Quantitative Studies

Workload and working conditions are significant sources of nursing stress, as identified by quantitative evidence, but the relative importance of each stressor differs between settings. Castro et al. (2024) conducted a survey of 2,229 registered nurses in the Philippines during the COVID-19 pandemic, revealing that 78.9% experienced an increase in workload and 36% were assigned tasks outside their scope of expertise. In the five public tertiary hospitals of Oman, 383 nurses were surveyed, with workload being the highest scoring source of work-related stress, closely followed by concerns about patient death and dying (Al-Yaqoubi & Arulappan, 2023). Similar research in the primary care setting in Saudi Arabia and public hospitals in Ethiopia also linked stress to the work environment and shift work (Abdoh et al., 2021; Werke & Weret, 2023). The results of this study lend support to the idea of studying workload and the work environment separately. They also recommend that staffing and organizational practices be considered when evaluating the nurses' stress scores.

Herdin

The studies offer a foundation for comparing stress levels by demographic and employment characteristics, but the findings suggest that no one profile variable is a consistent predictor of stress. Abdoh et al. (2021) identified stress among 200 nurses in government primary health care centers in Medina and its association with night shifts and chronic disease. Werke and Weret (2023) found an association with rotating shifts and having children among nurses in Addis Ababa public hospitals. Labrague et al. (2021) conducted a survey of 1,010 registered nurses in a Philippine hospital and obtained the following results: Age, education, facility size, and hospital location were found to predict work–family conflict, which in turn was found to be related to job stress. In a Manila COVID-19 referral hospital, Gonzales et al. (2024) found differences in coping styles among participant characteristics. The combined results support testing differences by age, civil status, education, years of service, and assignment area, while the Batangas results should be used to identify the differences that exist in the area. PMC

Avoidant, problem-focused, and emotion-focused coping are distinct dimensions that should be measured in research on coping. Abou Hashish and Atalla (2023) conducted a study of 443 nurses in an Egyptian university hospital, and they found that problem-solving was the most common coping strategy, while avoidance was the least common, and that overall coping scores were correlated with higher levels of compassion satisfaction and

lower levels of compassion fatigue. The same was observed by Kundrata et al. (2022) who interviewed 163 nurses from two hospitals in Croatia, with planned problem-solving and seeking social support being the most common and avoidance the least common. However, the frequency of use does not necessarily indicate coping. Calegari et al. (2022) conducted a study in Italy on 143 nurses and physicians, finding that coping strategies were associated with different aspects of professional quality of life. In a similar study of 421 nurses in 39 provinces in Spain, Lorente et al. (2021) also found that coping and resilience were complexly related to psychological distress during the pandemic. These findings favor reporting each coping dimension and examining its relationship with stress instead of combining all coping responses into a single score. journals.sagepub.com

The Philippine studies enhance the local relevance of the review and limit direct comparison. Castro et al. (2024) conducted a national survey of registered nurses and recorded stressors and coping behaviors. Anarna and Tomas (2024) conducted a study on 130 health workers in a single department of Philippine General Hospital, and found that manpower shortage and fear of infecting family members were stressors, with different responses from nurses, fellows, and residents. Gonzales et al. (2024) studied distress and coping among 571 nurses and physicians in a referral hospital in Manila. They provide methodological guidance through their use of survey measures and group comparisons. The latter two samples, however, included other professions in addition to nursing, and all three studies included conditions that were influenced by COVID-19. Their results do not provide any indication of the existing stress and coping of staff nurses in government hospitals in Batangas's first district. HERDIN

In the literature analyzed, cross sectional surveys allow for the description of stressors, comparison of groups and testing of statistical associations in working nurse populations. Some studies employed a validated scale or conducted a cross-facility sample, enhancing the clarity of measurement and the extent of the results (Al-Yaqoubi & Arulappan, 2023; Werke & Weret, 2023). The studies also employed a variety of assessment tools for occupational stress, psychological distress, and coping, making it inappropriate to directly compare scores and prevalence rates. Causal conclusions are also restricted with self-reported responses and single time-point designs. The present study aims to identify direct-care staff nurses in selected government hospitals in the First District of Batangas where stress is measured in terms of workload, work environment, interpersonal relationships, and organizational factors, and problem-focused, emotion-focused, and avoidant coping is measured. It can be compared by profile and the stress–coping relationship analyzed to provide a local basis for a proposed stress-management intervention; any observed relationship should be interpreted as an association, not a cause–effect relationship.

Research Gap and Justification

The reviewed literature consistently establishes that stress and coping mechanisms are closely related among nurses and other health care workers. International studies generally found adaptive coping approaches (problem solving, positive reappraisal, acceptance, resilience, religious coping and constructive social support) as related to lower burnout, less compassion fatigue, and higher quality of professional life. On the other hand, maladaptive attitudes like avoidance and self-blame were linked to higher emotional exhaustion and burnout (Abou Hashish & Atalla, 2023; Sari et al., 2023). These findings indicate that coping mechanisms may either lessen or intensify the effects of occupational stress, depending on the strategy used and the situation in which it is applied.

The literature also suggests that resilience is an important protective factor across international literature. During the COVID-19 pandemic, nurses' perceptions of personal accomplishment were more positive and emotional exhaustion was lower with higher levels of resilience (Jamebozorgi et al., 2022). Intervention studies also showed that coping skills can be enhanced by psychological education, mindfulness, positive psychology and workplace well-being programs. These interventions were successful in reducing health care workers' burnout, depression, work-life integration, and emotional exhaustion (Mohamed et al., 2022; Pignata et al., 2023; Profit et al., 2021). Some results, however, were not completely consistent. Some strategies, including avoidance behaviors, problem orientation, and social support, were linked to negative professional quality of life under certain conditions, while positive attitudes were linked to positive outcomes, according to Calegari et al. (2022). This indicates that the coping effectiveness is influenced by stressor control, degree of distress, and organizational support.

In general, findings from the Philippine studies corroborate those from the international studies and emphasize culturally relevant coping strategies. Spirituality, relationships and with family, peers, acceptance, resilience, rest and commitment to duty were common coping mechanisms for Filipino nurses and health workers. The findings revealed that resilience mitigated the impact of compassion fatigue on job satisfaction and turnover intention, as well as perceived quality of care (Labrague & de los Santos, 2021). Likewise, local health workers, through prayer, family interaction, and communication with their colleagues, were able to deal with the fear, fatigue and psychological stress (Anarna & Tomas, 2024; Capili et al., 2022). The results of this study show that collective support, faith and family support play a significant influence in coping in the Philippines.

Although there are clear parallels in both the international and local literature, there are also a few gaps. Several of the studies reviewed were based on crisis-related stress, burnout, compassion fatigue, or psychological distress. Little evidence therefore is available on the typical and frequent occupational stress of nurses in non-emergency settings. A few studies also included nurses working in intensive care units, operating theatres, referral hospitals or other special facilities only and so their results outlined limitations for staff nurses working in other parts of the hospital. Furthermore, some of the literature lumped nurses with physicians or other health-care workers together, making it difficult to separate the experiences of the staff nurses.

Another gap is related to the population and setting studied. International studies were undertaken in countries where the health systems, workplace culture and resources are different from those in the Philippine government hospitals. While local studies offer relevant evidence, a lot of the studies concentrate on frontline nurses during the pandemic or selected institutions in Manila, Central or Northern Philippines. There remains limited literature concerning occupational stress and coping mechanisms among staff nurses in government hospitals in Batangas, particularly in the First District. The reviewed studies also usually did not compare nurses hired over a large timeframe, such as from 2000-2026, which may impact the age of the nurse and the length of employment or experiences they have in the workplace, which can affect their stress and coping response.

There is also some limited evidence in the literature which looks at stress levels, coping strategies, demographic and employment characteristics and statistical relationships between these within one local study. There were some studies that looked at coping as related to burnout, resilience, compassion fatigue or professional quality of life, but fewer that directly looked at the relationship between occupational stress and coping mechanisms. The results for the demographic variables were also not consistent for age, civil status, years of service, work assignment, and other job variables. The gaps shown above and in the table highlight the need for a study that not only measures stress but also identifies coping mechanisms, compares coping mechanisms across demographic and employment groups, and assesses if stress is related to coping in a significant way.

In general, the literature supports the finding that adaptive coping seems to reduce the negative consequences of stress whereas maladaptive coping tends to exacerbate psychological and professional consequences. However, most of the available evidence remains concentrated on emergency or high stress conditions, specialized units, and nonlocal settings. The present study addresses these gaps by examining the stress levels and coping mechanisms of staff nurses hired from 2000 to 2026 and currently employed in selected government hospitals in the First District of Batangas. It also aims at finding out if there is any significant difference between the stress and coping by demographical and employment characteristics and whether there is any significant relationship between the two variables.

Relevance to the Current Study

The reviewed quantitative studies confirm the relevance of the study of occupational stress and coping together. Workload, working conditions and shift schedules were cited as sources or correlates of stress among nurses in Oman (Abdoh et al., 2021), Saudi Arabia (Al-Yaqoubi & Arulappan, 2023) and Ethiopia (Werke & Weret, 2023). Similar findings were reported in the Philippines regarding workload, workload outside the scope of nurses' practice, and psychological stress (Castro et al., 2024). The results of this study are in line with the evaluation of occupational stress in the staff nurses of selected government hospitals in the first district of Batangas in terms of workload, work environment, interpersonal relationship and organizational factors.

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The coping studies confirm the separation of problem-focused, emotion-focused and avoidant coping. The most common responses from nurses in both the studies of Abou Hashish and Atalla (2023) and Kundrata et al. (2022) were problem-solving and social support, with avoidance being reported less. The relationship between a coping strategy and an outcome was not consistent across studies. In the context of their study, Calegari et al. (2022) identified some strategies that were considered to be constructive, which were linked to lower professional quality of life. Lorente et al. (2021) also identified complex relationships between stressors, coping, resilience and distress. These findings suggest that it is important to know the association of each coping dimension with occupational stress for the present sample, rather than assuming that a strategy will have the same association in all hospital contexts.

The reviewed studies also support comparison of nurses based on demographic and employment characteristics. The associations with shifts, family situation, age, education, and work environment varied between the studies (Abdoh et al., 2021; Labrague et al., 2021; Werke & Weret, 2023). Results from Manila also revealed differences in coping styles according to the participant characteristics (Gonzales et al., 2024). The present study can investigate whether there are age, sex, civil status, educational level, years of service and work assignment differences in stress levels and coping mechanisms. Staff nurses hired from 2000 to 2026 enable the study to reflect a variety of employment experiences, but a cross sectional survey cannot identify changes in the stress or coping of any given nurse over time.

There is a setting gap even with the importance of the Philippine evidence. Some local studies sampled data from a single department or referral hospital or from physicians and other health workers as well as nurses during the COVID-19 pandemic (Anarna & Tomas, 2024; Castro et al., 2024; Gonzales et al., 2024). The results of their study may thus differ from the common experiences of direct-care staff nurses in government hospitals in the First District of Batangas. The present study will provide a local basis for a proposed stress management intervention program by describing stress and coping in this particular population, testing differences across respondent profiles, and examining the statistical relationship between the two variables. The program is cross sectional, and will be based on identified needs and associations, but would need to be evaluated separately for effectiveness.

METHODOLOGY

This chapter will outline the methodology that will be applied in the process of conducting the study. In particular, it will outline the research design, population, sample, and sampling methodology, research instrument, procedures used in testing validity and reliability, data collection process, statistical analysis of data, and ethical issues that are observed in the implementation of the study. The systematic data collection and analysis will be directed by these methodological elements to answer the study objectives.

Research Design

The study used quantitative descriptive-comparative-correlational research design in which the occupational stress level and coping mechanisms of staff nurses who were hired from 2000 to 2026 and are working in selected government hospital of the First District of Batangas were studied. The quantitative approach was suitable since the variables were going to be measured using numerical data which were collected by using a structured survey questionnaire and analyzed by statistical procedures.

The descriptive component was used to present the respondents' demographic and employment profile, to determine their overall level of stress, and to identify the coping mechanisms they utilized. The study did not intend to diagnose or measure occupational stress as a clinical condition. Rather, it examined the stress experienced by staff nurses in relation to selected workplace dimensions, namely workload, work environment, interpersonal relationships, and organizational factors, which have consistently been identified in the literature as common sources of stress among nurses (Rizany et al., 2022; Weret, 2023). Coping mechanisms were examined in terms of problem-focused coping, emotion-focused coping, and avoidant coping, consistent with the transactional model of stress and coping proposed by Lazarus and Folkman (1984) and supported by recent nursing research (Lorente et al., 2021).

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The differences in occupational stress and coping among the respondents with respect to their age, sex, civil status, educational attainment, years of service and area of assignment were determined in the comparative component. The correlational component established whether a statistically significant relationship exists between occupational stress and coping mechanisms. No variable was manipulated, and no intervention was introduced because the study only examined the variables as they naturally occur in the hospital setting.

Variables and Operational Definitions

The demographic characteristics of the respondents refer to the personal and professional information provided by the staff nurses in the questionnaire. These characteristics will be recorded according to the categories specified in the demographic section and used to describe the respondents. The study will also examine whether occupational stress and coping mechanisms vary according to these characteristics.

Occupational stress refers to the physical, emotional, and psychological strain experienced by staff nurses while performing their duties. In this study, it will be measured through the respondents' answers to questionnaire items on workload, work environment, interpersonal relationships, and organizational factors. The scores for these areas will be used to describe the respondents' level of occupational stress and examine its relationship with their coping mechanisms.

Coping mechanisms refer to the ways staff nurses respond to and manage stress related to their work. They will be identified and measured through the respondents' answers to the coping mechanism items in the questionnaire. The findings will show which coping practices the respondents report using and how these relate to their occupational stress and demographic characteristics.

The Stress Management Intervention Program for Staff Nurses refers to the proposed output of the study. It will be developed from the findings on respondent characteristics, occupational stress, and coping mechanisms. The program is intended to address the stressors identified in the study, support adaptive coping, and promote the well-being of staff nurses.

Population and Sampling Techniques

The study population was registered staff nurses from the year 2000 until 2026 who worked in direct patient care in the government hospitals of the First District in Batangas. The inclusion criteria included any registered nurse who has been hired from January 2000 up to the time of data collection in 2026, currently working as a staff nurse in one of the participating government hospitals and assigned to a clinical unit that involves direct patient care. The respondents must also provide informed consent.

Chief nurses, nursing administrators, nurse managers, supervisors, educators, and nurses with an administrative or instructional, research, or nonclinical role were not included in the study. Nurses who were hired prior to 2000, nurses employed in private hospitals or hospitals that are not in the 1st District, Batangas, as well as other health professionals were not included. Registered nurses on long term sick leave, maternity leave, study leave, official leave, and extended training during data collection were also ineligible. Incomplete questionnaires and those submitted by persons not eligible for the survey were not included in the analysis.

Total enumeration sampling was used in the study. All 114 staff nurses who met the inclusion criteria in the participating hospitals were invited to answer the questionnaire. This approach was suitable, as the researcher planned to sample the full available population, not just a subset of the eligible population. It also enabled the representation of each hospital, each area of assignment, each year in service, and each demographic group without setting a fixed number of samples.

Research Locale

The study was conducted in selected government hospitals in the First District of Batangas. The district comprises the municipalities of Balayan, Calaca, Calatagan, Lemery, Lian, Nasugbu, Taal, and Tuy as provided in Republic Act No. 10673. After Calaca was established as a component city, it now comprised one city and

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seven municipalities. The local government units were located in the western part of Batangas, comprising coastal, agricultural, commercial, heritage and tourism-oriented communities.

The population in the First Legislative District, determined by the 2024 Census of Population is about 650,985. It has government hospitals that cater to the populace from diverse geographical location, socioeconomic status, and healthcare demand of the communities. The district was therefore suitable for a study of the experiences of staff nurses in the public hospital system.

Only government health institutions in the district, offering inpatient or direct clinical services and staffed with registered staff nurses assigned to patient care, were eligible to participate. These hospitals were important to this study because public institutions were generally very large and diverse with staffing, resource, scheduling and administrative constraints. Only hospitals who provided administrative permission and ethics clearance became part of the study.

Instrumentation

The study used a researcher-made structured questionnaire developed from the research objectives, conceptual framework, and reviewed literature. Although existing theories and instruments served as references in developing the questionnaire, all items were constructed by the researcher to contextualize the objectives of the study and the context of staff nurses working in government hospitals.

The questionnaire consisted of three parts. The first part gathered the respondents' demographic and employment profile in terms of age, sex, civil status, educational attainment, years of service, and area of assignment. The second part assessed occupational stress in terms of workload, work environment, interpersonal relationships, and organizational factors. The third part determined the coping mechanisms utilized by staff nurses in terms of problem-focused coping, emotion-focused coping, and avoidant coping.

The occupational stress section contained statements describing pressures related to the volume and complexity of work, physical and operational workplace conditions, professional interactions, and hospital-level practices. The coping mechanism section contained statements describing how nurses addressed workplace problems, regulated their emotions, sought support, or withdrew from stressful experiences.

The occupational stress and coping mechanism items were answered using a four-point frequency scale.

Table 1. Four-Point Likert Scale

Scale	Occupational Stress	Coping Mechanisms
4	Always experienced	Always utilized
3	Often experienced	Often utilized
2	Sometimes experienced	Sometimes utilized
1	Never experienced	Never utilized

The researcher-made questionnaire underwent face and content validation before its administration. At least three qualified experts in nursing research, nursing administration, mental health nursing, occupational health, or instrument development evaluated the questionnaire. They assessed the relevance, clarity, coherence, appropriateness, and alignment of each item with the variables and objectives of the study.

The comments and recommendations of the validators were used to revise statements that were unclear, repetitive, leading, or inconsistent with the intended dimension. The Content Validity Index was calculated to determine the validity of the individual items and the overall instrument. Items that failed to meet the acceptable criterion were either revised or removed.

After expert validation, the instrument was pilot-tested among staff nurses from a comparable government hospital not included in the actual study. The pilot respondents possessed characteristics similar to those of the target respondents. Cronbach's alpha was used to evaluate the internal consistency of the occupational stress and coping mechanism scales. A coefficient of 0.70 or higher was considered acceptable. Reliability was also examined for each dimension to determine whether the items consistently measure the intended construct. The Cronbach's alpha for each section ranged from 0.807 to 0.987 which indicated the instrument was reliable for use in the study.

Data Gathering Procedure

Before data collection, the researcher obtained approval from the appropriate institutional research ethics committee. Formal letters requesting permission were then submitted to the hospital administrators, medical center chiefs, nursing service offices, human resource offices, and other authorized offices of the selected government hospitals.

After approval has been secured, the researcher coordinated with an authorized hospital representative to determine the number of eligible staff nurses and distributed the survey invitation. The survey was administered exclusively through Google Forms. Eligible respondents received the link or QR code through the official communication channel approved by each participating hospital. The first page of the form contained the informed consent statement, which explained the purpose of the study, eligibility requirements, procedures, expected completion time, possible discomforts, anticipated benefits, confidentiality safeguards, voluntary nature of participation, withdrawal rights, and contact details of the researcher.

Only respondents who indicated their voluntary consent were allowed to proceed to the questionnaire. The Google Form did not collect names, employee numbers, personal email addresses, mobile numbers, or other unnecessary identifying information. The automatic collection of email addresses was disabled.

Respondents completed the survey at a convenient time that did not interfere with patient care or other hospital responsibilities. Follow-up reminders were distributed through the authorized communication channel during the approved data-collection period. However, no nurse were pressured or required to participate.

After the survey period, the responses were downloaded from Google Forms and transferred to Microsoft Excel. The researcher screened the data for eligibility, completeness, duplicate entries, missing information, and inconsistent responses. Valid responses were coded and imported into the selected statistical software for analysis.

Statistical Treatment of Data

The gathered data was analyzed using the Statistical Package for the Social Sciences or equivalent statistical software. Descriptive and inferential statistics were applied according to the research questions.

Frequency and percentage were used to describe the respondents according to age, sex, civil status, educational attainment, years of service, and area of assignment. Weighted mean and standard deviation were used to determine the level of occupational stress and the frequency with which the coping mechanisms were utilized. The weighted mean indicated the average response, while the standard deviation showed the degree of consistency or variation among the responses.

The following ranges were used in interpreting the mean scores:

Table 2. Mean Range for Interpretation of Mean Scores

Mean Range	Occupational Stress	Coping Mechanisms
3.26–4.00	Very high	Always utilized
2.51–3.25	High	Often utilized

1.76–2.50	Low	Sometimes utilized
1.00–1.75	Very low	Never utilized

The study used nonparametric inferential tests because the principal variables were measured using ordinal Likert-scale responses and the profile variables produced unequal or relatively small groups. The Mann–Whitney U test determined whether occupational stress and coping mechanism scores differed according to profile variables with two independent groups, particularly sex.

The Kruskal–Wallis H test determined whether occupational stress and coping mechanism scores differed according to variables with three or more groups, including age, civil status, educational attainment, years of service, and area of assignment. When a statistically significant result was obtained, pairwise comparisons with Bonferroni adjustment were conducted to identify the specific groups that differed.

The Spearman rank-order correlation coefficient determined the direction, strength, and statistical significance of the relationship between occupational stress and coping mechanisms. The analysis was performed using the overall scores of the two variables. Relationships between their respective dimensions were examined to support the interpretation of the findings.

All inferential tests used a 0.05 level of significance. A p-value equal to or lower than 0.05 resulted in the rejection of the corresponding null hypothesis. A p-value greater than 0.05 indicated insufficient evidence to reject the null hypothesis.

Ethical Considerations

The study observed the ethical principles of respect for persons, beneficence, and justice under the Belmont Report. Ethical clearance was obtained prior to the recruitment of respondents, and administrative clearance was obtained from each participating hospital.

Respect for persons were upheld through informed and voluntary participation. Prospective respondents were given sufficient information about the study before deciding whether to participate. They may decline to answer any item or withdraw before submitting the questionnaire without penalty. Participation or non-participation did not influence their employment, work assignment, performance evaluation, promotion, hospital benefits, or professional relationships.

Beneficence and nonmaleficence were observed by minimizing possible inconvenience and emotional discomfort. The study presented minimal risk because it only required respondents to complete an online questionnaire. However, some nurses might not feel comfortable reflecting on stress, challenging work relationships, and coping strategies in the workplace. Respondents were informed that they may pause, skip an item, or discontinue the questionnaire whenever they felt uncomfortable. Where available, the contact information of the hospital's employee welfare, counseling, occupational health, or mental health service were provided.

The questionnaire was not be used to diagnose burnout, anxiety, depression, stress disorders, or any other medical or psychological condition. This study did not include invasive procedures, clinical treatments, experimental manipulation or direct assessment of individual job performance.

Justice was maintained by applying the same eligibility requirements to all prospective respondents. Through total enumeration, every eligible staff nurse in the participating hospitals were given an opportunity to participate. No qualified nurse was included or excluded due to familiarity, rank, hospital preference or influence of supervisors.

Privacy and confidentiality was maintained in accordance with Republic Act No. 10173, or the Data Privacy Act of 2012. The questionnaire did not request names, staff identification numbers, email addresses, or other direct identifiers. Google Forms settings that automatically collect email addresses was disabled.

All downloaded data were kept in password-protected electronic files that only the researcher and authorized academic staff had access to, if necessary, to verify the data. Findings were reported only in aggregated form so that no individual nurse was identified. The research records will be retained for five years after completion of the study and will be securely destroyed. Electronic files will be permanently deleted, while any printed records will be shredded.

Presentation And Analysis of Data

This chapter presents and analyzes the data gathered from staff nurses hired from 2000 to 2026 and currently employed in selected government hospitals in the First District of Batangas. It presents the demographic and employment profile of the respondents, their occupational stress levels, and the coping mechanisms they use to manage it. Furthermore, the chapter examines the differences in occupational stress and coping mechanisms when respondents are grouped according to their demographic and employment profile and determines the relationship between occupational stress and coping mechanisms. The findings serve as the basis for the proposed stress management intervention program.

Demographic Profile of the Respondents

Table 3 shows the distribution of the staff nurses according to their specific ages, together with their corresponding frequencies and percentages.

Table 3. Demographic Profile of the Staff Nurses in Terms of Age

Age	Frequency	Percentage
20	1	0.9%
21	1	0.9%
23	1	0.9%
24	6	5.3%
25	6	5.3%
26	6	5.3%
27	3	2.6%
28	7	6.1%
29	2	1.8%
30	7	6.1%
31	3	2.6%
32	5	4.4%
33	1	0.9%
34	4	3.5%
35	4	3.5%

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36	5	4.4%
37	7	6.1%
38	7	6.1%
39	2	1.8%
40	5	4.4%

Table 3 shows that the ages of the 114 staff nurses ranged from 20 to 60 years old, indicating that the respondents represented different stages of adulthood and professional experience. The highest frequencies were recorded among staff nurses aged 28, 30, 37, and 38 years old, with 7 respondents (6.1%) for each age. These were followed by those aged 24, 25, and 26 years old, with 6 respondents (5.3%) for each age. Staff nurses aged 32, 36, 40, and 45 years old accounted for 5 respondents (4.4%) each, while those aged 34 and 35 years old had 4 respondents (3.5%) each. The ages 27, 48, and 50 years old were represented by 3 respondents (2.6%) each. Meanwhile, 29, 39, 42, 43, 44, 46, 47, 53, and 54 years old had 2 respondents (1.8%) each. The lowest representation was observed among staff nurses aged 20, 21, 23, 33, 41, 51, 52, 56, 57, and 60 years old, with 1 respondent (0.9%) for each age.

Overall, the distribution indicated that the staff nurses came from a broad range of ages, although the greater concentration was observed among those in their late twenties through late thirties, particularly at ages 28, 30, 37, and 38. This suggested that the nursing workforce included both younger and more mature staff nurses, providing representation from nurses with varying levels of age and potentially different lengths of professional experience.

The table below presents the distribution of the staff nurses according to sex, indicating the number and percentage of respondents under each category.

Table 4. Demographic Profile of the Staff Nurses in Terms of Sex

Sex	**Frequency**	**Percentage**
Female	70	61.4%
Male	44	38.6%
Total	**114**	**100%**

Table 4 displays the distribution of the staff nurses that were composed of both female and male respondents. Among the respondents, 70 staff nurses (61.4%) were female, representing the larger proportion of the sample, whereas 44 staff nurses (38.6%) were male. The difference of 26 respondents between the two categories showed that female staff nurses were more represented in the study than male staff nurses. Nevertheless, the presence of 44 male staff nurses demonstrated that the sample included a considerable number of male respondents and was not exclusively composed of female staff nurses.

The distribution further showed that female staff nurses accounted for more than three-fifths of the total respondents, while male staff nurses comprised slightly more than one-third of the sample. This variation in representation described the sex composition of the staff nurses included in the study and provided a basis for understanding the demographic characteristics of the respondents. Overall, the results established that the study population was predominantly composed of female staff nurses, although male staff nurses also constituted a substantial proportion of the respondents.

Table 5 shows the civil status of the staff nurses, indicating the frequency and percentage for each reported civil status.

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Table 5. Demographic Profile of the Staff Nurses in Terms of Civil Status

Civil Status	**Frequency**	**Percentage**
Single	48	42.1%
Married	59	51.8%
Separated	5	4.4%
Widowed	2	1.8%
Total	**114**	**100%**

Table 5 reveals the demographic profile of the staff nurses in terms of civil status, with the majority of them being married, comprising 59 respondents (51.8%) of the total sample. This was followed by 48 single staff nurses (42.1%), indicating that both married and single respondents constituted the substantial majority of the participants. The difference between these two groups was relatively small, with married staff nurses exceeding single staff nurses by 11 respondents. In comparison, only 5 staff nurses (4.4%) were separated, while 2 staff nurses (1.8%) were widowed, making these the least represented civil status categories in the study.

The distribution suggested that the respondents included staff nurses with varied family and personal circumstances, although the sample was largely composed of those who were married or single. The relatively small proportion of separated and widowed staff nurses indicated that these groups represented only a limited segment of the respondent population. Taken together, the findings showed that married staff nurses formed the largest portion of the respondents, followed closely by single staff nurses, while separated and widowed staff nurses accounted for a much smaller share of the sample.

Table 6 outlines the educational attainment of the staff nurses, indicating the number and percentage of respondents according to their highest level of educational attainment.

Table 6. Demographic Profile of the Staff Nurses in Terms of Educational Attainment

Educational Attainment	**Frequency**	**Percentage**
Bachelor's Degree	93	81.6%
Bachelor's Degree with Graduate Units	6	5.3%
Master's Degree	13	11.4%
Master's Degree with Doctoral units	1	0.9%
Doctoral Degree	1	0.9%
Total	**114**	**100%**

Based on the table above, the majority of the staff nurses had completed a Bachelor's Degree, with 81.6% or 93 respondents. This was followed by 13 staff nurses or 11.4%, who had attained a Master's Degree. Meanwhile, 6 staff nurses or 5.3% had completed a Bachelor's Degree with graduate units, indicating that some respondents had already pursued further studies beyond their undergraduate degree without yet completing a graduate degree. Only 1 staff nurse or 0.9% had a Master's Degree with doctoral units, while another 1 staff nurse or 0.9% had completed a Doctoral Degree.

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This distribution demonstrated that an undergraduate degree remained the predominant educational attainment among the staff nurses. Although a smaller proportion had progressed to graduate and doctoral-level education, the presence of staff nurses with graduate units, Master's Degrees, Doctoral units, and a Doctoral Degree reflected varying levels of educational attainment within the sample.

The distribution of the staff nurses according to their years of nursing service, indicating the frequency and percentage for each reported length of service, was presented in Table 7.

Table 7. Employment Profile of the Staff Nurses in Terms of Years of Service

Years of Nursing Service	**Frequency**	**Percentage**
1	6	5.3%
1.5	1	0.9%
2	9	7.9%
2.5	1	0.9%
3	13	11.4%
4	7	6.1%
5	14	12.3%
6	11	9.6%
7	4	3.5%
8	6	5.3%
9	3	2.6%
10	14	12.3%
11	5	4.4%
12	2	1.8%
13	4	3.5%
14	1	0.9%
15	2	1.8%
16	2	1.8%
17	1	0.9%
18	1	0.9%
23	1	0.9%
24	1	0.9%

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25	2	1.8%
26	3	2.6%
Total	**114**	**100%**

The data in Table 7 displays the employment profile of the staff nurses in terms of years of service. The staff nurses differed in their reported years of nursing service, with experience spanning from 1 year to 26 years, including a few staff nurses who indicated service periods of 1.5 and 2.5 years.

The highest distribution was recorded among staff nurses with 5 years and 10 years of nursing service, with 14 respondents or12.3% for each. This was followed by those with 3 years of service, comprising 13 staff nurses or 11.4%, and those with 6 years of service, with 11 staff nurses or 9.6%. Staff nurses with 2 years of service accounted for 9 respondents or 7.9%, while 7 staff nurses or 6.1% reported 4 years of service. The remaining respondents were distributed across the other reported lengths of service, ranging from 1 year to 26 years.

Looking at this result closely, this distribution showed that the respondents were more concentrated within the early to moderate years of nursing service, particularly from 2 to 10 years. Staff nurses with 1 year of service comprised 6 (5.3%)respondents (5.3%), while those with 8 years also accounted for 6 respondents (5.3%). In contrast, longer periods of service were less frequently reported, with only 1 staff nurse (0.9%) having 14, 17, 18, 23, or 24 years of service. Those with 25 years accounted for 2 respondents (1.8%), while 3 staff nurses (2.6%) reported 26 years of service. Overall, the years of service distribution reflected a workforce composed of staff nurses with varied levels of professional tenure, although the distribution was more heavily represented by those who had accumulated 2 to 10 years of nursing service.

Table 8 describes the distribution of the staff nurses according to their respective areas of assignment, indicating the number and percentage of respondents assigned to each hospital unit.

Table 8. Employment Profile of the Staff Nurses in Terms of Area of Assignment

Area of Assignment	**Frequency**	**Percentage**
Dialysis Unit	2	1.8%
Emergency Department	32	28.1%
Intensive Care Unit	5	4.4%
Isolation or Infectious Disease Unit	2	1.8%
Medical Ward	27	23.7%
Obstetric-Gynecologic Unit	5	4.4%
Operating Room	10	8.8%
Outpatient Department	10	8.8%
Pediatric Unit	10	8.8%
Surgical Ward	9	7.9%
Wound Care	2	1.8%
Total	**114**	**100%**

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Table 8 shows the distribution of the profile of the staff nurses in terms of area of assignment. The staff nurses were distributed among 11 different areas of assignment, reflecting the varied clinical settings represented in the study. The Emergency Department had the largest representation, with 32 staff nurses or 28.1% of the total sample, making it the most frequently reported area of assignment. This was followed by the Medical Ward, where 27 staff nurses (23.7%) were assigned. The combined number of staff nurses from these two areas was 59 respondents, accounting for more than half of the total sample. The Operating Room, Outpatient Department, and Pediatric Unit each contributed 10 staff nurses (8.8%), while the Surgical Ward included 9 staff nurses (7.9%). These data indicated that a considerable portion of the respondents worked in areas involving different forms of direct patient care and clinical service delivery.

The distribution also included staff nurses assigned to more specialized areas. The Intensive Care Unit and Obstetric-Gynecologic Unit each had 5 staff nurses (4.4%). Meanwhile, the Dialysis Unit, Isolation or Infectious Disease Unit, and Wound Care each had 2 staff nurses (1.8%), representing the smallest proportions. Although these areas had fewer respondents, their inclusion showed that the study covered staff nurses working in both general and specialized hospital settings. The variation in the number of respondents across areas of assignment may reflect differences in staffing requirements and the size of each hospital unit.

Overall, this result demonstrated that the respondents were drawn from a broad range of hospital departments, rather than being concentrated in only one clinical area. The largest distribution was found among staff nurses assigned to the Emergency Department and Medical Ward, whereas the smallest proportions came from the Dialysis Unit, Isolation or Infectious Disease Unit, and Wound Care. This distribution provided representation of staff nurses working in different clinical environments.

Level of Occupational Stress Experienced by Staff Nurses

Table 9 indicates the level of occupational stress experienced by the staff nurses in terms of workload, based on the mean and standard deviation.

Table 9. Level of Occupational Stress Experienced by Staff Nurses in Terms of Workload

Statements	**Mean**	**Standard Deviation**	**Verbal Interpretation**
I am assigned more nursing tasks than I can comfortably complete during my shift.	3.30	0.677	Very High
I feel pressured when caring for several patients at the same time.	3.22	0.828	High
I have insufficient time to complete all required nursing procedures.	2.96	0.846	High
I feel physically exhausted because of the amount of work assigned to me.	3.07	0.817	High
I find it difficult to complete documentation while attending to patient needs.	2.92	0.874	High
I am required to work beyond my scheduled duty hours.	3.11	0.813	High
I feel pressured when patients require immediate attention at the same time.	3.04	0.866	High
I perform additional duties because there are not enough staff members available.	3.19	0.808	High
Overall	3.10	0.680	**High**

Note: Mean Range for Interpretation of Mean Scores: (3.26-4.00) Very High; (2.51-3.25) High; (1.76-2.50) Low; (1.00-1.75) Very Low

The results in Table 9 indicated that the staff nurses experienced a high level of occupational stress in terms of workload, as reflected by the overall mean of 3.10 (*SD=0.680*). This result suggested that workload-related demands were commonly experienced by the staff nurses, particularly those involving the volume of assigned tasks, simultaneous patient care responsibilities, time constraints, and additional duties.

Among the statements, "*I am assigned more nursing tasks than I can comfortably complete during my shift*" obtained the highest mean of 3.30 (*SD=0.677*) and was interpreted as Very High. This finding indicated that having more nursing tasks than could be comfortably completed during the scheduled shift was the most prominent workload-related source of occupational stress among the staff nurses. The next highest mean was recorded for "*I feel pressured when caring for several patients at the same time*", with a mean of 3.22 (*SD=0.828*) and verbally interpreted as High. This result showed that managing several patients simultaneously also contributed considerably to the occupational stress experienced by the staff nurses.

The statement "*I perform additional duties because there are not enough staff members available*" got a mean of 3.19 (SD=0.808) and was interpreted as High. This finding suggested that staffing limitations contributed to the workload experienced by the staff nurses, as insufficient personnel could require them to assume additional responsibilities. This was followed by "*I am required to work beyond my scheduled duty hours*", which obtained a mean of 3.11 (*SD=0.813*), also interpreted as High. The result denoted that extended working hours were another notable workload-related stressor among the staff nurses.

The statement "*I feel physically exhausted because of the amount of work assigned to me*" obtained a mean of 3.07 (*SD=0.817*), while "*I feel pressured when patients require immediate attention at the same time*" recorded a mean of 3.04 (*SD=0.866*). Both were interpreted as High, indicating that the physical demands of assigned work and the need to respond to competing patient needs were also associated with occupational stress. Meanwhile, "*I have insufficient time to complete all required nursing procedures*" received a mean of 2.96 (*SD=0.846*), followed by *"I find it difficult to complete documentation while attending to patient needs*", which had the lowest mean of 2.92 (*SD=0.874*). Although these two statements received comparatively lower mean values, both remained within the High level, showing that time limitations and documentation demands were still significant workload concerns.

Hence, the results showed that the staff nurses experienced a high level of occupational stress related to workload. The highest-rated concern was having more nursing tasks than could be comfortably completed during the shift, while difficulty completing documentation while attending to patient needs received the lowest mean. Nevertheless, all indicators were interpreted as high, except for the first statement, which was very high. This pattern indicated that workload-related stress was evident across various aspects of the staff nurses' responsibilities, particularly in managing numerous tasks, caring for several patients simultaneously, and performing additional duties when staffing was insufficient.

Table 10 describes the occupational stress experienced by the staff nurses in relation to their work environment, using the mean and standard deviation.

Table 10. Level of Occupational Stress Experienced by Staff Nurses in Terms of Work Environment

Statements	**Mean**	**Standard Deviation**	**Verbal Interpretation**
I experience stress when necessary supplies are unavailable.	3.03	0.770	High
I experience stress when equipment is unavailable or not functioning properly.	3.11	0.845	High

I find it difficult to work effectively because of overcrowding in the unit.	3.04	0.872	High
Noise and frequent interruptions make it difficult for me to concentrate.	2.93	0.919	High
I feel unsafe when exposed to infectious diseases or workplace hazards.	2.98	0.852	High
I experience stress when the unit lacks adequate space for patient care activities.	3.07	0.870	High
Unexpected changes in patient conditions make my work environment stressful.	3.04	0.835	High
I have difficulty taking proper breaks during my duty.	3.05	0.829	High
Overall	**3.03**	**0.746**	**High**

Note: Mean Range for Interpretation of Mean Scores: (3.26-4.00) Very High; (2.51-3.25) High; (1.76-2.50) Low; (1.00-1.75) Very Low

The findings in Table 10 showed that the staff nurses experienced a high level of occupational stress in terms of work environment, with an overall mean of 3.03 and a standard deviation of 0.746. This result indicated that different conditions within the workplace contributed to the stress experienced by the staff nurses. These conditions included the availability and functionality of equipment, adequacy of space, patient-related situations, interruptions, workplace safety, and opportunities to take breaks during duty.

The statement "*I experience stress when equipment is unavailable or not functioning properly*" obtained the highest mean of 3.11 (*SD=0.845*) and was interpreted as High. This finding indicated that problems involving the availability or proper functioning of equipment were the most strongly perceived work-environment concern among the staff nurses. The next highest mean was recorded for "*I experience stress when the unit lacks adequate space for patient care activities*", with a mean of 3.07 (*SD=0.870*), also interpreted as High. This suggested that limited physical space within the work area contributed to the stressful conditions encountered by the staff nurses.

The statement "*I have difficulty taking proper breaks during my duty*" followed, with a mean of 3.05 (*SD=0.829*) and verbally interpreted as High. Meanwhile, both "*I find it difficult to work effectively because of overcrowding in the unit*" and "*Unexpected changes in patient conditions make my work environment stressful*" obtained a mean of 3.04, with standard deviations of 0.872 and 0.835, respectively. Both indicators were rated High, showing that overcrowding and sudden changes in patient conditions were similarly perceived as sources of workplace stress. The statement concerning the unavailability of necessary supplies obtained a mean of 3.03 (*SD=0.770*), which also received a High interpretation.

The statement "*I feel unsafe when exposed to infectious diseases or workplace hazards*" recorded a mean of 2.98 (*SD=0.852*) and was interpreted as High. Although its mean was lower than several other indicators, the result still indicated that concerns regarding workplace safety contributed to occupational stress. The statement "*Noise and frequent interruptions make it difficult for me to concentrate*" received the lowest mean of 2.93 (*SD=0.919*). Despite having the lowest rating among the indicators, it was likewise classified as High, indicating that noise and interruptions remained relevant environmental stressors for the staff nurses.

Overall, the results demonstrated a high level of occupational stress in terms of work environment among the staff nurses. Also, this indicated that occupational stress related to the work environment was experienced across multiple workplace conditions, particularly those involving equipment, physical space, breaks, patient-related changes, and the general organization of the clinical setting.

The table below illustrates the level of occupational stress experienced by the staff nurses in terms of interpersonal relationships, as reflected in the mean and standard deviation.

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Table 11. Level of Occupational Stress Experienced by Staff Nurses in Terms of Interpersonal Relationships

Statements	Mean	Standard Deviation	Verbal Interpretation
I experience stress because of conflicts with fellow nurses.	2.91	0.927	High
I experience stress because of communication difficulties with physicians.	2.93	0.929	High
I feel stressed when patients or their relatives speak to me disrespectfully.	3.03	0.846	High
I find it stressful when coworkers do not cooperate during patient care.	2.98	0.931	High
I feel uncomfortable discussing work-related concerns with my immediate supervisor.	2.92	0.913	High
I experience stress when instructions from members of the health care team are unclear.	2.96	0.896	High
I feel pressured when disagreements occur regarding patient care decisions.	2.95	0.911	High
I experience stress when I receive inadequate emotional support from my coworkers.	2.94	0.943	High
Overall	**2.95**	**0.839**	**High**

Note: Mean Range for Interpretation of Mean Scores: (3.26-4.00) Very High; (2.51-3.25) High; (1.76-2.50) Low; (1.00-1.75) Very Low

Based on the data presented in Table 11, the staff nurses experienced a high level (M=2.95, SD=0.839) of occupational stress in terms of interpersonal relationships. This finding indicated that interactions with patients, relatives, coworkers, physicians, supervisors, and other members of the health care team contributed to the stress experienced by the staff nurses. Although the level of stress varied across the indicators, all statements were interpreted as High, demonstrating that interpersonal concerns were consistently experienced within the work setting.

The statement "*I feel stressed when patients or their relatives speak to me disrespectfull*y" obtained the highest mean of 3.03 (*SD=0.846*) and was interpreted as High. This finding indicated that disrespectful interactions from patients or their relatives were the most prominent interpersonal concern experienced by the staff nurses. It was followed by "*I find it stressful when coworkers do not cooperate during patient care*", which obtained a mean of 2.98 (*SD=0.931*) and was also interpreted as High. This suggested that the level of cooperation among coworkers during patient care was another important factor contributing to occupational stress.

The statement regarding unclear instructions from members of the health care team obtained a mean of 2.96 (*SD=0.896*), while disagreements regarding patient care decisions recorded a mean of 2.95 (*SD=0.911*). Both indicators were interpreted as High, suggesting that communication and differences in decisions within the health care team were relevant sources of stress. Meanwhile, inadequate emotional support from coworkers obtained a mean of 2.94 (*SD=0.943*), followed by communication difficulties with physicians at 2.93 (*SD=0.929*). These findings showed that effective communication and supportive professional relationships were important aspects of the staff nurses' workplace experiences.

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The statement "*I feel uncomfortable discussing work-related concerns with my immediate supervisor*" received a mean of 2.92 (*SD=0.913*), while "*I experience stress because of conflicts with fellow nurses*" obtained the lowest mean of 2.91 (*SD=0.927*). Both statements remained within the High level, indicating that relationships with supervisors and fellow staff nurses also contributed to the respondents' occupational stress.

Overall, the findings indicated that interpersonal relationships were an important aspect of the staff nurses' workplace experience. The results emphasized the need for respectful communication, effective teamwork, cooperation, supportive professional relationships, and constructive resolution of workplace concerns to help create a more positive and supportive working environment for staff nurses.

The organizational factors contributing to the occupational stress experienced by the staff nurses were presented in Table 12, together with their corresponding mean, standard deviation, and verbal interpretation.

Table 12. Level of Occupational Stress Experienced by Staff Nurses in Terms of Organizational Factors

Statements	**Mean**	**Standard Deviation**	**Verbal Interpretation**
I experience stress because of frequent changes in my work schedule.	2.91	0.782	High
I find rotating or night shifts difficult to manage.	2.85	0.875	High
I feel that nursing duties are not distributed fairly among staff members.	2.89	0.984	High
I receive insufficient recognition for the work I perform.	2.89	0.929	High
I experience stress because hospital policies are not clearly communicated.	2.82	0.943	High
I feel that management provides insufficient support for work-related concerns.	2.90	0.940	High
I experience stress because opportunities for training and professional growth are limited.	2.89	0.948	High
I feel that my compensation does not match the demands of my work.	2.97	0.945	High
Overall	**2.89**	**0.819**	**High**

Note: Mean Range for Interpretation of Mean Scores: (3.26-4.00) Very High; (2.51-3.25) High; (1.76-2.50) Low; (1.00-1.75) Very Low

The responses regarding organizational factors indicated that the staff nurses experienced a high level of occupational stress, with an overall mean of 2.89 and a standard deviation of 0.819. This finding suggested that organizational conditions within the workplace contributed considerably to the stress experienced by the staff nurses. Concerns related to compensation, work schedules, management support, recognition, workload distribution, and professional development were all identified as sources of occupational stress.

Among the indicators, the statement "*I feel that my compensation does not match the demands of my work*" obtained the highest mean of 2.97 (*SD=0.945, High*). This indicated that compensation in relation to the demands and responsibilities of nursing work was the most prominent organizational concern reported by the staff nurses. Also, this suggested that perceived mismatch between work demands and compensation contributed to their experience of occupational stress.

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This was followed by "*I experience stress because of frequent changes in my work schedule*", with a mean of 2.91 (*SD=0.782, High*). The statement "*I feel that management provides insufficient support for work-related concerns*" ranked next with a mean of 2.90 (*SD=0.940*) and was likewise on a High level. These results indicated that changes in scheduling and perceived limitations in management support were notable organizational sources of stress among the staff nurses.

Three indicators obtained the same mean of 2.89 and were all interpreted as High. These included "*I feel that nursing duties are not distributed fairly among staff members*" (*SD=0.984, High*), *"I receive insufficient recognition for the work I perform*" (*SD=0.929, High*), and "*I experience stress because opportunities for training and professional growth are limited*" (*SD=0.948, High*). The similarity in their mean values suggested that fairness in duty distribution, recognition of work, and opportunities for professional advancement were also meaningful organizational concerns.

Meanwhile, "*I find rotating or night shifts difficult to manage*" obtained a mean of 2.85 (*SD=0.875, High*), while "*I experience stress because hospital policies are not clearly communicated*" recorded the lowest mean of 2.82 (*SD=0.943, High*). Despite having comparatively lower mean values than the other indicators, both were still interpreted as High, showing that shift-related demands and communication of organizational policies remained relevant sources of occupational stress.

Hence, the findings demonstrated that organizational conditions played an important role in the occupational stress experienced by the staff nurses. The results highlighted the influence of workplace compensation, scheduling practices, management support, recognition, fairness, professional development, and organizational communication on their work experience.

Coping Mechanisms Are Utilized By Staff Nurses In Managing Occupational Stress

Table 14 shows the extent to which staff nurses utilized problem-focused coping mechanisms in managing occupational stress, as reflected by the mean, standard deviation, and corresponding verbal interpretation of each statement.

Table 13. Coping Mechanisms Utilized By Staff Nurses in Managing Occupational Stress in Terms of Problem-Focused Coping

Statements	**Mean**	**Standard Deviation**	**Verbal Interpretation**
I identify the specific cause of my work-related stress.	3.04	0.808	Often Utilized
I develop a plan for managing difficult work situations.	3.16	0.805	Often Utilized
I prioritize my duties according to their urgency and importance.	3.20	0.766	Often Utilized
I ask for practical assistance when my workload becomes difficult to manage.	3.10	0.775	Often Utilized
I discuss work-related problems with the appropriate supervisor.	3.09	0.759	Often Utilized
I look for information that can help me address a stressful situation.	3.11	0.768	Often Utilized
I adjust my work routine to complete my responsibilities more effectively.	3.12	0.811	Often Utilized
I evaluate whether the actions I take reduce the source of my stress.	3.19	0.763	Often Utilized
Overall	**3.13**	**0.683**	**Often Utilized**

Note: Mean Range for Interpretation of Mean Scores: (3.26-4.00) Always Utilized; (2.51-3.25) Often Utilized; (1.76-2.50) Sometimes Utilized; (1.00-1.75) Never Utilized

The pattern of responses revealed that the staff nurses Often Utilized problem-focused coping mechanisms when managing occupational stress, as indicated by the overall mean of 3.13 and standard deviation of 0.683. This suggested that the staff nurses generally responded to stressful situations by identifying problems, planning appropriate actions, organizing their responsibilities, seeking practical assistance, and evaluating possible solutions. The consistent interpretation across all indicators further showed that problem-focused approaches were regularly incorporated into their ways of dealing with work-related stress.

The statement "*I prioritize my duties according to their urgency and importance*" obtained the highest mean of 3.20 (*SD=0.766*) and was interpreted as Often Utilized. This indicated that prioritizing responsibilities according to their level of urgency was the most frequently practiced problem-focused coping mechanism among the staff nurses. Moreover, this suggested that organizing tasks and determining which responsibilities required immediate attention helped them manage demanding work situations.

Next, "*I evaluate whether the actions I take reduce the source of my stress*" received a mean of 3.19 (*SD=0.763, Often Utilized),* followed by "*I develop a plan for managing difficult work situations*", which obtained a mean of 3.16 (*SD=0.805, Often Utilized*). These results showed that the staff nurses not only took action in response to stressful situations but also considered the effectiveness of their actions and used planning to address difficult circumstances at work.

The statement "*I adjust my work routine to complete my responsibilities more effectively*" recorded a mean of 3.12 (*SD=0.811*), while "*I look for information that can help me address a stressful situation*" obtained a mean of 3.11 (*SD=0.768*). These were followed by "*I ask for practical assistance when my workload becomes difficult to manage*", with a mean of 3.10 (*SD=0.775*). All three were interpreted as Often Utilized, indicating that adapting work routines, gathering useful information, and seeking practical assistance were also commonly used approaches for addressing sources of occupational stress.

However, "*I discuss work-related problems with the appropriate supervisor*" had a M=3.09 (*SD=0.759, Often Utilized*), while "*I identify the specific cause of my work-related stress*" had the lowest mean of 3.04 (*SD=0.808, Often Utilized).* This indicated that communicating concerns with appropriate supervisors and recognizing the causes of work-related stress remained part of the staff nurses' problem-focused coping practices.

Thus, the results demonstrated that the staff nurses commonly relied on active and practical approaches when dealing with occupational stress. Their coping practices reflected efforts to organize responsibilities, plan responses, adapt to work demands, seek assistance and information, and assess the effectiveness of actions taken to address stressful situations.

As reflected in Table 14, the emotion-focused coping mechanisms utilized by the staff nurses in managing occupational stress are described through the mean, standard deviation, and verbal interpretation assigned to each statements.

Table 14. Coping Mechanisms Utilized By Staff Nurses in Managing Occupational Stress in Terms of Emotion-Focused Coping

Statements	**Mean**	**Standard Deviation**	**Verbal Interpretation**
I talk to someone I trust about how I feel.	3.14	0.786	Often Utilized
I remind myself that difficult work situations are temporary.	3.24	0.732	Often Utilized
I accept situations that I cannot immediately change.	3.14	0.774	Often Utilized

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I use prayer or spiritual practices to manage stress.	3.26	0.717	Always Utilized
I use breathing or relaxation techniques when I feel overwhelmed.	3.14	0.739	Often Utilized
I engage in activities that help me relax after work.	3.25	0.698	Often Utilized
I focus on the positive meaning or value of my nursing work.	3.26	0.729	Always Utilized
I seek emotional support from family members, friends, or coworkers.	3.21	0.770	Often Utilized
Overall	**3.21**	**0.641**	**Often Utilized**

Note: Mean Range for Interpretation of Mean Scores: (3.26-4.00) Always Utilized; (2.51-3.25) Often Utilized; (1.76-2.50) Sometimes Utilized; (1.00-1.75) Never Utilized

The responses revealed an Often Utilized emotion-focused coping mechanism in managing occupational stress. It received an overall mean of 3.21 and a standard deviation of 0.641. This finding suggested that the staff nurses commonly relied on strategies aimed at regulating their emotions, maintaining a positive outlook, obtaining emotional support, and creating opportunities for relaxation when faced with stressful work situations. Most of the coping mechanisms were often utilized, while two approaches reached the level of always utilized.

The statement "*I use prayer or spiritual practices to manage stress*" obtained the highest mean of 3.26 with a standard deviation of 0.717, verbally interpreted as Always Utilized. This was followed by "*I focus on the positive meaning or value of my nursing work*", which also recorded a mean of 3.26 (*SD=0.729*) and was likewise interpreted as Always Utilized. These findings indicated that spiritual practices and maintaining a sense of meaning in their nursing work were particularly consistent ways by which the staff nurses managed emotional responses to occupational stress.

The statement "*I engage in activities that help me relax after work*" came next with a mean of 3.25 (*SD=0.698*) and was interpreted as Often Utilized. This was followed by "*I remind myself that difficult work situations are temporary*", which obtained a mean of 3.24 (*SD=0.732*). The results suggested that the staff nurses commonly attempted to manage stress by allowing themselves opportunities for relaxation and by maintaining the perspective that difficult workplace experiences were temporary rather than permanent.

Similarly, *"I seek emotional support from family members, friends, or coworkers*" had a mean of 3.21 (*SD=0.770, Often Utilized*). Three indicators obtained the same mean of 3.14: "*I talk to someone I trust about how I feel*" (*SD=0.786, Often Utilized*), "I accept situations that I cannot immediately change" (*SD=0.774, Often Utilized*), and "I use breathing or relaxation techniques when I feel overwhelmed" (*SD=0.739, Often Utilized*). These findings indicated that interpersonal support, acceptance, and relaxation techniques were also regularly employed by the staff nurses when dealing with emotional strain.

Therefore, as seen from the results, the staff nurses commonly used emotion-focused approaches to manage occupational stress. Their coping practices reflected efforts to regulate emotional responses, maintain hope and positive meaning, seek support from trusted individuals, accept situations beyond their immediate control, and engage in activities that promoted emotional relief and relaxation.

The responses of the staff nurses regarding the use of avoidant coping strategies were summarized in Table 15, showing the mean, standard deviation, and verbal interpretation for each coping mechanism.

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Table 15. Coping Mechanisms Utilized By Staff Nurses in Managing Occupational Stress in Terms of Avoidant Coping

Statements	Mean	Standard Deviation	Verbal Interpretation
I avoid thinking about stressful work situations.	2.93	0.870	Often Utilized
I delay addressing a work-related problem.	2.76	0.989	Often Utilized
I withdraw from other people when I feel stressed.	2.74	0.960	Often Utilized
I act as though a stressful situation does not exist.	2.82	0.905	Often Utilized
I give up trying to resolve a difficult workplace problem.	2.64	0.951	Often Utilized
I keep my work-related concerns to myself even when I need assistance.	2.87	0.888	Often Utilized
I distract myself to avoid dealing with the source of my stress.	2.97	0.877	Often Utilized
I blame myself when stressful situations occur at work.	2.73	0.934	Often Utilized
Overall	**2.81**	**0.773**	**Often Utilized**

The results reflected in Table 15 displayed that avoidant coping was Often Utilized by the staff nurses when managing occupational stress, with an overall mean of 2.81 (*SD=0.773*). This indicated that the staff nurses employed behaviors that involved temporarily distancing themselves from stressful experiences or postponing their direct engagement with workplace concerns. Although these strategies differed in form, the results showed that avoidance-related responses were part of the staff nurses' approaches to handling stressful situations.

Among the listed coping mechanisms, "*I distract myself to avoid dealing with the source of my stress*" received the highest mean of 2.97 (*SD=0.877*) and was interpreted as Often Utilized. The next highest was "*I avoid thinking about stressful work situations*", with a mean of 2.93 (*SD=0.870*), also interpreted as Often Utilized. These findings suggested that shifting attention away from stressors and deliberately avoiding stressful thoughts were relatively common responses among the staff nurses.

Another Often Utilized behavior was "*I keep my work-related concerns to myself even when I need assistance*", which had a mean of 2.87 (*SD=0.888, Often Utilized*). This was followed by "*I act as though a stressful situation does not exist*", with a mean of 2.82 (*SD=0.905, Often Utilized*). This suggested that some staff nurses responded to stressful circumstances by withholding their concerns or attempting to mentally distance themselves from the situation.

The remaining coping mechanisms also fell under the Often Utilized level. "*I delay addressing a work-related problem*" obtained a mean of 2.76 (*SD=0.989*, *Often Utilized*), while "*I withdraw from other people when I feel stressed*" recorded a mean of 2.74 (*SD=0.960, Often Utilized*). Meanwhile, "*I blame myself when stressful situations occur at work*" registered a mean of 2.73 *(SD=0.934*, *Often Utilized*). These results showed that postponing problems, reducing social interaction, and engaging in self-blame were also observed as ways of responding to occupational stress.

The least utilized indicator was "*I give up trying to resolve a difficult workplace problem*", which obtained a mean of 2.64 (*SD=0.951*), though it still remained Often Utilized. Although this behavior received the lowest

mean value among the indicators, its verbal interpretation indicated that disengaging from difficult workplace concerns was still present in the coping experiences of the staff nurses.

Taken together, the findings showed that avoidant coping involved different forms of disengagement from occupational stress, particularly through distraction, avoidance of stressful thoughts, withholding concerns, and postponing difficult matters. These responses reflected the various ways staff nurses attempted to manage stressful workplace experiences when they did not immediately confront the source of the stress.

Significant Difference in the Level of Occupational Stress Experienced by Staff Nurses When Grouped According Demographic and Employment Profile

Table 16 presents the analysis of differences in the occupational stress levels of the staff nurses according to their demographic and employment profile, including the corresponding test statistics, p-values, and decisions on the null hypothesis.

Table 16. Analysis of Differences in Occupational Stress Levels Among Staff Nurses According to Demographic and Employment Profile

Occupational Stress	**Demographic/Employment Profile**						
Workload	**Sex**	**n**	**Mean**	**SD**	**U**	**p-value**	**Decision**
	Female	70	3.06	0.678	1380	0.349	Not Significant/Accept
	Male	44	3.17	0.685			
	Age	**n**	**Mean**	**SD**	**χ^2**	**p-value**	**Decision**
	20-29	33	2.90	0.699	3.88*	0.016	Significant/Reject
	30-39	45	3.13	0.596			
	40-49	24	3.04	0.688			
	50+	12	3.67	0.654			
	Civil Status	**n**	**Mean**	**SD**	**χ^2**	**p-value**	**Decision**
	Single	48	2.95	0.673	5.46	0.141	Not Significant/ Accept
	Married	59	3.22	0.622			
	Separated	2	2.75	1.061			
	Widowed	5	3.25	1.128			
	Educational Attainment	**n**	**Mean**	**SD**	**χ^2**	**p-value**	**Decision**
	Bachelor's Degree	93	3.08	0.677	3.27	0.514	Not Significant/ Accept
	Bachelor's Degree with Graduate Units	6	2.92	0.757			

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	Master's Degree	13	3.25	0.694			
	Master's Degree with Doctoral units	1	3.00	-			
	Doctoral Degree	1	4.00	-			
	Years of Service	**n**	**Mean**	**SD**	**χ^2**	**p-value**	**Decision**
	1-5	51	2.85	0.695	20.7	<.001	Significant/ Reject
	6-10	38	3.10	0.650			
	11+	25	3.60	0.349			
	Area of Assignment	**n**	**Mean**	**SD**	**χ^2**	**p-value**	**Decision**
	Dialysis Unit	2	2.94	0.088	4.09*	0.010	Significant/ Reject
	Emergency Department	32	2.82	0.744			
	Intensive Care Unit	5	3.30	0.629			
	Isolation or Infectious Disease Unit	2	3.88	0.177			
	Medical Ward	27	3.19	0.5711			
	Obstetric-Gynecologic Unit	5	3.27	0.3112			
	Operating Room	10	3.42	0.3918			
	Outpatient Department	10	3.26	0.8153			
	Pediatric Unit	10	3.04	0.8438			
	Surgical Ward	9	3.15	0.7175			
	Wound Care	2	2.56	0.6187			
Work Environment	**Sex**	**n**	**Mean**	**SD**	**U**	**p-value**	**Decision**
	Female	70	2.96	0.793	1372	0.327	

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	Male	44	3.14	0.660			Not Significant/Accept
	Age	**n**	**Mean**	**SD**	**χ^2**	**p-value**	**Decision**
	20-29	33	2.86	0.802	3.33*	0.028	Significant/ Reject
	30-39	45	3.04	0.688			
	40-49	24	3.00	0.768			
	50+	12	3.54	0.590			
	Civil Status	**n**	**Mean**	**SD**	**χ^2**	**p-value**	**Decision**
	Single	48	2.79	0.813	7.55	0.056	Not Significant/Accept
	Married	59	3.20	0.633			
	Separated	2	3.00	1.414			
	Widowed	5	3.40	0.609			
	Educational Attainment	**n**	**Mean**	**SD**	**χ^2**	**p-value**	**Decision**
	Bachelor's Degree	93	2.99	0.718	4.99	0.289	Not Significant/Accept
	Bachelor's Degree with Graduate Units	6	3.38	0.512			
	Master's Degree	13	3.03	0.984			
	Master's Degree with Doctoral units	1	3.88	-			
	Doctoral Degree	1	4.00	-			
	Years of Service	**n**	**Mean**	**SD**	**χ^2**	**p-value**	**Decision**
	1-5	51	2.86	0.705	16.2*	<.001	Significant/ Reject
	6-10	38	2.93	0.790			
	11+	25	3.54	0.524			
	Area of Assignment	**n**	**Mean**	**SD**	**χ^2**	**p-value**	**Decision**
	Dialysis Unit	2	3.06	0.2652	2.01	0.130	

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	Emergency Department	32	2.91	0.7493			Not Significant/Accept
	Intensive Care Unit	5	3.08	0.7104			
	Isolation or Infectious Disease Unit	2	3.75	0.3536			
	Medical Ward	27	2.99	0.8438			
	Obstetric-Gynecologic Unit	5	2.83	0.4727			
	Operating Room	10	3.39	0.6304			
	Outpatient Department	10	3.25	0.4859			
	Pediatric Unit	10	3.05	0.7733			
	Surgical Ward	9	3.14	0.8670			
	Wound Care	2	1.81	0.4419			
Interpersonal Relationships	**Sex**	**n**	**Mean**	**SD**	**U**	**p-value**	**Decision**
	Female	70	2.86	0.859	1272	0.115	Not Significant/Accept
	Male	44	3.10	0.794			
	Age	**n**	**Mean**	**SD**	**χ^2**	**p-value**	**Decision**
	20-29	33	2.78	0.842	4.35*	0.009	Significant/ Reject
	30-39	45	2.94	0.800			
	40-49	24	2.86	0.862			
	50+	12	3.63	0.670			
	Civil Status	**n**	**Mean**	**SD**	**χ^2**	**p-value**	**Decision**
	Single	48	2.76	0.836	4.68	0.197	Not Significant/Accept
	Married	59	3.09	0.806			
	Separated	2	2.88	1.237			
	Widowed	5	3.17	1.022			
	Educational Attainment	**n**	**Mean**	**SD**	**χ^2**	**p-value**	**Decision**

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	Bachelor's Degree	93	2.93	0.833	2.33	0.676	Not Significant/Accept
	Bachelor's Degree with Graduate Units	6	3.04	0.931			
	Master's Degree	13	3.02	0.910			
	Master's Degree with Doctoral units	1	2.88	-			
	Doctoral Degree	1	4.00	-			
	Years of Service	**n**	**Mean**	**SD**	**χ^2**	**p-value**	**Decision**
	1-5	51	2.71	0.803	17.9*	<.001	Significant/ Reject
	6-10	38	2.86	0.883			
	11+	25	3.58	0.459			
	Area of Assignment	**n**	**Mean**	**SD**	**χ^2**	**p-value**	**Decision**
	Dialysis Unit	2	3.06	0.7955	17.1	0.073	Not Significant/Accept
	Emergency Department	32	2.68	0.9013			
	Intensive Care Unit	5	2.77	1.0209			
	Isolation or Infectious Disease Unit	2	4.00	0.0000			
	Medical Ward	27	3.00	0.8060			
	Obstetric-Gynecologic Unit	5	2.60	0.5755			
	Operating Room	10	3.48	0.5615			
	Outpatient Department	10	3.40	0.5767			
	Pediatric Unit	10	2.88	0.9410			

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	Surgical Ward	9	3.06	0.8104			
	Wound Care	2	2.00	0.0000			
Organizational Factors	**Sex**	**n**	**Mean**	**SD**	**U**	**p-value**	**Decision**
	Female	70	2.82	0.831	1338	0.238	Not Significant/Accept
	Male	44	3.00	0.798			
	Age	**n**	**Mean**	**SD**	**χ^2**	**p-value**	**Decision**
	20-29	33	2.72	0.816	5.62*	0.002	Significant/ Reject
	30-39	45	2.92	0.718			
	40-49	24	2.73	0.968			
	50+	12	3.55	0.565			
	Civil Status	**n**	**Mean**	**SD**	**χ^2**	**p-value**	**Decision**
	Single	48	2.68	0.821	6.60	0.086	Not Significant/Accept
	Married	59	3.07	0.741			
	Separated	2	2.75	1.061			
	Widowed	5	2.88	1.329			
	Educational Attainment	**n**	**Mean**	**SD**	**χ^2**	**p-value**	**Decision**
	Bachelor's Degree	93	2.87	0.818	2.99	0.560	Not Significant/Accept
	Bachelor's Degree with Graduate Units	6	3.00	0.703			
	Master's Degree	13	2.96	0.921			
	Master's Degree with Doctoral units	1	2.50	-			
	Doctoral Degree	1	4.00	-			
	Years of Service	**n**	**Mean**	**SD**	**χ^2**	**p-value**	**Decision**
	1-5	51	2.62	0.840	21.8*	<.001	Significant/ Reject
	6-10	38	2.83	0.736			

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	11+	25	3.54	0.501			
	Area of Assignment	**n**	**Mean**	**SD**	**χ^2**	**p-value**	**Decision**
	Dialysis Unit	2	3.31	0.2652	9.77*	<.001	Significant/ Reject
	Emergency Department	32	2.68	0.8248			
	Intensive Care Unit	5	3.02	1.0055			
	Isolation or Infectious Disease Unit	2	3.88	0.1768			
	Medical Ward	27	2.91	0.7957			
	Obstetric-Gynecologic Unit	5	2.77	0.5031			
	Operating Room	10	3.34	0.5305			
	Outpatient Department	10	3.14	0.6574			
	Pediatric Unit	10	2.74	1.0857			
	Surgical Ward	9	2.89	0.9508			
	Wound Care	2	1.88	0.1768			

*Note. *Significant at p< .05.*

Table 16 displays the significant differences in the level of occupational stress experienced by staff nurses when they are grouped according to their demographic and employment profile. For statistical purposes only, the staff nurses' ages and years of nursing service were grouped into categories to facilitate the analysis of differences across groups. The analysis covered four dimensions of occupational stress, namely workload, work environment, interpersonal relationships, and organizational factors. The decision regarding the null hypothesis was based on the obtained p-value, with results considered significant when p<.05.

For workload, no significant differences were found according to sex (*U=1380, p=.349*), civil status (χ^2*=5.46, p=.141*), and educational attainment (χ^2*=3.27, p=.514*), resulting in the acceptance of the null hypothesis for these variables. However, significant differences were observed according to age (χ^2*=3.88, p=.016*), years of nursing service (χ^2*=20.7, p<.001*), and area of assignment (χ^2*=4.09, p=.010*), leading to the rejection of the null hypothesis for these variables. Among the age groups, staff nurses aged 50 years and above had the highest mean workload-related stress at 3.67. Similarly, those with 11 or more years of nursing service recorded the highest mean at 3.60. In terms of area of assignment, staff nurses assigned to the Isolation/Infectious area obtained the highest mean of 3.88. These findings indicated that workload-related occupational stress varied significantly across certain age groups, lengths of service, and areas of assignment.

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For work environment, the results showed no significant differences according to sex (*U=1372, p=.327*), civil status (χ^2*=7.55, p=.056*), educational attainment (χ^2*=4.99, p=.289*), and area of assignment (χ^2*=2.01, p=.130*). Thus, the null hypothesis was accepted for these variables. In contrast, significant differences were found according to age (χ^2*=3.33, p=.028*) and years of nursing service (χ^2*=16.2, p<.001*), resulting in the rejection of the null hypothesis for these variables. The staff nurses aged 50 years and above obtained the highest mean work-environment-related stress at 3.54. Likewise, those with 11 or more years of nursing service recorded a mean of 3.54, which was higher than the other groups. The findings suggested that work-environment-related occupational stress differed significantly according to age and length of nursing service.

With regard to interpersonal relationships, no significant differences were observed according to sex (*U=1272, p=.115*), civil status (χ^2*=4.68, p=.197*), educational attainment (χ^2*=2.33, p=.676),* and area of assignment (χ^2*=17.1, p=.073*). Therefore, the null hypothesis was accepted for these variables. Significant differences were, however, found according to age (χ^2*=4.35, p=.009*) and years of nursing service (χ^2*=17.9, p<.001*), leading to the rejection of the null hypothesis for these variables. Staff nurses aged 50 years and above recorded the highest mean interpersonal relationship-related stress at 3.63. Those with 11 or more years of nursing service also obtained the highest mean among the service groups at 3.58. These results indicated that interpersonal relationship-related occupational stress varied significantly according to age and length of nursing service.

In terms of organizational factors, no significant differences were found according to sex (*U=1338, p=.238*), civil status (χ^2*=6.60, p=.086*), and educational attainment (χ^2*=2.99, p=.560*), resulting in the acceptance of the null hypothesis for these variables. On the other hand, significant differences were observed according to age (χ^2*=5.62, p=.002*), years of nursing service (χ^2*=21.8, p<.001*), and area of assignment (χ^2*=9.77, p<.001*), leading to the rejection of the null hypothesis for these variables. Staff nurses aged 50 years and above obtained the highest mean organizational-related stress at 3.55, while those with 11 or more years of nursing service recorded a mean of 3.54. Among the areas of assignment, the Isolation/Infectious area had the highest mean at 3.88. These findings showed that organizational factors associated with occupational stress differed significantly according to age, length of nursing service, and area of assignment.

Overall, age and years of nursing service consistently showed significant differences across all four dimensions of occupational stress. Area of assignment also demonstrated significant differences in workload and organizational factors. In contrast, sex, civil status, and educational attainment did not show significant differences across the dimensions examined. The findings implied that certain demographic and employment profiles were associated with variations in the occupational stress experienced by the staff nurses.

Significant Difference in the Coping Mechanisms Utilized by Staff Nurses Grouped According to Demographic and Employment Profile

Table 17 depicts the analysis of differences in the coping mechanisms utilized by the staff nurses according to their demographic and employment profile, showing the corresponding test statistics, p-values, and decisions on the null hypothesis.

Table 17. Analysis of Differences in the Coping Mechanisms Utilized by Staff Nurses When Grouped According to Demographic and Employment Profile

Coping Mechanism	**Demographic/Employment Profile**						
Problem-Focused Coping	**Sex**	**n**	**Mean**	**SD**	**U**	**p-value**	**Decision**
	Female	70	3.13	0.655	1531	0.960	Not Significant/Accept
	Male	44	3.12	0.733			
	Age	**n**	**Mean**	**SD**	**χ^2**	**p-value**	**Decision**
	20-29	33	3.17	0.678	1.378	0.264	

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	30-39	45	3.11	0.638			Not Significant/Accept
	40-49	24	2.93	0.752			
	50+	12	3.44	0.675			
	Civil Status	**n**	**Mean**	**SD**	**χ^2**	**p-value**	**Decision**
	Single	48	3.14	0.698	0.634	0.889	Not Significant/Accept
	Married	59	3.14	0.653			
	Separated	2	2.75	1.061			
	Widowed	5	2.98	0.954			
	Educational Attainment	**n**	**Mean**	**SD**	**χ^2**	**p-value**	**Decision**
	Bachelor's Degree	93	3.07	0.683	6.38	0.172	Not Significant/Accept
	Bachelor's Degree with Graduate Units	6	3.44	0.728			
	Master's Degree	13	3.25	0.619			
	Master's Degree with Doctoral units	1	4.00	-			
	Doctoral Degree	1	4.00	-			
	Years of Service	**n**	**Mean**	**SD**	**χ^2**	**p-value**	**Decision**
	1-5	51	2.99	0.700	6.787*	0.002	Significant/Reject
	6-10	38	3.09	0.719			
	11+	25	3.46	0.467			
	Area of Assignment	**n**	**Mean**	**SD**	**χ^2**	**p-value**	**Decision**
	Dialysis Unit	2	2.94	0.0884	6.38	0.172	Not Significant/Accept
	Emergency Department	32	2.82	0.7439			
	Intensive Care Unit	5	3.30	0.6287			
	Isolation or Infectious Disease Unit	2	3.88	0.1768			
	Medical Ward	27	3.19	0.5711			
	Obstetric-Gynecologic Unit	5	3.27	0.3112			

	Operating Room	10	3.42	0.3918			
	Outpatient Department	10	3.26	0.8153			
	Pediatric Unit	10	3.04	0.8438			
	Surgical Ward	9	3.15	0.7175			
	Wound Care	2	2.56	0.6187			
Emotion-Focused Coping	**Sex**	**n**	**Mean**	**SD**	**U**	**p-value**	**Decision**
	Female	70	3.18	0.599	1393	0.389	Not Significant/Accept
	Male	44	3.24	0.708			
	Age	**n**	**Mean**	**SD**	**χ^2**	**p-value**	**Decision**
	20-29	33	3.21	0.611	1.315	0.283	Not Significant/Accept
	30-39	45	3.20	0.593			
	40-49	24	3.05	0.764			
	50+	12	3.51	0.595			
	Civil Status	**n**	**Mean**	**SD**	**χ^2**	**p-value**	**Decision**
	Single	48	3.21	0.685	2.185	0.535	Not Significant/Accept
	Married	59	3.23	0.565			
	Separated	2	2.50	0.707			
	Widowed	5	3.13	1.038			
	Educational Attainment	**n**	**Mean**	**SD**	**χ^2**	**p-value**	**Decision**
	Bachelor's Degree	93	3.16	0.640	5.32	0.256	Not Significant/Accept
	Bachelor's Degree with Graduate Units	6	3.33	0.797			
	Master's Degree	13	3.38	0.572			
	Master's Degree with Doctoral units	1	3.75	-			
	Doctoral Degree	1	4.00	-			
	Years of Service	**n**	**Mean**	**SD**	**χ^2**	**p-value**	**Decision**
	1-5	51	3.09	0.680	3.575*	0.033	Significant/Reject
	6-10	38	3.22	0.697			

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	11+	25	3.42	0.385			
	Area of Assignment	**n**	**Mean**	**SD**	**χ^2**	**p-value**	**Decision**
	Dialysis Unit	2	3.06	0.2652	5.32	0.256	Not Significant/Accept
	Emergency Department	32	2.91	0.7493			
	Intensive Care Unit	5	3.08	0.7104			
	Isolation or Infectious Disease Unit	2	3.75	0.3536			
	Medical Ward	27	2.99	0.8438			
	Obstetric-Gynecologic Unit	5	2.83	0.4727			
	Operating Room	10	3.39	0.6304			
	Outpatient Department	10	3.25	0.4859			
	Pediatric Unit	10	3.05	0.7733			
	Surgical Ward	9	3.14	0.8670			
	Wound Care	2	1.81	0.4419			
Avoidant Coping	**Sex**	**n**	**Mean**	**SD**	**U**	**p-value**	**Decision**
	Female	70	2.70	0.758	1241	0.081	Not Significant/Accept
	Male	44	2.98	0.774			
	Age	**n**	**Mean**	**SD**	**χ^2**	**p-value**	**Decision**
	20-29	33	2.73	0.673	0.730	0.540	Not Significant/Accept
	30-39	45	2.92	0.726			
	40-49	24	2.69	0.720			
	50+	12	2.82	1.232			
	Civil Status	**n**	**Mean**	**SD**	**χ^2**	**p-value**	**Decision**
	Single	48	2.78	0.708	0.684	0.877	Not Significant/Accept
	Married	59	2.83	0.820			
	Separated	2	2.50	0.707			
	Widowed	5	2.95	1.006			

Educational Attainment	**n**	**Mean**	**SD**	**χ^2**	**p-value**	**Decision**
Bachelor's Degree	93	2.77	0.751	4.53	0.339	Not Significant/Accept
Bachelor's Degree with Graduate Units	6	2.81	0.765			
Master's Degree	13	2.91	0.906			
Master's Degree with Doctoral units	1	3.88	-			
Doctoral Degree	1	4.00	-			
Years of Service	**n**	**Mean**	**SD**	**χ^2**	**p-value**	**Decision**
1-5	51	2.77	0.704	0.101	0.904	Not Significant/Accept
6-10	38	2.82	0.770			
11+	25	2.87	0.927			
Area of Assignment	**n**	**Mean**	**SD**	**χ^2**	**p-value**	**Decision**
Dialysis Unit	2	3.06	0.7955	4.53	0.339	Not Significant/Accept
Emergency Department	32	2.68	0.9013			
Intensive Care Unit	5	2.77	1.0209			
Isolation or Infectious Disease Unit	2	4.00	0.0000			
Medical Ward	27	3.00	0.8060			
Obstetric-Gynecologic Unit	5	2.60	0.5755			
Operating Room	10	3.48	0.5615			
Outpatient Department	10	3.40	0.5767			
Pediatric Unit	10	2.88	0.9410			
Surgical Ward	9	3.06	0.8104			
Wound Care	2	2.00	0.0000			

*Note. *Significant at p< .05.*

Based on the results in Table 17, the differences in the coping mechanisms utilized by the staff nurses when classified according to their demographic and employment characteristics were shown. The age and years of service groups were only established for statistical purposes to allow meaningful comparison among the groups.

The analysis considered three types of coping mechanisms, namely problem-focused coping, emotion-focused coping, and avoidant coping.

For problem-focused coping, the results showed that no significant difference was found according to sex (*U=1531, p=.960*), age (χ^2=1.378, p=.264), civil status ($\chi^2=0.634$, *p=.889*), educational attainment ($\chi^2=6.38$, *p=.172*), and area of assignment ($\chi^2=6.38$, *p=.172*). Due to this result, the null hypothesis was accepted for these variables. In contrast, a significant difference was observed according to years of service ($\chi^2=6.787$, *p=.002*), resulting in rejecting the null hypothesis. Among the years-of-service groups, staff nurses with 11 or more years of service obtained the highest mean for problem-focused coping at 3.46. These findings revealed that the utilization of problem-focused coping differed significantly according to length of nursing service but remained comparable across the other demographic and employment characteristics examined.

With respect to emotion-focused coping, no significant differences were identified according to sex *(U=1393, p=.389*), age *($\chi^2=1.315$, p=.283*), civil status ($\chi^2=2.185$, *p=.535*), educational attainment ($\chi^2=5.32$, *p=.256),* and area of assignment *($\chi^2=5.32$, p=.256*). Therefore, the null hypothesis was accepted for all of these variables. However, a significant difference was found according to years of service ($\chi^2=3.575$, *p=.033*), leading to the rejection of the null hypothesis for this variable. Among the groups of years of service, staff nurses with 11 or more years of service obtained the highest mean utilization of emotion-focused coping at M=3.42. The findings suggested that emotion-focused coping differed significantly with length of nursing service, while the other demographic and employment characteristics did not demonstrate significant differences.

For avoidant coping, the findings indicated that no significant differences existed according to sex (*U=1241, p=.081*), age ($\chi^2=0.730$, *p=.540*), civil status ($\chi^2=0.684$, *p=.877*), educational attainment ($\chi^2=4.53$, *p=.339*), years of service ($\chi^2=0.101$, *p=.904*), and area of assignment ($\chi^2=4.53$, *p=.339*). Thus, the null hypothesis was accepted across all demographic and employment profiles. Among the age groups, staff nurses aged 30-39 years had the highest mean avoidant coping utilization at M=2.92, while those with 11 or more years of service had the highest mean among the service groups at M=2.87. By area of assignment, the Isolation or Infectious Disease Unit recorded the highest mean at 4.00, followed by the Operating Room at 3.48 and the Outpatient Department at 3.40. Despite these differences in descriptive means, the statistical results showed that avoidant coping did not differ significantly across the demographic and employment profiles examined.

Overall, the findings showed that years of nursing service were the only profile that demonstrated significant differences in the utilization of both problem-focused and emotion-focused coping mechanisms. In contrast, avoidant coping did not vary significantly according to any of the demographic or employment profiles considered. The results presented that length of nursing service was associated with differences in the use of more adaptive coping approaches, while the utilization of avoidant coping remained generally comparable across the groups.

Significant Relationship between the Level of Occupational Stress and Coping Mechanisms Utilized By Staff Nurses

The table below presents the analysis of the relationship between occupational stress and the coping mechanisms utilized by the staff nurses.

Table 18. Analysis of the Relationship Between Occupational Stress and Coping Mechanisms Utilized by Staff Nurses

Variables			**Occupational Stress**			
			Workload	**Work Environment**	**Interpersonal Relationships**	**Organizational Factors**
Copi		Spearman's rho	0.555*	0.524*	0.579*	0.574*

	Problem-Focused Coping	p-value	<.001	<.001	<.001	<.001
		Decision	Significant Reject	Significant Reject	Significant Reject	Significant Reject
	Emotion-Focused Coping	Spearman's rho	0.489*	0.367*	0.503*	0.450*
		p-value	<.001	<.001	<.001	<.001
		Decision	Significant Reject	Significant Reject	Significant Reject	Significant Reject
	Avoidant Coping	Spearman's rho	0.469*	0.478*	0.543*	0.534*
		p-value	<.001	<.001	<.001	<.001
		Decision	Significant Reject	Significant Reject	Significant Reject	Significant Reject

*Note. *Significant at p< .05.*

The analysis in Table 18 examined the relationships between the four dimensions of occupational stress, namely workload, work environment, interpersonal relationships, and organizational factors, and the three types of coping mechanisms.

The findings revealed that problem-focused coping had significant positive relationships with all four dimensions of occupational stress. A moderate positive correlation was found between problem-focused coping and workload (*Spearman's rho=0.555, p<.001*), while a moderate positive correlation was also observed with work environment (*Spearman's rho=0.524, p<.001*). Similarly, problem-focused coping demonstrated a moderate positive correlation with interpersonal relationships (*Spearman's rho=0.579, p<.001*) and organizational factors (*Spearman's rho=0.574, p<.001*). Thus, the null hypothesis was rejected for all four relationships. Among these associations, the relationship with interpersonal relationships was the strongest, although it remained within the moderate level of correlation. The positive direction indicated that higher levels of occupational stress were associated with greater utilization of problem-focused coping mechanisms.

In relation to emotion-focused coping, significant positive correlations were likewise found across the four dimensions of occupational stress. A moderate positive correlation existed between emotion-focused coping and workload (*Spearman's rho=0.489, p<.001*). Its relationship with work environment was weak and positive (*Spearman's rho=0.367, p<.001*). Meanwhile, moderate positive correlations were observed between emotion-focused coping and interpersonal relationships (*Spearman's rho=0.503, p<.001*) and organizational factors (*Spearman's rho=0.450, p<.001*). The null hypothesis was rejected for all four relationships. The strongest association occurred between emotion-focused coping and interpersonal relationships, whereas the weakest was between emotion-focused coping and work environment. These results showed that greater occupational stress was associated with greater utilization of emotion-focused coping mechanisms, although the strength of the association varied across the dimensions.

Avoidant coping also demonstrated significant positive correlations with all four dimensions of occupational stress. A moderate positive correlation was identified between avoidant coping and workload (*Spearman's rho=0.469, p<.001*) and between avoidant coping and work environment (*Spearman's rho=0.478, p<.001*). The relationship between avoidant coping and interpersonal relationships was likewise moderate and positive (*Spearman's rho=0.543, p<.001*), as was its relationship with organizational factors (*Spearman's rho=0.534, p<.001*). Accordingly, the null hypothesis was rejected for all four relationships. The strongest correlation was found between avoidant coping and interpersonal relationships, followed by organizational factors, work environment, and workload. The positive coefficients indicated that higher occupational stress was associated with greater utilization of avoidant coping mechanisms.

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Overall, the results demonstrated significant positive relationships between occupational stress and all three coping mechanisms across the dimensions examined. The correlations involving problem-focused coping were consistently moderate, while emotion-focused coping showed relationships ranging from weak to moderate. Avoidant coping also demonstrated moderate positive relationships with all four dimensions of occupational stress. These findings indicated that the utilization of coping mechanisms increased alongside higher levels of occupational stress, although the strength of the relationship varied depending on the type of coping mechanism and dimension of occupational stress.

Proposed Stress Management Intervention Program

Project CARES: ***Coping, Awareness, Resilience, Emotional Support, and Stress Management Program for Staff Nurses***

I. Rationale

The proposed stress management intervention program is anchored on the Transactional Model of Stress and Coping of Lazarus and Folkman (1984), which viewed stress as a result of the interaction between individuals and their environment. The findings showed that staff nurses experienced occupational stress related to workload, work environment, interpersonal relationships, and organizational factors. These conditions may be assessed differently by staff nurses depending on their experiences, perceived demands, available resources, and ability to manage stressful situations.

The program focuses on strengthening both primary and secondary appraisal and promoting appropriate coping responses. Activities will help staff nurses recognize and assess sources of workplace stress, identify available personal and organizational resources, and develop practical strategies for managing work-related demands. Problem-focused coping will be reinforced through prioritization, planning, problem solving, communication, and help-seeking, while emotion-focused coping will be supported through relaxation, emotional support, and other appropriate strategies for managing emotional responses. Awareness of avoidant coping will also be incorporated to encourage more constructive responses to workplace concerns.

The program will also incorporate reappraisal, allowing staff nurses to evaluate whether the coping strategies they use are helpful and determine whether these responses should be maintained, modified, or replaced. Through individual coping activities, peer support, communication with management, and workplace-based interventions, the program seeks to address both the nurses' responses to stress and the conditions in which stress occurs. Thus, the proposed intervention provides a structured approach consistent with the Transactional Model of Stress and Coping by connecting workplace demands, appraisal, available resources, coping mechanisms, and reappraisal.

II. Objective

Project CARES aims to provide a structured stress management intervention program that will assist staff nurses in recognizing, managing, and appropriately responding to occupational stress through individual coping strategies, interpersonal support, and organizational interventions.

The program specifically aims to:

1. help staff nurses recognize and identify common sources of occupational stress in their workplace;
2. strengthen nurses' ability to assess available personal, interpersonal, and organizational resources when dealing with stressful situations;
3. enhance task prioritization, planning, and time-management skills in managing work demands;
4. promote constructive problem-focused coping and appropriate help-seeking behaviors;
5. strengthen healthy emotion-focused coping strategies for managing emotional responses to workplace stress;

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6. increase awareness of avoidant coping responses and encourage more constructive ways of addressing work-related concerns;
7. improve communication, teamwork, and interpersonal relationships among staff nurses and other members of the healthcare team;
8. provide opportunities for peer and emotional support among staff nurses;
9. establish appropriate channels for communicating workplace concerns to nurse managers and hospital administrators; and
10. establish a monitoring and reappraisal process to determine whether the intervention activities remain responsive to the needs of staff nurses.

III. Proposed Management Intervention Program

Strategies/Program	Activities	Timeline	Persons Involved	Budget	Assessment/ Output
Stress Awareness and Primary Appraisal	Conduct a stress-awareness session focusing on identifying common workplace stressors, recognizing personal reactions to stressful situations, and identifying situations that require action, support, or adjustment.	January 2027	Nurse Managers, Staff Nurses, Occupational Health Personnel	₱2,500	Stress-awareness checklist; identified workplace stressors
Workload Management and Task Prioritization	Conduct workshops on task prioritization, time management, planning nursing activities, managing competing patient needs, and appropriately requesting assistance when workload becomes difficult to manage.	February 2027	Nurse Managers, Head Nurses, Staff Nurses	₱3,500	Individual workload-management plan; activity evaluation
Work Environment Support and Resource Assessment	Conduct a workplace resource assessment focusing on equipment, supplies, workspace, opportunities for breaks, interruptions, and other environmental concerns. Identified concerns will be documented and referred to appropriate management personnel.	March 2027	Nurse Managers, Staff Nurses, Occupational Health Personnel, Hospital Administration	₱2,500	Workplace assessment checklist; documented concerns and management referrals
Communication, Teamwork,	Conduct activities on effective communication,	April 2027	Nurse Managers, Head Nurses,	₱3,000	Communication and teamwork

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and Interpersonal Support	teamwork, conflict management, respectful interaction, communication with patients and relatives, and appropriate communication with physicians, coworkers, and supervisors.		Staff Nurses, Hospital Training Personnel		evaluation; participant feedback
Problem-Focused Coping and Help-Seeking	Conduct problem-solving sessions focusing on identifying work-related problems, developing possible solutions, seeking practical assistance, discussing concerns with supervisors, and evaluating actions taken.	May 2027	Nurse Managers, Staff Nurses, Hospital Training Personnel	₱2,500	Problem-solving worksheet; individual action plan
Emotion-Focused Coping and Emotional Support	Facilitate guided relaxation, breathing exercises, positive reframing, reflection activities, and peer-support sessions to help nurses manage emotional responses to stressful work situations.	June 2027	Occupational Health Personnel, Nurse Managers, Staff Nurses	₱3,500	Relaxation log; peer-support attendance; participant feedback
Avoidant Coping Awareness and Constructive Response	Conduct an awareness session on avoidant coping behaviors and provide alternative strategies such as communication, help-seeking, problem solving, and appropriate referral.	July 2027	Nurse Managers, Staff Nurses, Occupational Health Personnel	₱2,000	Coping self-assessment; constructive-response plan
Management–Staff Consultation and Organizational Support	Establish a structured consultation mechanism where nurses can raise concerns related to workload, scheduling, staffing, resources, recognition, professional development, workplace policies, and other organizational matters.	August 2027	Hospital Administrators, Chief Nurses, Nurse Managers, Staff Nurses	₱2,500	Consultation records; identified concerns; documented management responses
Reappraisal, Monitoring, and Program Evaluation	Conduct follow-up assessment and reflection sessions to determine whether coping strategies and workplace	September 2027	Hospital Administrators, Nurse Managers, Program	₱3,000	Program evaluation report; feedback summary; recommendations

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	interventions were helpful. Review continuing concerns and develop recommendations for sustained implementation.		Coordinator, Staff Nurses		

V. Expected Outcomes

After Project CARES, the following outcomes are expected:

1. Staff nurses will demonstrate greater awareness of the workplace situations that contribute to occupational stress.
2. Staff nurses will be able to identify personal, interpersonal, and organizational resources that may be used when dealing with stressful situations.
3. Staff nurses will demonstrate improved task prioritization, planning, and time-management practices.
4. Staff nurses will be encouraged to use constructive problem-focused coping and appropriate help-seeking strategies.
5. Staff nurses will have increased opportunities to use healthy emotion-focused coping strategies.
6. Staff nurses will become more aware of avoidant coping responses and alternative ways of addressing workplace concerns.
7. Communication, teamwork, and interpersonal support among staff nurses and other healthcare personnel will be strengthened.
8. Workplace concerns related to resources, workload, scheduling, and organizational support will have appropriate channels for documentation and referral.
9. Staff nurses and management will have opportunities to reassess the effectiveness of strategies used to manage occupational stress.
10. Hospital management will have a structured basis for sustaining, modifying, or expanding stress management initiatives.

VI. Intervention Program Evaluation

The implementation of Project CARES will be evaluated through process, outcome, and reappraisal activities. Process evaluation will monitor participation, completion of activities, attendance, and documentation of program implementation. Activity-based assessments, participant feedback, checklists, and reflection forms will be used to determine whether each component was implemented as planned.

Outcome evaluation will focus on changes in participants' awareness of occupational stress, coping practices, help-seeking behaviors, communication, and use of available support systems. Workplace concerns identified during the program will also be reviewed to determine whether appropriate referrals or management responses were made.

Consistent with the Transactional Model of Stress and Coping, reappraisal will be conducted after the intervention activities. Staff nurses will be encouraged to assess whether the strategies they used were effective in managing stressful situations and whether they should be maintained, modified, or replaced. The results of the evaluation will serve as the basis for recommendations for the continued implementation and improvement of the stress management program.

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DISCUSSION OF FINDINGS

This chapter discusses the findings of the study on the occupational stress and coping mechanisms of staff nurses hired from 2000 to 2026 and currently employed in selected government hospitals in the First District of Batangas. The discussion covers the demographic and employment profile of the respondents, the level of occupational stress experienced, the coping mechanisms utilized, the differences in occupational stress and coping mechanisms according to demographic and employment characteristics, and the relationship between occupational stress and coping mechanisms.

What is the demographic profile of the respondents in terms of age?

The age profile of the staff nurses showed representation across a broad range of adulthood, with greater concentration among those in their late twenties and thirties. This indicated that the staff nurses represented different age categories rather than being concentrated within a single age group. This pattern was consistent with Joseph et al. (2021) and Khade et al. (2022), who included different age categories in describing their nurse respondents. Recent studies also continued to describe age as part of the demographic characteristics of nursing populations, particularly in studies involving occupational and work-related experiences (de Cordova et al., 2024; Glawing et al., 2024).

The distribution further showed representation from younger through older adulthood, although the younger-to-middle adult portion had a greater presence. The variation across individual ages demonstrated that the respondents came from different stages of adulthood. This was comparable with the demographic descriptions reported by Joseph et al. (2021) and Khade et al. (2022), which included nurses from various age categories. In addition, de Cordova et al. (2024) examined a large group of acute care nurses with diverse demographic characteristics, while Glawing et al. (2024) described registered nurses from different professional settings in examining their work-related experiences.

Overall, the age profile reflected a diverse composition of staff nurses, with the distribution extending across younger, middle-aged, and older adult age groups. The greater representation among the younger-to-middle adult portion and the smaller representation among the older ages characterized the overall pattern of the respondents' age distribution.

What is the demographic profile of the respondents in terms of sex?

The distribution according to sex showed that both female and male staff nurses were represented among the respondents, with female staff nurses comprising the larger share of the sample. According to Labrague et al. (2021), hospital nurses in the Philippines reported a greater representation of female nurses, and Amoguis et al. (2023) likewise found that women constituted the larger portion of the respondents. These findings reflected the continuing predominance of female nurses within the nursing populations described in recent Philippine studies.

The results also showed that male nurses formed a substantial part of the respondent group despite being fewer than female staff nurses. The inclusion of both sexes provided a representation of the two categories identified in the demographic profile. This was comparable with the findings of Tominaga et al. (2024), which described the male nursing workforce as a distinct but smaller component of the profession, and the 2022 National Nursing Workforce Survey, which documented an increase in the proportion of male nurses while females remained the larger group in the nursing workforce. These recent findings showed that although nursing continued to have a predominantly female composition, male participation was also evident in the profession.

So, the distribution of the demographic profile shown in Table 4 in Chapter 4 indicated that the staff nurses were predominantly female, while male nurses also constituted a considerable portion of the respondents. The distribution therefore reflected the presence of both sexes within the study population, with female representation exceeding male representation. A similar pattern was observed among public health nurses in the Philippines, where Neri et al. (2024) reported a predominantly female composition among participating nurses. Likewise, a Philippine study on nurses' retention reported that its respondents were predominantly female, further demonstrating a similar sex distribution among nurse populations in the local setting.

What is the demographic profile of the respondents in terms of civil status?

The civil status distribution showed that the staff nurses belonged to different civil-status categories, with married respondents comprising the largest portion of the group, followed by single respondents. Separated and widowed staff nurses represented considerably smaller distribution of the respondents. According to Jamebozorgi et al. (2022), sociodemographic characteristics were considered in describing nurses participating in their study, reflecting the importance of personal characteristics in profiling nursing respondents. Similarly, Weret (2023) included sociodemographic characteristics among the factors examined among nurses working in public hospitals. These studies supported the presentation of civil status as part of the demographic profile of the staff nurses in this study.

The results further showed that the respondent population was largely composed of married and single staff nurses, while only a limited number belonged to the separated and widowed civil status. This indicated that the distribution was concentrated mainly in two civil-status group, with the remaining categories having fewer representatives. According to Abdoh et al. (2021), demographic and personal characteristics were included among the factors examined in assessing nurses in primary healthcare settings. Jamebozorgi et al. (2022) also examined nurses according to their sociodemographic characteristics, including personal characteristics relevant to the description of the study population.

Therefore, the civil status profile demonstrated that the staff nurses came from varied civil-status backgrounds, although married and single respondents accounted for most of the study population. The smaller representation of separated and widowed nurses showed that these categories comprised only a limited portion of the respondents. According to Weret (2023), nurses' civil status was included in describing the population and examining factors associated with occupational stress. Likewise, Jamebozorgi et al. (2022) considered civil status in their examination of nurses during the COVID-19 pandemic.

What is the demographic profile of the respondents in terms of educational attainment?

Table 6 in Chapter 4 presented that the staff nurses had varied levels of educational attainment, although Bachelor's Degree was clearly the most common. The predominance of a Bachelor's Degree indicated that most staff nurses in the study had completed the basic professional educational qualification for nursing practice. At the same time, the presence of respondents with graduate units, Master's Degrees, doctoral units, and a Doctoral Degree showed that some nurses had pursued education beyond their initial professional preparation. This suggested that the respondents represented different stages of academic progression within the nursing profession.

According to Jamebozorgi et al. (2022), educational status was among the sociodemographic characteristics examined in their study of nurses, and their findings showed that most participants held an undergraduate nursing degree. Their study also identified education status as a factor associated with resilience, indicating that educational background was a relevant profile when describing nurses in relation to their professional and psychological experiences. Similarly, Joseph et al. (2021) included educational attainment among the sociodemographic profiles of staff nurses and examined its relationship with occupational stress.

Overall, the educational attainment profile indicated that the staff nurses were predominantly prepared at the Bachelor's level, while a smaller portion had continued toward graduate and doctoral level. So, the distribution reflected a workforce with a common foundational nursing qualification alongside varying degrees of academic advancement.

What is the employment profile of the respondents in terms of years of service?

The employment profile showed that the staff nurses had diverse lengths of nursing service, ranging from relatively short tenure to more than two decades of professional experience. The distribution was more concentrated among nurses who had accumulated several years of service, particularly within the early to middle stages of their careers. At the same time, the presence of nurses with longer periods of service demonstrated that the respondents included both less-tenured and highly experienced members of the nursing workforce.

According to Rizany et al. (2022), nurses' workplace stress had been examined in relation to several work-related factors such as years of service, including characteristics associated with their professional background. Similarly, Lorente et al. (2021) supported the inclusion of years of service as an important component in describing the employment background of nursing respondents.

In general, the findings reflected a workforce with varied professional tenure, with greater representation among staff nurses in the early-to-moderate stages of their nursing careers and fewer respondents with very long service. This indicated that the sample encompassed staff nurses with different levels of accumulated professional experience rather than being composed of a single tenure group. Weret (2023) likewise examined occupational stress among nurses in public hospitals while considering professional and sociodemographic characteristics, demonstrating the relevance of describing nurses according to their employment background when examining their workplace experiences. Thus, the years-of-service profile provided a descriptive picture of the professional tenure represented among the staff nurses in this study.

What is the employment profile of the respondents in terms of area of assignment?

The distribution according to area of assignment showed that the staff nurses came from a wide range of clinical departments within the hospitals. The largest representation came from the Emergency Department and Medical Ward, while other respondents were assigned to the Operating Room, Outpatient Department, Pediatric Unit, Surgical Ward, Intensive Care Unit, and Obstetric-Gynecologic Unit. The respondents also included staff nurses from more specialized areas such as Dialysis, Isolation or Infectious Disease, and Wound Care. This indicated that the study population represented staff nurses working in both general and specialized hospital settings.

According to Suryati et al. (2023), staff nurses working in hospital emergency rooms experienced work-related stressors associated with the demands and conditions of emergency care. Their systematic review emphasized that the clinical environment was an important consideration in understanding nurses' workplace experiences. Similarly, Al-Yaqoubi and Arulappan (2023) examined sources of work-related stress among nurses and identified the workplace and clinical setting as relevant contexts in understanding nurses' occupational experiences. These studies supported the relevance of describing respondents according to their area of assignment, particularly when the participants were drawn from different hospital units.

Hence, the distribution demonstrated that the staff nurses were not limited to a single type of clinical department but represented nurses working across various areas of hospital service. The presence of nurses from emergency, medical, surgical, pediatric, obstetric-gynecologic, critical care, outpatient, and specialized units provided a broad description of the employment settings represented in the study. Rizany et al. (2022) likewise emphasized that nurses' workplace experiences were influenced by different hospital and work-related circumstances, supporting the importance of identifying the clinical areas in which nurses were assigned when describing their employment profile.

What is the level of occupational stress experienced by staff nurses in terms of workload?

The findings in Table 9 showed that the staff nurses experienced a high level of occupational stress in terms of workload. This indicated that workload-related demands were commonly encountered by the respondents in performing their nursing responsibilities. The highest-rated concern was being assigned more nursing tasks than could be comfortably completed during the shift. The remaining indicators involving simultaneous patient care, insufficient time to complete procedures, physical exhaustion, extended duty hours, competing patient needs, documentation, and additional duties due to inadequate staffing were high. These results demonstrated that workload-related concerns were evident across several aspects of the nurses' daily responsibilities.

According to Saher et al. (2022), workload-related pressure was identified as the most frequently reported source of stress among critical care nurses. Their findings emphasized that the need to remain attentive to critically ill patients and respond quickly to their needs could contribute to physical and mental fatigue. This finding supported the present result, particularly the high level of stress associated with managing several patients simultaneously and responding to immediate patient needs. In the Philippine context, Alibudbud (2023) identified understaffing, heavy patient loads, and overwork as structural concerns affecting Filipino nurses. The

study further emphasized that addressing individual stress alone may not be sufficient when organizational conditions continue to generate pressure. This was consistent with the present finding that staff nurses experienced additional duties because of insufficient staffing and workload demands.

The findings were further explained by the Transactional Model of Stress and Coping of Lazarus and Folkman (1984), which served as the theoretical framework of the study. The model viewed stress as resulting from the dynamic interaction between the person and the environment, particularly when demands were perceived as exceeding available coping resources. In the present study, heavy nursing workloads, multiple patient-care responsibilities, limited time, staffing limitations, and extended duty hours represented workplace demands that the staff nurses needed to appraise. During primary appraisal, heavy workload could be perceived as a threat or challenge to the nurse's well-being and professional practice. During secondary appraisal, the nurses evaluated the resources available to manage these demands, including their skills, previous experience, time, social support, and institutional resources. The framework specifically identified heavy workloads and organizational pressures as potential threats and explained that stress was more likely when workplace demands were greater than available coping resources.

Overall, the results indicated that workload was a high-level source of occupational stress among the staff nurses. The very high rating for having more nursing tasks than could be comfortably completed during the shift showed that excessive task demands were the most prominent workload concern, while the remaining indicators also reached the high level. The findings were supported by Saher et al. (2022) regarding workload-related pressure and by Alibudbud (2023) regarding understaffing, heavy patient loads, and overwork among Filipino nurses. These results were also consistent with the Transactional Model of Stress and Coping, which explained that occupational stress could occur when the demands of the nursing environment were perceived to exceed the resources available to manage them.

What is the level of occupational stress experienced by staff nurses in terms of work environment?

The work environment findings reflected that occupational stress was experienced by the staff nurses across different aspects of their clinical setting, as seen in Table 10. Rather than being associated with a single workplace concern, stress was evident in situations involving equipment functionality, availability of supplies, physical space, interruptions, safety hazards, changes in patient conditions, and opportunities for rest. The findings suggested that the nurses' experiences were shaped by how conducive their surroundings were to carrying out patient-care responsibilities. Conditions that disrupted workflow or limited the nurses' ability to perform their duties comfortably may have added to the demands already inherent in nursing practice. Castro et al. (2024) reported that Filipino nurses experienced work-related stress in circumstances involving increased workload, unfamiliar assignments, and unclear expectations, demonstrating how workplace conditions could contribute to psychological strain.

In addition, Alibudbud (2023) discussed structural concerns affecting Filipino staff nurses, including understaffing, heavy patient loads, and inadequate organizational conditions. These concerns highlighted that occupational stress could also be influenced by circumstances surrounding nurses' work rather than solely by the individual demands of patient care. In the present study, concerns related to equipment, supplies, space, safety, and rest similarly indicated that the surrounding work conditions formed part of the nurses' stressful experiences.

The findings could also be understood through the Transactional Model of Stress and Coping of Lazarus and Folkman (1984). The model emphasized that individuals first appraised environmental situations according to whether these were perceived as harmful, threatening, or demanding, and then assessed the resources available for managing them. In the context of the findings of this study, an unavailable piece of equipment, inadequate space, workplace hazard, or interruption could become stressful when nurses perceived that such conditions interfered with their ability to fulfill patient-care responsibilities. The nurses' responses to these situations were therefore influenced by both the demands imposed by the environment and the resources available to address them. Overall, the findings showed that occupational stress was embedded in the nurses' daily work setting, underscoring the role of functional resources, safe surroundings, adequate space, and opportunities for recovery in creating a more supportive clinical environment.

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What is the level of occupational stress experienced by staff nurses in terms of interpersonal relationships?

The interpersonal relationships results reflected a high level of occupational stress experienced by the staff nurses, as shown in Table 11. Rather than being limited to conflicts among coworkers, stress was evident in interactions with patients and their relatives, physicians, supervisors, and other members of the healthcare team. The findings suggested that communication difficulties, lack of cooperation, disagreements regarding patient care, and limited emotional support could affect the nurses' experiences while performing their responsibilities. These interpersonal situations may have added pressure to the nurses' daily work, particularly when effective coordination and supportive professional relationships were needed to provide patient care. Noor et al. (2023) reported that organizational and interpersonal aspects of nursing work could become sources of work-related stress, particularly when workplace demands exceeded available resources and social support. This supported the present findings, as the nurses' experiences involved communication concerns, cooperation among coworkers, and interactions with other members of the healthcare team.

Additionally, Capili et al. (2022) emphasized the importance of collegial solidarity and supportive relationships among healthcare professionals in dealing with challenging work experiences. Interpersonal support within the workplace could help healthcare workers manage demanding circumstances. So, the occurrence of stress related to cooperation, emotional support, communication, and disagreements similarly indicated that professional relationships formed an important part of the nurses' workplace experiences. The findings then suggested that the manner in which nurses interacted and communicated with others could either contribute to or help manage the pressures encountered in clinical practice.

The findings could also be understood through the Transactional Model of Stress and Coping of Lazarus and Folkman (1984). The model emphasized that individuals appraised situations according to whether they were perceived as threatening, harmful, or demanding and subsequently assessed the resources available for managing them. In the context of the findings of this study, conflicts, unclear instructions, disagreements, disrespectful interactions, or inadequate support could become stressful when nurses perceived these situations as interfering with their responsibilities or exceeding the support available to them. Conversely, cooperation, effective communication, and emotional support could serve as resources for coping with workplace demands.

Taken together, the findings showed that occupational stress was also embedded in the nurses' interpersonal experiences, underscoring the importance of respectful communication, teamwork, cooperation, and supportive professional relationships within the clinical setting.

What is the level of occupational stress experienced by staff nurses in terms of organizational factors?

The results in Table 12 reflected that the staff nurses experienced a high level of occupational stress in terms of organizational factors. The responses indicated that different aspects of the organization contributed to this experience, particularly compensation, work scheduling, management support, recognition, distribution of responsibilities, and opportunities for professional development. The findings suggested that stress was influenced not only by the actual performance of nursing duties but also by how these duties were structured and supported by the institution. Concerns regarding compensation appeared to reflect the nurses' perception of whether the rewards they received were commensurate with the responsibilities associated with their work. At the same time, concerns about scheduling, recognition, management support, and professional growth indicated that organizational practices also formed part of the nurses' stressful work experiences. Maddigan et al. (2023) reported that nurses working in hospitals experienced greater work-related stress and emphasized the importance of a supportive work environment in promoting nurses' well-being. This showed that conditions established within the workplace could influence nurses' experiences of occupational stress.

Furthermore, the findings indicated that organizational arrangements affected several areas of the nurses' working experience. Changes in schedules and rotating or night duties required nurses to continually adjust to different work routines, while concerns about the distribution of duties and recognition reflected how workplace practices were perceived by the staff. Limited opportunities for training and professional growth also suggested that organizational support extended beyond immediate work responsibilities to the nurses' opportunities for development. Dartey et al. (2023) found that occupational stress among nurses was associated with conditions

surrounding their work and noted the effects of stressful workplace circumstances on nurses. As explained through the Transactional Model of Stress and Coping of Lazarus and Folkman (1984), the model proposed that stress occurred through the interaction between individuals and their environment, particularly when demands were appraised as exceeding the resources available for coping. From the results presented, organizational demands such as schedule changes, shift arrangements, perceived inequity in duty assignments, limited recognition, insufficient management support, restricted professional development, and compensation concerns could have been perceived as stressful when nurses felt that the available organizational resources did not adequately address these demands.

Overall, the results demonstrated that organizational factors were an important component of the nurses' occupational stress, particularly in relation to the way work was scheduled, supported, recognized, and developed within the organization.

What coping mechanisms are utilized by staff nurses in managing occupational stress in terms of problem-focused coping?

The results presented in Table 13 indicated that the staff nurses often utilized problem-focused coping mechanisms in managing occupational stress. Their responses showed that they addressed work-related difficulties through organizing priorities, planning responses, seeking information and assistance, adjusting routines, and evaluating the effectiveness of their actions. The frequent use of prioritizing duties according to urgency and importance suggested that the nurses attempted to gain control over demanding situations by determining which responsibilities required immediate attention. This pattern reflected an active form of coping in which stressful circumstances were approached through practical actions rather than passive responses. Joy et al. (2022) reported that frontline nurses used various strategies to manage stressful work experiences, while Calegari et al. (2022) found that coping strategies were associated with nurses' professional quality of life. These findings supported the present result by indicating that nurses commonly employed active coping approaches to deal with occupational demands and maintain their functioning in the workplace.

Moreover, this showed that problem-focused coping involved several ways of responding to workplace difficulties. The staff nurses planned how to manage challenging situations, modified their work routines, searched for useful information, sought practical assistance, and discussed concerns with appropriate supervisors. Their tendency to evaluate whether their actions actually reduced the source of stress also indicated that coping involved reflection and adjustment rather than simply taking action. Michalak et al. (2022) reported that medical staff used different strategies for managing workplace stress, including approaches directed toward addressing stressful circumstances. Similarly, Velana and Rinkenauer (2021) emphasized the importance of coping strategies in reducing job-related stress among nurses and identified approaches that supported nurses in managing occupational demands. These findings reinforced the interpretation that the staff nurses' frequent use of problem-focused coping represented deliberate efforts to modify stressful situations, organize their responsibilities, and make use of available resources.

Aside from this, the findings were also supported by the Transactional Model of Stress and Coping of Lazarus and Folkman (1984), which explained problem-focused coping as efforts directed toward managing or changing the source of stress through planning, problem solving, seeking assistance, and regulating available resources. The staff nurses' practices of identifying the causes of stress, setting priorities, developing plans, obtaining information, requesting practical assistance, and evaluating their actions corresponded with these coping processes. Abou Hashish and Atalla (2023) emphasized the relationship between coping strategies and nurses' experiences of compassion satisfaction and compassion fatigue, while Zenani et al. (2022) highlighted the use of coping strategies and resilience in dealing with workplace adversities among nurses. Together, these studies supported the theoretical explanation that coping was an active process through which nurses assessed stressful circumstances and selected strategies according to the demands they encountered and the resources available to them.

Thus, the findings indicated that problem-focused coping was often utilized by the staff nurses, particularly through practical problem solving, prioritization, planning, adaptation, information seeking, and the use of available support.

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What coping mechanisms are utilized by staff nurses in managing occupational stress in terms of emotion-focused coping?

Table 14 indicated that emotion-focused coping was often utilized by the staff nurses in dealing with occupational stress. Their responses reflected a tendency to manage the emotional effects of stressful situations through spiritual practices, positive thinking, interpersonal support, acceptance, and activities that encouraged relaxation. The frequent use of these approaches suggested that the nurses gave considerable attention to maintaining emotional balance when confronted with demanding workplace experiences.

Healthcare workers commonly turned to prayer, communication with family and peers, rest, and other activities as ways of coping with stress (Anarna and Tomas, 2024). Abou Hashish and Atalla (2023) likewise associated coping strategies with nurses' experiences of compassion satisfaction and compassion fatigue, indicating that the manner in which nurses responded to stressful circumstances could influence their professional well-being.

A closer examination of the responses revealed that spirituality and finding positive meaning in nursing work were particularly consistent coping practices. The nurses also made use of relaxation activities, reminded themselves that difficult situations were temporary, sought emotional support, accepted circumstances that could not immediately be changed, and communicated their feelings with trusted individuals. Such responses suggested that the nurses employed different ways of easing emotional strain rather than depending on one coping practice alone. Gonzales et al. (2024) documented the use of varied coping styles among healthcare professionals experiencing psychological distress, while Kundrata et al. (2022) described several coping strategies used by nurses in response to stress encountered in clinical settings.

From the perspective of the Transactional Model of Stress and Coping of Lazarus and Folkman (1984), these responses could be understood as coping efforts directed toward regulating emotional reactions when stressful circumstances were difficult to alter directly. Prayer, positive reframing, acceptance, relaxation, and emotional support represented ways of modifying how the nurses experienced and responded to stressful events rather than necessarily changing the events themselves. Lorente et al. (2021) highlighted the role of coping and resilience in nurses' psychological responses to stressful experiences, while Zenani et al. (2022) emphasized coping strategies as important resources for nurses facing workplace adversities. Regular use of emotion-focused strategies reflected the nurses' efforts to preserve emotional stability while continuing to fulfill their professional responsibilities.

Overall, the results suggested that the staff nurses commonly managed occupational stress by drawing on spirituality, positive perspectives, interpersonal relationships, acceptance, and relaxation as sources of emotional regulation and relief.

What coping mechanisms are utilized by staff nurses in managing occupational stress in terms of avoidant coping?

The pattern in Table 15 demonstrated that avoidant coping was often utilized by the staff nurses in managing occupational stress. The responses indicated that the nurses sometimes dealt with stressful work experiences by diverting their attention, avoiding stressful thoughts, withholding concerns, or postponing their response to difficult situations. Rather than directly confronting the source of stress, these behaviors allowed the nurses to create some psychological distance from workplace pressures. Abuatiq and Borchardt (2021) described how nurses experiencing occupational stress adopted different strategies to manage demanding work circumstances, while Sari et al. (2023) examined the relationship between coping strategies and burnout among health workers and highlighted the relevance of coping patterns in stressful work environments.

A notable pattern in the responses was the frequent use of distraction and avoidance of stressful thoughts, while keeping concerns to oneself and acting as though a stressful situation did not exist were also observed. These behaviors implied that some nurses attempted to lessen the immediate emotional discomfort associated with workplace stress by shifting their attention away from the problem or limiting their expression of concerns. Nurses and physicians employed different coping styles when experiencing psychological distress, demonstrating that healthcare professionals did not respond uniformly to stressful circumstances (Gonzales et

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al., 2024). Alongside this, Lorente et al. (2021) found that coping and resilience were relevant to the psychological responses of nurses exposed to stressful experiences.

From the standpoint of the Transactional Model of Stress and Coping of Lazarus and Folkman (1984), avoidant coping represented a response in which an individual attempted to reduce exposure to or emotional engagement with a stressful situation rather than directly modifying its source. The nurses' tendencies to delay problems, withdraw from others, distract themselves, or keep concerns private were consistent with this type of coping response. Calegari et al. (2022) emphasized the importance of coping strategies in understanding nurses' experiences and professional quality of life, whereas Zenani et al. (2022) underscored the role of coping and resilience in dealing with workplace adversities. These perspectives helped explain why avoidant behaviors could become part of nurses' responses when workplace demands were perceived as difficult to control or immediately resolve.

So, the findings indicated that the staff nurses often utilized avoidant coping, particularly through distraction, avoidance of stressful thoughts, postponement, withdrawal, and withholding concerns, suggesting that temporary emotional distancing formed part of their broader ways of responding to occupational stress.

Is there a significant difference in the level of occupational stress experienced by staff nurses when they are grouped according to their demographic and employment profile?

Table 16 showed that the level of occupational stress differed significantly across selected demographic and employment groups. The most consistent pattern was observed for age and years of nursing service, as both variables demonstrated significant differences across workload, work environment, interpersonal relationships, and organizational factors. In contrast, sex, civil status, and educational attainment did not produce significant differences across the occupational stress dimensions. The results suggested that occupational stress was not uniformly experienced across all staff nurses and that certain characteristics of their professional background were associated with variations in their reported stress levels. Weret (2023) examined occupational stress among nurses in public hospitals and identified several personal and work-related factors associated with occupational stress, while Rizany et al. (2022) emphasized that nurses' workplace stress was influenced by a combination of workload, work environment, organizational conditions, and other work-related circumstances.

The significant differences according to age and length of nursing service were particularly notable because the older and more experienced groups generally reported higher levels of stress across the four dimensions. This pattern suggested that occupational stress may have varied with the circumstances accompanying longer professional exposure, including accumulated responsibilities and continued adjustment to workplace demands. At the same time, the absence of significant differences according to sex, civil status, and educational attainment indicated that these characteristics did not distinguish the nurses' reported occupational stress in the present sample. Joseph et al. (2021) reported no significant association between occupational stress and variables such as age, gender, marital status, educational qualification, and years of experience among staff nurses. Likewise, Khade et al. (2022) found no significant differences in occupational stress across age groups, length of service, and departmental assignment.

The findings concerning area of assignment further showed that differences were evident in workload and organizational factors, although the same variable did not significantly differentiate work environment or interpersonal relationship stress. Al-Yaqoubi and Arulappan (2023) identified workload and other work-related conditions as important sources of stress among nurses, while Suryati et al. (2023) emphasized that work demands and workplace conditions contributed to nurses' stress, particularly in demanding clinical environments.

Viewed through the Transactional Model of Stress and Coping of Lazarus and Folkman (1984), the differences across groups could be understood in terms of how nurses appraised workplace demands and the resources available to manage them. The model recognized that stress resulted from the interaction between individuals and their environment, meaning that similar workplace demands might not be experienced in exactly the same way by all nurses. Jamebozorgi et al. (2022) highlighted the importance of individual and socio-demographic characteristics in understanding nurses' responses to demanding work situations, while Alibudbud (2023)

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described structural and organizational conditions affecting Filipino nurses, including staffing concerns, heavy patient loads, and work-related demands.

Overall, results indicated that age and years of nursing service were consistently associated with differences across all four occupational stress dimensions, whereas area of assignment was associated with differences in workload and organizational factors only. Sex, civil status, and educational attainment, on the other hand, did not significantly differentiate the occupational stress levels of the staff nurses.

Is there a significant difference in the coping mechanisms utilized by staff nurses when they are grouped according to their demographic and employment profile?

The findings in Table 17 showed that years of nursing service was the only demographic and employment characteristic that demonstrated significant differences in the utilization of coping mechanisms, specifically for problem-focused and emotion-focused coping. In contrast, sex, age, civil status, educational attainment, and area of assignment did not produce significant differences in these coping dimensions. Avoidant coping also remained statistically comparable across all profile variables. The pattern suggested that the use of coping mechanisms was not generally determined by demographic characteristics or current work assignment, but differences emerged according to the length of professional experience. This may indicate that continued exposure to nursing responsibilities provided opportunities for staff nurses to develop and refine ways of responding to occupational demands.

The significant difference in problem-focused coping according to years of service may be understood in relation to the development of coping resources through repeated workplace experiences. Velana and Rinkenauer (2021) emphasized that coping strategies among nurses could be strengthened through interventions that develop their ability to manage job-related stress and respond to workplace demands. Similarly, Armstrong and Turne (2022) highlighted the value of approaches that enhance nurses' capacity to manage stress and reduce its effects.

A similar pattern was observed for emotion-focused coping, where years of service also yielded a significant difference, while the remaining demographic and employment characteristics did not. This finding may be viewed alongside Pignata et al. (2023), who emphasized the importance of workplace-based interventions in supporting the well-being of healthcare professionals and reducing burnout. Profit et al. (2021) likewise demonstrated that structured workplace interventions could help address healthcare worker burnout, suggesting that coping is influenced not only by individual characteristics but also by the experiences and support available within the work setting. The absence of significant differences according to sex, age, civil status, educational attainment, and area of assignment suggested that these characteristics did not substantially distinguish how the staff nurses in the study utilized emotion-focused coping.

Under the Transactional Model of Stress and Coping of Lazarus and Folkman (1984), the findings may be explained by the role of accumulated experience in shaping how nurses appraised stressful situations and selected coping responses. The model proposed that coping depended on the interaction between perceived demands and available resources, which could include knowledge, skills, experience, and social support. The significant differences according to years of service for both problem-focused and emotion-focused coping were therefore consistent with the possibility that nurses with different levels of professional experience possessed differing coping resources. Meanwhile, the absence of significant differences in avoidant coping across all profile groups indicated that this form of coping was relatively comparable among the staff nurses regardless of their demographic or employment characteristics.

Overall, the findings highlighted years of nursing service as the profile variable that distinguished the use of problem-focused and emotion-focused coping, whereas avoidant coping remained generally consistent across the groups.

Is there a significant relationship between the level of occupational stress and the coping mechanisms utilized by staff nurses?

Table 18 outlined the significant positive relationships of all three coping mechanisms across the four dimensions of occupational stress. This indicated that as the level of occupational stress increased, the utilization of coping mechanisms also tended to increase. The pattern was observed for workload, work environment, interpersonal relationships, and organizational factors, suggesting that staff nurses responded to different sources of occupational demands through various forms of coping. Velana and Rinkenauer (2021) emphasized that nurses employ different coping strategies in response to job-related stress. Similarly, Shahzadi et al. (2022) identified various stress-management strategies used by nurses to manage workplace stress and regain energy, supporting the view that coping responses become relevant when nurses encounter demanding work conditions.

The positive relationships involving problem-focused coping suggested that staff nurses tended to employ active approaches as occupational demands increased. Such responses may include identifying sources of stress, planning, prioritizing responsibilities, seeking assistance, and adjusting work routines, which were also reflected in the problem-focused coping indicators examined in this study. Mohamed et al. (2022) demonstrated the relevance of interventions that strengthen stress-coping mechanisms among nurses, while Abou Hashish and Atalla (2023) examined the relationship between coping strategies and nurses' professional well-being, emphasizing the role of coping in dealing with demanding clinical circumstances.

The findings concerning emotion-focused and avoidant coping likewise indicated that these coping responses were utilized as occupational stress increased. The presence of significant relationships with interpersonal and organizational concerns was particularly notable because stressful interactions, workplace conditions, and organizational demands may require nurses to manage both the practical demands of work and their emotional responses to those demands. Gonzales et al. (2024) examined coping styles among nurses and physicians and highlighted differences in the ways healthcare workers responded to psychological distress, while Zenani et al. (2022) emphasized strategies for strengthening nurses' resilience when dealing with workplace adversities. Based on this findings, this implied that staff nurses did not rely exclusively on one form of coping; rather, problem-focused, emotion-focused, and avoidant responses were all utilized in relation to occupational stress, although the strength of their relationships varied across the stress dimensions.

The findings could further be understood through the Transactional Model of Stress and Coping of Lazarus and Folkman (1984), which viewed stress as a dynamic interaction between individuals and their environment. When nurses appraised workplace demands as stressful, their coping responses could involve attempts to manage the source of the problem, regulate emotional reactions, or temporarily distance themselves from the stressor. The significant positive relationships found in the present study supported the model's view that coping was connected to how individuals responded to perceived demands and available resources. Importantly, the findings represented associations rather than causal relationships; therefore, the results did not establish that occupational stress caused nurses to use a particular coping mechanism.

Therefore, the results demonstrated that higher occupational stress was accompanied by greater utilization of all three forms of coping, with the strength of the relationship differing according to the specific occupational stress dimension and coping mechanism.

SUMMARY, CONCLUSION, AND RECOMMENDATION

This chapter provides a summary of the findings on the occupational stress and coping mechanisms of staff nurses hired from 2000 to 2026 and currently employed in selected government hospitals in the First District of Batangas. It presents the conclusions drawn from the findings and offers recommendations addressing occupational stress and promoting effective coping mechanisms among staff nurses. It also provides the proposed stress management intervention program based on the findings of the study.

Summary of Findings

Based on the results, interpretations, and discussions of this study, the following findings were presented:

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1. The demographic and employment profile of the staff nurses varied in terms of age, sex, civil status, educational attainment, years of nursing service, and area of assignment. The staff nurses' ages ranged from 20 to 60 years old, with the highest frequencies recorded among those aged 28, 30, 37, and 38 years old. Female staff nurses comprised the larger proportion of the respondents at 61.4%, while 38.6% were male. In terms of civil status, married staff nurses represented the largest proportion at 51.8%, followed by single respondents at 42.1%. Most respondents had attained a Bachelor's Degree, comprising 81.6% of the sample. Their nursing experience ranged from 1 to 26 years, with the largest proportions having 5 and 10 years of service. In terms of area of assignment, the Emergency Department had the highest representation at 28.1%, followed by the Medical Ward at 23.7%.

2. The level of occupational stress among the staff nurses was high across all four dimensions, namely workload, work environment, interpersonal relationships, and organizational factors. Workload-related stress was centered on demanding nursing responsibilities, multiple patient-care demands, time limitations, extended working hours, and additional duties resulting from staffing concerns. Work environment stress involved equipment availability and functionality, physical space, interruptions, workplace safety, patient-related changes, and opportunities to take breaks. Interpersonal stress was related to interactions with patients and relatives, coworkers, physicians, supervisors, and other members of the healthcare team. Organizational stress involved compensation, scheduling, management support, recognition, fairness in duty distribution, professional development, and communication of policies.

3. The staff nurses utilized problem-focused, emotion-focused, and avoidant coping mechanisms in managing occupational stress. Problem-focused coping was often utilized, particularly through prioritizing duties according to urgency and importance, planning responses to difficult situations, adjusting work routines, seeking practical assistance, and evaluating whether actions reduced the source of stress. Emotion-focused coping was also often utilized, with prayer or spiritual practices and maintaining the positive meaning or value of nursing work identified as consistently utilized strategies. Other approaches included relaxation, positive reflection, acceptance, and seeking emotional support. Avoidant coping was likewise often utilized, particularly through distraction, avoiding stressful thoughts, withholding concerns, and postponing difficult workplace matters.

4. Significant differences in occupational stress were observed according to selected demographic and employment characteristics. Age and years of nursing service showed significant differences across all four dimensions of occupational stress. Area of assignment also showed significant differences in workload and organizational factors. In contrast, sex, civil status, and educational attainment did not show significant differences across the occupational stress dimensions. These findings indicated that occupational stress varied particularly according to age, length of nursing service, and selected area of assignment.

5. Significant differences in coping mechanisms were found according to years of nursing service. Problem-focused coping differed significantly according to length of nursing service, with staff nurses who had longer service showing greater utilization of this coping approach. Emotion-focused coping also differed significantly according to years of service. However, no significant differences were found in problem-focused or emotion-focused coping according to sex, age, civil status, educational attainment, or area of assignment. Avoidant coping did not differ significantly according to any of the demographic or employment profiles examined.

6. Significant positive relationships were found between occupational stress and all three coping mechanisms. Problem-focused coping demonstrated moderate positive relationships with workload, work environment, interpersonal relationships, and organizational factors. Emotion-focused coping also showed significant positive relationships with all four dimensions, ranging from weak to moderate associations. Avoidant coping likewise demonstrated moderate positive relationships with all four dimensions of occupational stress. These findings indicated that greater occupational stress was associated with greater utilization of problem-focused, emotion-focused, and avoidant coping mechanisms.

7. Based on the findings of the study, Project CARES: Coping, Awareness, Resilience, Emotional Support, and Stress Management Program for Staff Nurses was proposed as a structured stress management intervention

program. The program was designed to address the identified sources of occupational stress while strengthening appropriate coping mechanisms among staff nurses. It focused on stress awareness, workload management and task prioritization, work environment and resource assessment, communication and teamwork, problem-focused coping and help-seeking, emotion-focused coping and emotional support, awareness of avoidant coping, management-staff consultation, and continuous monitoring and reappraisal.

Conclusion

Based on the findings of the study, the following conclusions were drawn:

1. The staff nurses represented a varied workforce in terms of demographic and employment profiles. The respondents ranged from young to older adults, with females comprising the larger proportion. More than half were married, while most had completed a Bachelor's Degree. Their years of nursing service varied, reflecting both relatively newer and more experienced nurses, and they were assigned to different hospital areas, with the Emergency Department and Medical Ward comprising the largest groups.

2. The staff nurses experienced a high level of occupational stress across workload, work environment, interpersonal relationships, and organizational factors. The findings showed that stress was centered not only on direct nursing responsibilities but also on workplace conditions, professional relationships, management practices, and organizational concerns.

3. The staff nurses utilized problem-focused, emotion-focused, and avoidant coping mechanisms in managing occupational stress. Their coping practices included active problem-solving, task prioritization, planning, emotional regulation, spiritual practices, positive reflection, relaxation, social support, distraction, and temporary avoidance of stressful concerns.

4. Occupational stress differed significantly according to selected demographic and employment profiles, particularly age and years of nursing service. Area of assignment also contributed to differences in selected dimensions of occupational stress, while sex, civil status, and educational attainment did not demonstrate significant differences.

5. The utilization of coping mechanisms varied according to years of nursing service for problem-focused and emotion-focused coping. However, avoidant coping did not significantly differ across the demographic and employment profiles examined. This indicated that length of nursing service was particularly associated with differences in the utilization of problem-focused and emotion-focused coping approaches.

6. Occupational stress was significantly and positively related to problem-focused, emotion-focused, and avoidant coping mechanisms. This indicated that as the staff nurses experienced greater occupational stress, they also reported greater utilization of coping mechanisms in responding to workplace demands and stressful situations.

7. Project CARES: Coping, Awareness, Resilience, Emotional Support, and Stress Management Program for Staff Nurses was considered an appropriate proposed intervention program based on the identified occupational stressors and coping patterns. The program addressed both individual coping responses and workplace-related concerns through stress awareness, workload management, communication and teamwork, emotional support, constructive coping, management consultation, and continuous evaluation.

Recommendation

Based on the findings and conclusions of the study, the following recommendations were proposed:

For Staff Nurses

Staff nurses should participate in Project CARES and make use of the program's stress-awareness, coping, emotional-support, and stress-management activities. They should strengthen problem-focused coping by prioritizing duties, planning responses to difficult situations, seeking appropriate assistance, and communicating

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work-related concerns to supervisors. They should also continue utilizing constructive emotion-focused strategies such as relaxation, positive reflection, spiritual practices, and seeking support from trusted individuals. Staff nurses should become more aware of avoidant coping behaviors and consider more constructive alternatives when dealing with persistent workplace concerns.

For Hospital Administrators

Hospital administrators should support the implementation of Project CARES as part of the hospital's employee wellness and staff-support initiatives. They should address organizational sources of occupational stress by reviewing staffing needs, workload distribution, scheduling practices, workplace resources, compensation concerns, recognition systems, and opportunities for professional development. Hospital administrators should also provide the necessary time, personnel, facilities, and resources to sustain the intervention program and establish mechanisms through which staff nurses can communicate workplace concerns.

For Chief Nurses, Nurse Managers, and Supervisors

Chief nurses, nurse managers, and supervisors should participate in the implementation of Project CARES, particularly in workload management, task prioritization, communication, teamwork, and early identification of stress-related concerns. They should monitor the distribution of nursing duties, facilitate appropriate assistance when workloads become difficult to manage, encourage respectful communication, and create opportunities for staff nurses to discuss work-related concerns. They should also provide constructive feedback, recognize nurses' contributions, and encourage participation in professional development and stress-management activities.

For Hospital Human Resource and Employee Welfare Personnel

Hospital Human Resource and Employee Welfare Personnel should support Project CARES through employee wellness activities, emotional-support services, stress-management sessions, and appropriate referral mechanisms. They should help establish accessible channels through which staff nurses can seek assistance for persistent workplace stress and should coordinate with nurse managers and hospital administrators in monitoring employee concerns. Regular employee feedback may also be gathered to identify emerging workplace issues and determine areas requiring additional support.

For Patients and Their Families

Patients and their families should be encouraged to maintain respectful and cooperative communication with staff nurses during the delivery of healthcare services. They should recognize that nurses manage multiple patient-care responsibilities and may encounter demanding workplace situations. Respectful interactions, cooperation with healthcare instructions, and appropriate communication of concerns may help promote a more supportive environment and reduce interpersonal sources of occupational stress among staff nurses.

For Government Hospitals and Local Health Authorities

Government hospitals and local health authorities should consider adopting Project CARES as part of institutional staff-wellness and occupational stress-management initiatives. They should provide adequate support for staffing, equipment, supplies, safe working environments, professional development, employee welfare, and workplace communication. They should also establish mechanisms for regularly assessing occupational stress and coping among nurses and use the findings to improve organizational policies and workplace support systems.

For Nursing Education and Training Institutions

Nursing education and training institutions should incorporate occupational stress management, healthy coping, resilience, communication, emotional regulation, workload management, and professional well-being into nursing education and continuing professional development. Training activities may also emphasize the

distinction between constructive coping and avoidant responses and provide nurses with practical strategies for managing stressful clinical situations. Collaboration with hospitals may be strengthened to provide continuing education and workplace-based stress-management activities consistent with Project CARES.

For Future Researchers

Future researchers should evaluate the implementation and effectiveness of Project CARES among staff nurses using pretest-posttest, longitudinal, or mixed-method research designs. Further studies may examine changes in occupational stress and coping mechanisms before and after implementation of the program and determine which components are most useful in addressing workload, work environment, interpersonal relationships, and organizational concerns. Future researchers may also consider larger samples, other government and private healthcare institutions, and additional factors that may contribute to occupational stress and coping among nurses.

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Ana Kristelli Y. Recluta

REFERENCES

1. Abdoh, D. S., Shahin, M. A., Ali, A. K., Cheikh Ismail, L., Abdulrahman, M., & Ibrahim, M. (2021). Prevalence and associated factors of stress among primary health care nurses in Saudi Arabia: A multi-center study. Journal of Family Medicine and Primary Care, 10(7), 2692–2696. https://doi.org/10.4103/jfmpc.jfmpc_222_21
2. Abou Hashish, E. A., & Atalla, A. D. G. (2023). The relationship between coping strategies, compassion satisfaction, and compassion fatigue during the COVID-19 pandemic. SAGE Open Nursing, 9, 23779608231160463. doi:10.1177/23779608231160463
3. Abuatiq, A., & Borchardt, C. (2021). The impact of COVID-19: Nurses' occupational stress and strategies to manage it. The Journal of Nursing Administration, 51(12), 600–605. https://doi.org/10.1097/NNA.0000000000001081
4. Al-Yaqoubi, S., & Arulappan, J. (2023). Sources of work-related stress among Omani nurses: A cross-sectional study. Journal of Patient Experience, 10, 23743735231166504. https://doi.org/10.1177/23743735231166504
5. Alibudbud, R. (2023). Addressing the burnout and shortage of nurses in the Philippines. SAGE Open Nursing, 9, 23779608231195737. https://doi.org/10.1177/23779608231195737
6. Anarna, K. S., & Tomas, A. C. V. (2024). Assessment of emotions and stress coping mechanisms of healthcare workers from the Department of Pediatrics at the Philippine General Hospital a year after the coronavirus disease 2019 pandemic. Acta Medica Philippina, 58(7). doi: 10.47895/amp.v58i7.6343
7. Armstrong, J. W., & Turne, L. N. (2022). Mindfulness-based interventions to reduce stress and burnout in nurses: An integrative review. British Journal of Mental Health Nursing, 11(1). doi: 10.12968/bjmh.2020.0036
8. Calegari, J. G., Russo, S., Luciani, M., Strepparava, M. G., Di Mauro, S., & Ausili, D. (2022). Association between coping strategies and professional quality of life in nurses and physicians during COVID-19: A cross-sectional study. Journal of Nursing Management, 30(8), 4054–4063. doi:10.1111/jonm.13845
9. Capili, J. T., Luis, L. M. G., Asuncion, J. E. L., Luyun, J. L., Canapi, J. B., & Rimban, E. L. (2022). Narratives of hospital health care professionals during the pandemic in the Northern Philippines: A phenomenological study. Jàmbá: Journal of Disaster Risk Studies, 14(1), a1284. doi: 10.4102/jamba.v14i1.1284
10. Castro, J., Molo, J., Catalan, J. P. M., Magsingit, N. S., Palaganas, E., Rivera, R. R., & Norful, A. A. (2024). Work-related stress factors and psychological health of Filipino nurses during the COVID-19 pandemic. Philippine Journal of Nursing, 94(1), 21–30.
11. Dartey, A. F., Tackie, V., Lotse, C. W., Dziwornu, E., Affrim, D., & Akosua, D. R. D. (2023). Occupational stress and its effects on nurses at a health facility in Ho Municipality, Ghana. SAGE Open Nursing, 9, 23779608231186044. https://doi.org/10.1177/23779608231186044
12. De los Santos, J. A. A. (2023). Compassion fatigue influences the mental health and turnover intention of nurses in the COVID-19 pandemic. Acta Medica Philippina, 57(8), 19–24. https://doi.org/10.47895/amp.vi0.5137
13. De los Santos, J. A. A., & Labrague, L. J. (2021). The impact of fear of COVID-19 on job stress and turnover intentions of frontline nurses in the community: A cross-sectional study in the Philippines. Traumatology, 27(1), 52–59. https://doi.org/10.1037/trm0000294

14. Falguera, C. C., Labrague, L. J., Firmo, C. N., De los Santos, J. A. A., & Tsaras, K. (2023). Relationship of work engagement with nurse work and patient outcomes among nurses in Central Philippines. Acta Medica Philippina, 57(4), 24–31. https://doi.org/10.47895/amp.vi0.4426
15. Gonzales, R. V., Gonzales, M. K. D., & Ly-Uson, J. T. (2024). A comparison of psychological distress and coping styles among physicians and nurses in a COVID-19 referral hospital in Manila: A cross-sectional study. Acta Medica Philippina, 58(16), 85–102. doi:10.47895/amp.vi0.8308
16. Jamebozorgi, M. H., Karamoozian, A., Bardsiri, T. I., & Sheikhbardsiri, H. (2022). Nurses' burnout, resilience, and its association with socio-demographic factors during the COVID-19 pandemic. Frontiers in Psychiatry, 12, 803506. doi:10.3389/fpsyt.2021.803506
17. Jiju, L., & Singh, M. (2022). Job stress among nurses in tertiary care hospital: Identifying risk factor of poor mental health. International Journal of Research in Medical Sciences, 10(11), 2573–2576. https://doi.org/10.18203/2320-6012.ijrms20222860
18. Joseph, T., Angadi, S., & Natekar, D. S. (2021). A study to assess occupational stress among staff nurses at HSK Hospital and Research Centre, Bagalkot, with a view to develop an information guide sheet on stress management. International Journal of Science and Healthcare Research, 6(3), 13–18. https://doi.org/10.52403/ijshr.20210703
19. Joy, G. V., Kunjavara, J., Larsen, M. K., & Tiwari, S. (2022). Coping with COVID-19: Strategies of frontline nurses. Babali Nursing Research, 3(3), 113–120. doi:10.37363/bnr.2022.33113
20. Khade, D., Gokhe, S. B., Karia, S., & Shah, N. (2022). A cross-sectional descriptive study of effects of occupational stress on mental health of staff nurses of a tertiary care hospital in a metropolitan city. Annals of Indian Psychiatry, 6(3), 229–232. https://doi.org/10.4103/aip.aip_133_21
21. Kundrata, D., Pukljak, Z., Repušić, M., et al. (2022). Coping with stress of nurses employed in the internal medicine and surgical departments. Croatian Nursing Journal, 6(1). doi: 10.24141/2/6/1/3
22. Labrague, L. J., & de los Santos, J. A. A. (2021a). Fear of COVID-19, psychological distress, work satisfaction and turnover intention among frontline nurses. Journal of Nursing Management, 29(3), 395–403. https://doi.org/10.1111/jonm.13168
23. Labrague, L. J., & de los Santos, J. A. A. (2021b). Resilience as a mediator between compassion fatigue, nurses' work outcomes, and quality of care during the COVID-19 pandemic. Applied Nursing Research, 61, 151476. https://doi.org/10.1016/j.apnr.2021.151476
24. Labrague, L. J., Ballad, C. A., & Fronda, D. C. (2021). Predictors and outcomes of work–family conflict among nurses. International Nursing Review, 68(3), 349–357. https://doi.org/10.1111/inr.12642
25. Lazarus, R. S., & Folkman, S. (1984). Stress, appraisal, and coping. Springer Publishing Company. https://books.google.com/books?id=i-ySQQuUpr8C
26. Lorente, L., Vera, M., & Peiró, T. (2021). Nurses' stressors and psychological distress during the COVID-19 pandemic: The mediating role of coping and resilience. Journal of Advanced Nursing, 77(3), 1335–1344. doi: 10.1111/jan.14695
27. Maddigan, J., Brennan, M., McNaughton, K., Reid, M., & Timmons, D. (2023). The prevalence and predictors of compassion satisfaction, burnout and secondary traumatic stress in registered nurses in an Eastern Canadian province: A cross-sectional study. Canadian Journal of Nursing Research, 55(4), 458–469. https://doi.org/10.1177/08445621221150297
28. Maphangela, T. (2022). Investigating the effects of occupational stress on nurses working in referral hospitals in Botswana to reduce health risk. Texila International Journal of Public Health, 10(4), 126–131. https://doi.org/10.21522/TIJPH.2013.10.04.Art012
29. Michalak, M., Przybył, K., & Kazimierska-Zając, M. (2022). Strategies for coping with stress among medical staff who work in the operating theatre. Journal of Neurological and Neurosurgical Nursing, 11(2). doi: 10.15225/pnn.2022.11.2.3
30. Mohamed, S., Hariedy, N., Adam, S., Mohamed, A., & El-Sayed, S. (2022). Effect of psychological intervention on stress coping mechanisms and burnout syndrome among critical care nurses. Assiut Scientific Nursing Journal, 10(29), 148–159. doi:10.21608/asnj.2022.128621.1347
31. Noor, N. H. M., Rehman, S., & Gull, M. (2023). Determinants of work-related stress among nursing professionals. Pakistan Journal of Humanities and Social Sciences, 11(2), 1791–1804. https://doi.org/10.52131/pjhss.2023.1102.0486
32. Philippine Statistics Authority. (2025). Highlights on the population of legislative districts in the Province of Batangas based on the 2024 Census of Population.

33. Pignata, S., Bezak, E., Childs, J., & Austin, D. W. (2023). Workplace interventions to improve well-being and reduce burnout for nurses, physicians and allied healthcare professionals: A systematic review. BMJ Open, 13(6), e071203. doi:10.1136/bmjopen-2022-071203
34. Profit, J., Adair, K. C., Cui, X., Mitchell, B., Brandon, D., Tawfik, D. S., Rigdon, J., Gould, J. B., Lee, H. C., Bischoff, K., Timpson, W., McCaffrey, M., Ziniel, S., Rehder, K. J., Sexton, J. B., & the WISER Study Group. (2021). Randomized controlled trial of the WISER intervention to reduce healthcare worker burnout. Journal of Perinatology, 41(9), 2225–2234. doi:10.1038/s41372-021-01100-y
35. Rangaig, N. D., & Bangcola, A. A. (2023). Behind the curtain: A narrative inquiry into nurses' working experience in the COVID-19 referral facility in Southern Philippines. Journal of Healthcare Administration, 2(2), 116–131. doi: 10.33546/joha.2843
36. Republic Act No. 10673. (2015). An act reapportioning the Province of Batangas into six legislative districts. Official Gazette of the Republic of the Philippines.
37. Rizany, I., Sihombing, Y. E., & Setiawan, H. (2022). Factors affecting nurses' workplace stress in hospitals: A systematic review. KnE Life Sciences, 7(2), 218–237. https://doi.org/10.18502/kls.v7i2.10317
38. Saher, N., Imran, M., Dhamani, K.-U.-N., Siddiqui, M. A., Khan, M. A., & Batool, S. (2022). Stress among critical care nurses: A cross-sectional study. The Healer Journal of Physiotherapy and Rehabilitation Sciences, 2(2), 172–178. https://doi.org/10.55735/hjprs.v2i2.79
39. Sari, D. O. K., Marchianti, A. C. N., & Kusumastuti, I. (2023). The correlation of coping strategies and burnout syndrome among health workers in Regional Hospital Dr. Soebandi Jember. Journal of Agromedicine and Medical Sciences, 9(1), 21–27. doi:10.19184/ams.v9i1.30484
40. Shahzadi, A., Adina, S., Bashir, R., et al. (2022). Stress management strategies used by nurses to regain energy at workplace. Saudi Journal of Nursing and Health Care, 5(10). doi: 10.36348/sjnhc.2022.v05i10.011
41. Suryati, D. P., Putri, N. K., & Ibrahim, N. (2023). Systematic review: Factors affecting nurses' work stress in hospital emergency rooms during the COVID-19 pandemic. Journal of Public Health Research and Community Health Development, 6(2), 117–126. https://doi.org/10.20473/jphrecode.v6i2.34422
42. Velana, M., & Rinkenauer, G. (2021). Individual-level interventions for decreasing job-related stress and enhancing coping strategies among nurses: A systematic review. Frontiers in Psychology, 12, 708696. doi: 10.3389/fpsyg.2021.708696
43. Weret, Z. S. (2023). Occupational stress and associated factors among nurses working at public hospitals of Addis Ababa, Ethiopia, 2022: A hospital-based cross-sectional study. Frontiers in Public Health, 11, 1147086. https://doi.org/10.3389/fpubh.2023.1147086
44. West, D. J., Krcmery, V., Szydlowski, S. J., et al. (2022). Preventing the burnout syndrome by creating a healthy and healing environment. Clinical Social Work and Health Intervention, 13(6). doi: 10.22359/cswhi_13_6_13
45. Zenani, N. E., Gause, G. P., & Sehularo, L. A. (2022). Strategies to enhance resilience to cope with workplace adversities post-COVID-19 among ICU nurses. Curationis, 45(1), a2345. doi: 10.4102/curationis.v45i1.2345

APPROVAL SHEET

This Thesis entitled:

Stress and Coping Mechanisms of Staff Nurses Employed from 2000 to 2026 in Selected Government Hospitals in the First District of Batangas prepared and submitted by

Ana Kristelli Y. Recluta

in partial fulfillment of the requirements for the degree of **Master of Arts in Nursing**

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Appendix A

Research Instrument

Stress And Coping Mechanisms Of Staff Nurses Questionnaire

Good day!

You are invited to participate in the study entitled "Stress and Coping Mechanisms of Staff Nurses Employed from 2000 to 2026 in Selected Government Hospitals in the First District of Batangas." This study aims to determine the occupational stress levels and coping mechanisms of staff nurses currently assigned to direct patient care. Specifically, it seeks to assess occupational stress in terms of workload, work environment, interpersonal relationships, and organizational factors; identify the coping mechanisms used in terms of problem-focused, emotion-focused, and avoidant coping; examine differences according to demographic and employment characteristics; and determine the relationship between occupational stress and coping mechanisms. The findings will serve as the basis for a proposed stress management intervention program for staff nurses.

Your participation involves answering this questionnaire based on your actual workplace experiences. There are no right or wrong answers. Please respond honestly to each item. Completing the questionnaire is expected to take approximately 10 to 15 minutes.

Participation in this study is entirely voluntary. You may decline to participate, skip any item that causes discomfort, or discontinue answering before submitting the questionnaire without penalty. Your decision will not affect your employment status, work assignment, performance evaluation, promotion opportunities, or professional relationships within the hospital.

Your privacy and confidentiality will be strictly protected. The questionnaire will not collect your name, employee number, email address, or other unnecessary identifying information. All responses will be treated confidentially, stored securely, and reported only in summarized or aggregated form. The information gathered will be used solely for academic and research purposes, and no individual respondent will be identified in the study report, presentation, or related publication.

By proceeding with the questionnaire, you confirm that you have read and understood the information provided and voluntarily agree to participate in the study.

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Part I. Demographic and Employment Profile

Please provide the information requested by selecting or writing the appropriate response.

1. Age: _____ years old

2. Sex: □ Male □ Female □ Prefer not to disclose

3. Civil Status: □ Single □ Married □ Widowed □ Separated □ Others: _____

4. Highest Educational Attainment:

□ Bachelor's degree

□ Bachelor's degree with graduate units

□ Master's degree

□ Master's degree with doctoral units

□ Doctoral degree

□ Others: _____

5. Year Hired in the Hospital: _____

6. Years of Service: _____ years

7. Current Area of Assignment:

□ Medical Ward □ Surgical Ward □ Emergency Department

□ Intensive Care Unit □ Operating Room □ Outpatient Department

□ Obstetric-Gynecologic Unit □ Pediatric Unit

□ Dialysis Unit □ Isolation or Infectious Disease Unit

□ Others: _____

Part II. Occupational Stress

Directions: Read each statement and indicate how often you experience the situation in your present work assignment.

Scale	**Response**
4	Always Experienced
3	Often Experienced
2	Sometimes Experienced
1	Never Experienced

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A. Workload

No.	Statement	4	3	2	1
1	I am assigned more nursing tasks than I can comfortably complete during my shift.	□	□	□	□
2	I feel pressured when caring for several patients at the same time.	□	□	□	□
3	I have insufficient time to complete all required nursing procedures.	□	□	□	□
4	I feel physically exhausted because of the amount of work assigned to me.	□	□	□	□
5	I find it difficult to complete documentation while attending to patient needs.	□	□	□	□
6	I am required to work beyond my scheduled duty hours.	□	□	□	□
7	I feel pressured when patients require immediate attention at the same time.	□	□	□	□
8	I perform additional duties because there are not enough staff members available.	□	□	□	□

B. Work Environment

No.	Statement	4	3	2	1
1	I experience stress when necessary supplies are unavailable.	□	□	□	□
2	I experience stress when equipment is unavailable or not functioning properly.	□	□	□	□
3	I find it difficult to work effectively because of overcrowding in the unit.	□	□	□	□
4	Noise and frequent interruptions make it difficult for me to concentrate.	□	□	□	□
5	I feel unsafe when exposed to infectious diseases or workplace hazards.	□	□	□	□
6	I experience stress when the unit lacks adequate space for patient care activities.	□	□	□	□
7	Unexpected changes in patient conditions make my work environment stressful.	□	□	□	□
8	I have difficulty taking proper breaks during my duty.	□	□	□	□

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C. Interpersonal Relationships

No.	Statement	4	3	2	1
1	I experience stress because of conflicts with fellow nurses.	□	□	□	□
2	I experience stress because of communication difficulties with physicians.	□	□	□	□
3	I feel stressed when patients or their relatives speak to me disrespectfully.	□	□	□	□
4	I find it stressful when coworkers do not cooperate during patient care.	□	□	□	□
5	I feel uncomfortable discussing work-related concerns with my immediate supervisor.	□	□	□	□
6	I experience stress when instructions from members of the health care team are unclear.	□	□	□	□
7	I feel pressured when disagreements occur regarding patient care decisions.	□	□	□	□
8	I experience stress when I receive inadequate emotional support from my coworkers.	□	□	□	□

D. Organizational Factors

No.	Statement	4	3	2	1
1	I experience stress because of frequent changes in my work schedule.	□	□	□	□
2	I find rotating or night shifts difficult to manage.	□	□	□	□
3	I feel that nursing duties are not distributed fairly among staff members.	□	□	□	□
4	I receive insufficient recognition for the work I perform.	□	□	□	□
5	I experience stress because hospital policies are not clearly communicated.	□	□	□	□
6	I feel that management provides insufficient support for work-related concerns.	□	□	□	□
7	I experience stress because opportunities for training and professional growth are limited.	□	□	□	□
8	I feel that my compensation does not match the demands of my work.	□	□	□	□

Part III. Coping Mechanisms

Directions: Indicate how often you use each strategy when managing occupational stress.

Scale	Response
4	Always Utilized
3	Often Utilized

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2	Sometimes Utilized
1	Never Utilized

A. Problem-Focused Coping

No.	Statement	4	3	2	1
1	I identify the specific cause of my work-related stress.	□	□	□	□
2	I develop a plan for managing difficult work situations.	□	□	□	□
3	I prioritize my duties according to their urgency and importance.	□	□	□	□
4	I ask for practical assistance when my workload becomes difficult to manage.	□	□	□	□
5	I discuss work-related problems with the appropriate supervisor.	□	□	□	□
6	I look for information that can help me address a stressful situation.	□	□	□	□
7	I adjust my work routine to complete my responsibilities more effectively.	□	□	□	□
8	I evaluate whether the actions I take reduce the source of my stress.	□	□	□	□

B. Emotion-Focused Coping

No.	Statement	4	3	2	1
1	I talk to someone I trust about how I feel.	□	□	□	□
2	I remind myself that difficult work situations are temporary.	□	□	□	□
3	I accept situations that I cannot immediately change.	□	□	□	□
4	I use prayer or spiritual practices to manage stress.	□	□	□	□
5	I use breathing or relaxation techniques when I feel overwhelmed.	□	□	□	□
6	I engage in activities that help me relax after work.	□	□	□	□
7	I focus on the positive meaning or value of my nursing work.	□	□	□	□
8	I seek emotional support from family members, friends, or coworkers.	□	□	□	□

C. Avoidant Coping

No.	Statement	4	3	2	1
1	I avoid thinking about stressful work situations.	□	□	□	□
2	I delay addressing a work-related problem.	□	□	□	□

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3	I withdraw from other people when I feel stressed.	□	□	□	□
4	I act as though a stressful situation does not exist.	□	□	□	□
5	I give up trying to resolve a difficult workplace problem.	□	□	□	□
6	I keep my work-related concerns to myself even when I need assistance.	□	□	□	□
7	I distract myself to avoid dealing with the source of my stress.	□	□	□	□
8	I blame myself when stressful situations occur at work.	□	□	□	□

Appendix B

Professional Profile

Registered Nurse with extensive government hospital experience and academic teaching exposure, with a professional background spanning clinical nursing, adult intensive care, nursing education, healthcare waste management, environmental health and safety, and continuing professional development. Currently serving as Nurse 1 at Don Manuel Lopez Memorial District Hospital and Senior Lecturer 1 at Batangas State University–ARASOF. Holds a Bachelor of Science in Nursing, graduate-level nursing studies, a Philippine RN license, and a New York State RN credential.

• Clinical Nursing & Patient Care	• Adult Intensive Care Nursing
• Nursing Education & Lecturing	• Healthcare Waste Management
• Pollution Control & Environmental Safety	• Patient Safety & Quality Improvement
• Nursing Leadership & Professional Development	• Basic & Advanced Life Support
• Stroke and Neurologic Nursing Care	• Health Facility Green & Safe Practices
• Computer Literacy & Documentation	

Core Competencies

Professional Experience

Senior Lecturer 1 | *Batangas State University–ARASOF*

October 2025 – Present • Contract of Service • Government service

• Delivers nursing-related academic instruction and supports learner development.

• Applies clinical experience and professional nursing knowledge in teaching and learning activities.

Nurse 1 | *Provincial Health Office – Don Manuel Lopez Memorial District Hospital*

November 2021 – Present • Permanent • Government service

• Provides professional nursing care in a government district hospital setting.

• Participates in clinical, patient-safety, quality-improvement, and hospital program activities.

• Supports healthcare waste management, environmental safety, and green and safe health-facility initiatives.

Nurse 1 | *Provincial Health Office – Don Manuel Lopez Memorial District Hospital*

July 2019 – November 2021 • Casual • Government service

• Provided bedside nursing care and supported hospital clinical operations.

Nurse 1 | *Provincial Health Office – Don Manuel Lopez Memorial District Hospital*

November 2015 – June 2019 • Job Order • Government service

• Provided nursing care and supported day-to-day clinical services in the district hospital.

Nurse Trainee – Phase II | *Provincial Health Office – Don Manuel Lopez Memorial District Hospital*

November 2014 – October 2015 • Trainee • Government service

• Completed supervised clinical nursing training and hospital-based work exposure.

Nurse Trainee – Phase I | *Provincial Health Office – Don Manuel Lopez Memorial District Hospital*

July 2014 – October 2014 • Trainee • Government service

• Completed initial supervised nursing training and clinical exposure.

Education

Program	Institution	Period	Remarks
Master of Arts in Nursing	University of Perpetual Help System - DALTA	2025-Present	24 Units
Bachelor of Science in Nursing	Lyceum of the Philippines University–Batangas	2006–2010	Graduated 2022
Bachelor of Science in Psychology	De La Salle University Lipa	2005–2006	48 units
Secondary Education	Blessed Christ Child Montessori	2001–2005	Academic Achiever
Elementary Education	Blessed Christ Child Montessori	1995–2001	Academic Achiever

Licenses & Professional Eligibility

Registered Nurse – Republic of the Philippines — RA 1080 (Nurse) • PRC License No. 0690243; Passed licensure examination December 2010

Training / Program	**Hours**	**Provider**	**Date**
2025 Green and Safe Health Facilities Recognition and Technical Conference	15 hours	Department of Health	01–03 Dec 2025
Seminar on Customer Orientation and Professionalism	8 hours	Civil Service Commission	11 Jun 2024
Training on Food and Waterborne Diseases – PCP Manual of Procedures and Clinical Practice Guidelines for Infectious Diarrhea	16 hours	Department of Health	30–31 May 2024
Basic Training Course for Pollution Control Officers	40 hours	JP Environmental Consultancy Solutions	11–15 Mar 2024

Leading the Way: Empowering Nursing Leadership in Healthcare Innovation	4 hours	UP Open University – Faculty of Management and Development Studies, Master of Nursing Program	20 Nov 2023
Seizing Control: Effective Medical and Surgical Management Strategies for Status Epilepticus	4 hours	UP–Philippine General Hospital, Department of Neurosciences	27 Oct 2023
Stroke Nursing Care: Thrombolysis Workshop and Case Discussions	4 hours	UP–Philippine General Hospital, Department of Neurosciences	22 Aug 2023
Standard First Aid and BLS-CPR with AED	32 hours	Philippine Red Cross – Batangas Chapter	11–14 Jul 2023
GBS SOS – Save Our System	4 hours	UP–Philippine General Hospital, Department of Neurosciences	05 Jun 2023
Adult ICU Training for Nurses	320 hours	Philippine General Hospital	11 Apr–02 Jun 2023
Advanced Cardiac Life Support	16 hours	American Heart Association	26–27 Aug 2022
Early Diagnosis and Prompt Treatment: The Key to Sustaining a Malaria-Free CALABARZON	1 hour	Department of Health	25 Apr 2022
Online Malaria Information System	16 hours	Department of Health	17–18 Mar 2022
COVID-19 ICU Training Course for Nurses	20 hours	Philippine General Hospital	05 Oct 2021–24 May 2021

New York State Registered Nurse — National Council Licensure Examination for Registered Nurses – New York State • License No. 952017; Passed July 2024

Pollution Control Officer Accreditation — Accreditation No. 2024-RIVA-20232; Accredited March 2024

Selected Training & Continuing Professional Development

Recognition

- Best Healthcare Waste Management Awardee by the Philippine Hospitals Association 2024
- Best Nurse for Last Quarter of 2024 by Don Manuel Lopez Memorial District Hospital
- Model Employee of the Year 2025 by the Provincial Government of Batangas
- Nominee for the Model Employee of the Year 2025 by the Civil Service Commission

Additional Skills & Interests

Computer literacy

Singing

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Cooking

Baking

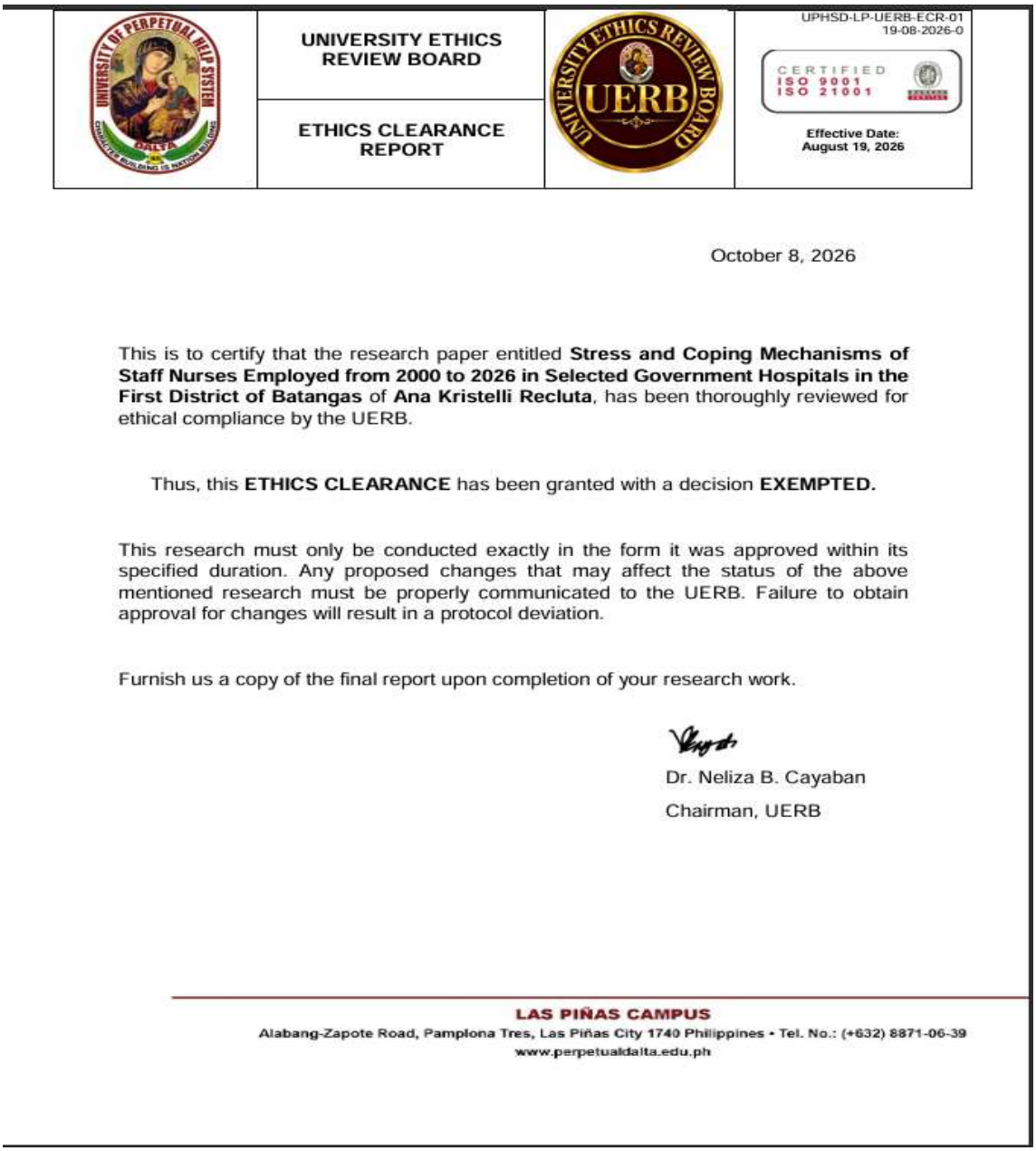
Driving

Dressmaking

Professional References

Name	Address	Contact
Aiza S. Escalona, RN	Brgy. Sampaga, Balayan, Batangas	09165693093
Carlos M. De La Vega, RMT	Brgy. Gumamela, Balayan, Batangas	09156111253
Carmencita A. Codizal, RPh	Brgy. III, Balayan, Batangas	09176868850

Appendix C



UNIVERSITY ETHICS REVIEW BOARD

ETHICS CLEARANCE REPORT

UPHSD-LP-UERB-ECR-01
19-08-2026-0

CERTIFIED ISO 9001 ISO 21001

Effective Date: August 19, 2026

October 8, 2026

This is to certify that the research paper entitled **Stress and Coping Mechanisms of Staff Nurses Employed from 2000 to 2026 in Selected Government Hospitals in the First District of Batangas** of **Ana Kristelli Recluta**, has been thoroughly reviewed for ethical compliance by the UERB.

Thus, this **ETHICS CLEARANCE** has been granted with a decision **EXEMPTED.**

This research must only be conducted exactly in the form it was approved within its specified duration. Any proposed changes that may affect the status of the above mentioned research must be properly communicated to the UERB. Failure to obtain approval for changes will result in a protocol deviation.

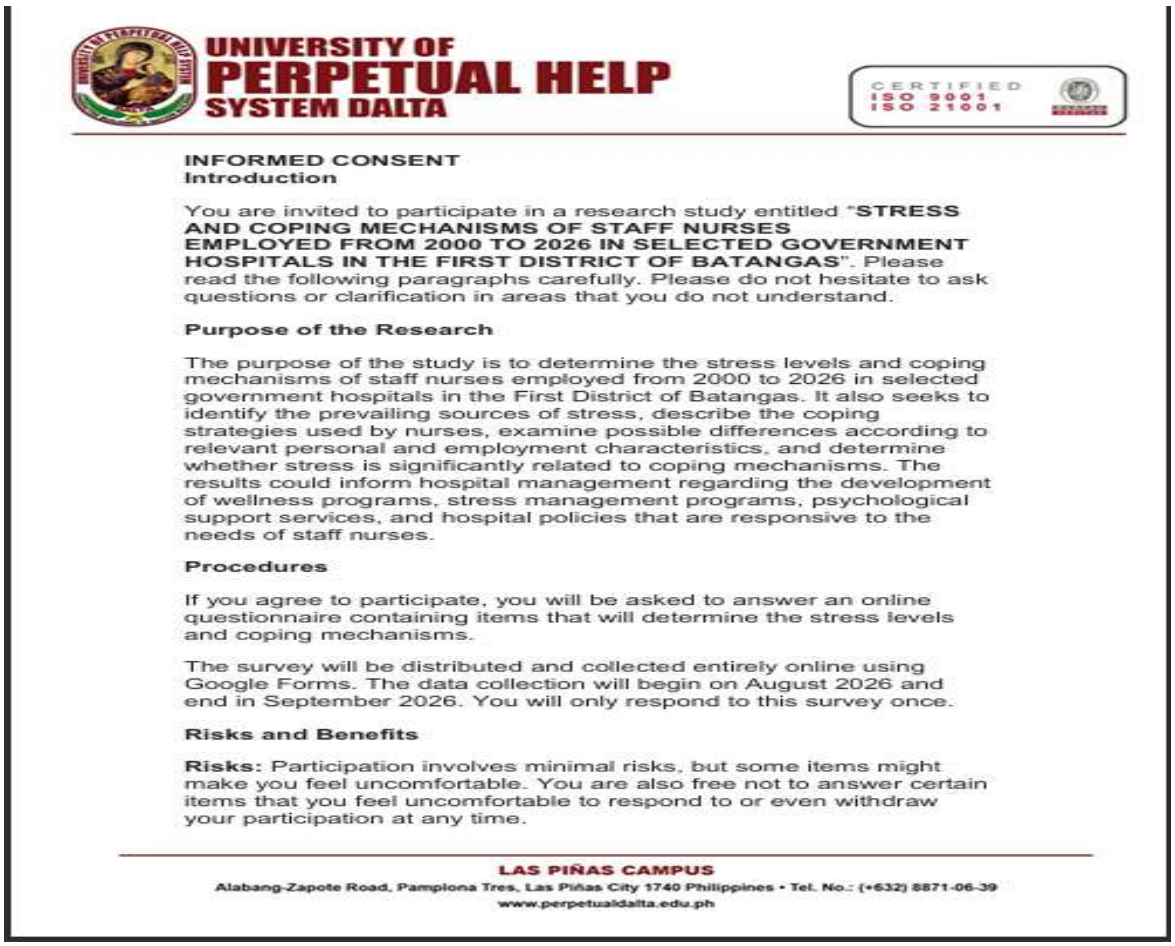
Furnish us a copy of the final report upon completion of your research work.

Dr. Neliza B. Cayaban
Chairman, UERB

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Appendix D



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INFORMED CONSENT

Introduction

You are invited to participate in a research study entitled "**STRESS AND COPING MECHANISMS OF STAFF NURSES EMPLOYED FROM 2000 TO 2026 IN SELECTED GOVERNMENT HOSPITALS IN THE FIRST DISTRICT OF BATANGAS**". Please read the following paragraphs carefully. Please do not hesitate to ask questions or clarification in areas that you do not understand.

Purpose of the Research

The purpose of the study is to determine the stress levels and coping mechanisms of staff nurses employed from 2000 to 2026 in selected government hospitals in the First District of Batangas. It also seeks to identify the prevailing sources of stress, describe the coping strategies used by nurses, examine possible differences according to relevant personal and employment characteristics, and determine whether stress is significantly related to coping mechanisms. The results could inform hospital management regarding the development of wellness programs, stress management programs, psychological support services, and hospital policies that are responsive to the needs of staff nurses.

Procedures

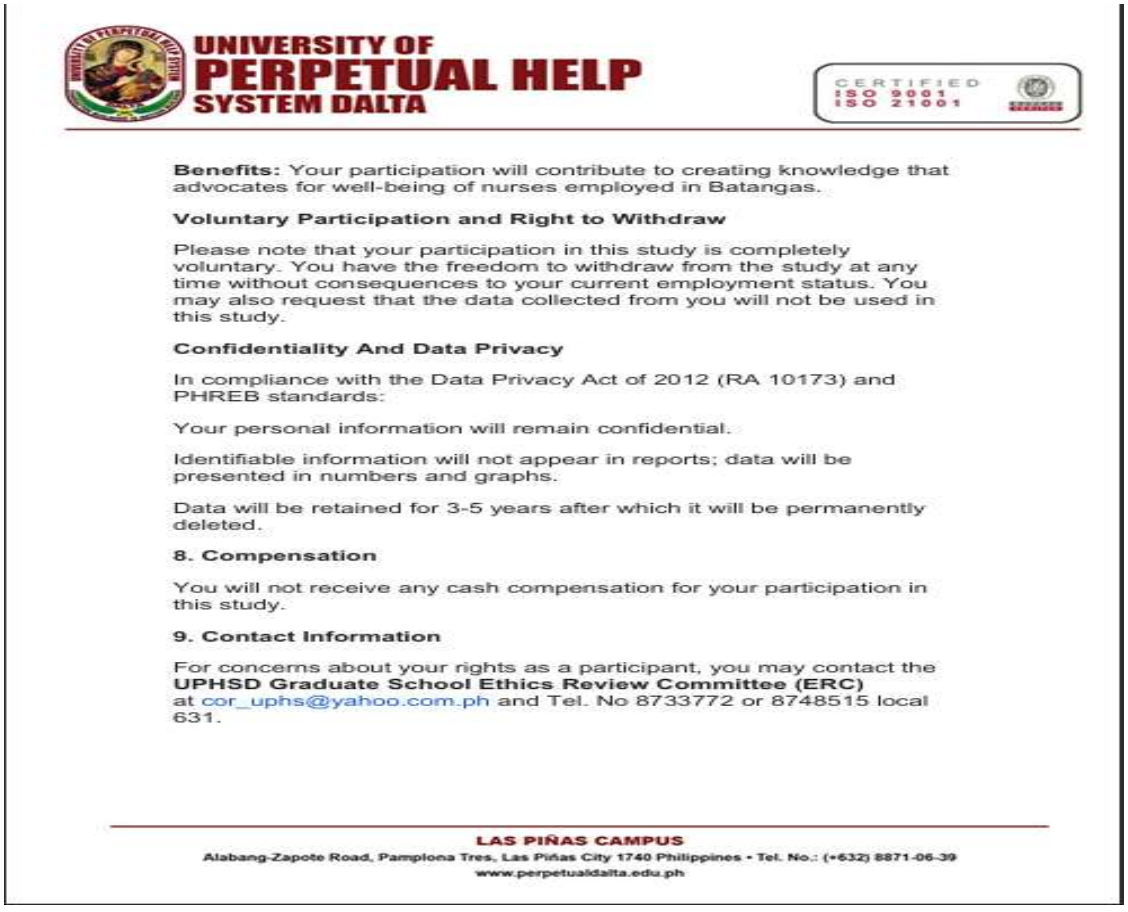
If you agree to participate, you will be asked to answer an online questionnaire containing items that will determine the stress levels and coping mechanisms.

The survey will be distributed and collected entirely online using Google Forms. The data collection will begin on August 2026 and end in September 2026. You will only respond to this survey once.

Risks and Benefits

Risks: Participation involves minimal risks, but some items might make you feel uncomfortable. You are also free not to answer certain items that you feel uncomfortable to respond to or even withdraw your participation at any time.

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Benefits: Your participation will contribute to creating knowledge that advocates for well-being of nurses employed in Batangas.

Voluntary Participation and Right to Withdraw

Please note that your participation in this study is completely voluntary. You have the freedom to withdraw from the study at any time without consequences to your current employment status. You may also request that the data collected from you will not be used in this study.

Confidentiality And Data Privacy

In compliance with the Data Privacy Act of 2012 (RA 10173) and PHREB standards:

Your personal information will remain confidential.

Identifiable information will not appear in reports; data will be presented in numbers and graphs.

Data will be retained for 3-5 years after which it will be permanently deleted.

8. Compensation

You will not receive any cash compensation for your participation in this study.

9. Contact Information

For concerns about your rights as a participant, you may contact the **UPHSD Graduate School Ethics Review Committee (ERC)** at cor_uphs@yahoo.com.ph and Tel. No 8733772 or 8748515 local 631.

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15-06-2026-01

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September 8, 2026

Gerald P. Alday, MD,MPH,FPSMSI
Provincial Health Office - OIC PHO I
Province of Batangas
Batangas, Philippines

Dear Dr. Alday,

Greetings!

I am **Ana Kristelli Y. Recluta, RN**, a graduate student pursuing Master of Arts in Nursing (MAN) at the University of Perpetual Help System DALTA. As part of the requirements for the completion of my graduate studies, I am currently conducting a research study entitled "Stress and Coping Mechanisms of Staff Nurses Employed from Year 2000 to 2026 in Selected Government Hospitals in the First District of Batangas."

In this regard, I respectfully seek permission from your good office to conduct my study among qualified staff nurses employed in selected government hospitals in the First District of Batangas under the jurisdiction of the Provincial Health Office.

The study aims to determine the level of stress experienced by staff nurses and identify the coping mechanisms they utilize in managing work-related stress. The findings of this study may provide valuable information that can contribute to a better understanding of the challenges encountered by nurses and may serve as a basis for recommendations and interventions that promote nurses' well-being and support effective nursing practice.

The participation of the nurses will be entirely voluntary. Qualified participants will be properly informed about the purpose, procedures, potential benefits, and their rights as research participants. Informed consent will be obtained prior to their participation. All information gathered will be treated with strict confidentiality and anonymity and will be used solely for academic and research purposes. No individual participant or hospital will be identified in the presentation or publication of the results without appropriate permission.

Data collection will be coordinated with the concerned hospital administrators and appropriate nursing authorities. The administration of the research instrument will be scheduled in a manner

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that will minimize disruption to the nurses' regular duties and will not compromise patient care or hospital operations. The study will likewise comply with applicable research ethics requirements and the policies and guidelines of your office and the participating institutions.

In view of the foregoing, I humbly request your favorable approval to allow the qualified nurses from the selected government hospitals in the First District of Batangas to participate in this research study. Your support and permission will be greatly appreciated and will contribute significantly to the successful completion of this academic endeavor.

Thank you very much for your valuable time, consideration, and support. I look forward to your favorable response.

Respectfully yours,

ANA KRISTELLI Y. RECLUTA, RN
Master of Arts in Nursing Student
University of Perpetual Help System DALTA
Principal Investigator

Noted by:

JOZ CARMEL G. GOROSPE, PhD, RN
Research Adviser
University of Perpetual Help System DALTA

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September 8, 2026

Alessandro D. Coronel, MD, DPBO
Apacible Memorial District Hospital - Chief of Hospital II
Lumbangan, Nasugbu, Batangas

Dear Dr. Coronel,

Greetings!

I am **Ana Kristelli Y. Recluta, RN**, a graduate student pursuing Master of Arts in Nursing (MAN) at the University of Perpetual Help System DALTA. As part of the requirements for the completion of my graduate studies, I am currently conducting a research study entitled:

"Stress and Coping Mechanisms of Staff Nurses Employed from Year 2000 to 2026 in Selected Government Hospitals in the First District of Batangas."

In this regard, I respectfully request permission from your good office to allow qualified staff nurses of Apacible Memorial District Hospital to participate as respondents in my study.

The purpose of this study is to assess the level of stress experienced by staff nurses and identify the coping mechanisms they utilize in managing work-related stress. The participation of your staff nurses will provide valuable information that may contribute to a better understanding of the challenges experienced by nurses and may serve as a basis for recommendations aimed at promoting their well-being and improving nursing practice.

Participation in the study will be entirely voluntary. The respondents will be properly informed about the purpose and procedures of the study and will be asked to provide informed consent prior to participation. Their identities and responses will be kept strictly confidential, and all information gathered will be used solely for academic and research purposes. No information that could personally identify the respondents will be disclosed in the research report.

Data collection will be conducted at a schedule and manner agreed upon with the appropriate hospital authorities to ensure that participation will not interfere with the nurses' regular duties, responsibilities, and patient care. The study will likewise comply with the applicable research

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ethics requirements and institutional policies.

In view of the foregoing, I sincerely hope for your favorable consideration and approval of this request. Your support in allowing your staff nurses to participate will be greatly appreciated and will contribute significantly to the successful completion of this research.

Thank you very much for your time, consideration, and support.

Respectfully yours,

ANA KRISTELLI Y. RECLUTA, RN
Master of Arts in Nursing Student
University of Perpetual Help System DALTA
Principal Investigator

Noted by:

DR. JOY CARMEL G. GOROSPE, RN
Research Adviser
University of Perpetual Help System DALTA

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In view of the foregoing, I sincerely hope for your favorable consideration and approval of this request. Your support in allowing your staff nurses to participate will be greatly appreciated and will contribute significantly to the successful completion of this research.

Thank you very much for your time, consideration, and support.

Respectfully yours,

ANA KRISTELLI Y. RECLUTA, RN
Master of Arts in Nursing Student
University of Perpetual Help System DALTA
Principal Investigator

Noted by:

DR. JOY CARMEL G. GOROSPE, RN
Research Adviser
University of Perpetual Help System DALTA

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September 8, 2026

Ferdinand M. Macababbad, MD,MHA,FPPAI,FPAAS
Batangas Provincial Hospital - Chief of Hospital II
Palanas, Lemery, Batangas

Dear Dr. Macababbad,

Greetings!

I am **Ana Kristelli Y. Recluta, RN**, a graduate student pursuing Master of Arts in Nursing (MAN) at the University of Perpetual Help System DALTA. As part of the requirements for the completion of my graduate studies, I am currently conducting a research study entitled:

"Stress and Coping Mechanisms of Staff Nurses Employed from Year 2000 to 2026 in Selected Government Hospitals in the First District of Batangas."

In this regard, I respectfully request permission from your good office to allow qualified staff nurses of Batangas Provincial Hospital to participate as respondents in my study.

The purpose of this study is to assess the level of stress experienced by staff nurses and identify the coping mechanisms they utilize in managing work-related stress. The participation of your staff nurses will provide valuable information that may contribute to a better understanding of the challenges experienced by nurses and may serve as a basis for recommendations aimed at promoting their well-being and improving nursing practice.

Participation in the study will be entirely voluntary. The respondents will be properly informed about the purpose and procedures of the study and will be asked to provide informed consent prior to participation. Their identities and responses will be kept strictly confidential, and all information gathered will be used solely for academic and research purposes. No information that could personally identify the respondents will be disclosed in the research report.

Data collection will be conducted at a schedule and manner agreed upon with the appropriate hospital authorities to ensure that participation will not interfere with the nurses' regular duties, responsibilities, and patient care. The study will likewise comply with the applicable research

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ethics requirements and institutional policies.

In view of the foregoing, I sincerely hope for your favorable consideration and approval of this request. Your support in allowing your staff nurses to participate will be greatly appreciated and will contribute significantly to the successful completion of this research.

Thank you very much for your time, consideration, and support.

Respectfully yours,

ANA KRISTELLI Y. RECLUTA, RN
Master of Arts in Nursing Student
University of Perpetual Help System DALTA
Principal Investigator

Noted by:

DR. JOY CARMEL G. GOROSPE, RN
Research Adviser
University of Perpetual Help System DALTA

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September 8, 2026

Priscilla S. Sulit, MDMHA
Calatagan Medicare Hospital - Chief of Hospital II
Apacible Street, Poblacion II, Calatagan, Batangas

Dear Dr. Sulit,

Greetings!

I am **Ana Kristelli Y. Recluta, RN**, a graduate student pursuing Master of Arts in Nursing (MAN) at the University of Perpetual Help System DALTA. As part of the requirements for the completion of my graduate studies, I am currently conducting a research study entitled:

"Stress and Coping Mechanisms of Staff Nurses Employed from Year 2000 to 2026 in Selected Government Hospitals in the First District of Batangas."

In this regard, I respectfully request permission from your good office to allow qualified staff nurses of Calatagan Medicare Hospital to participate as respondents in my study.

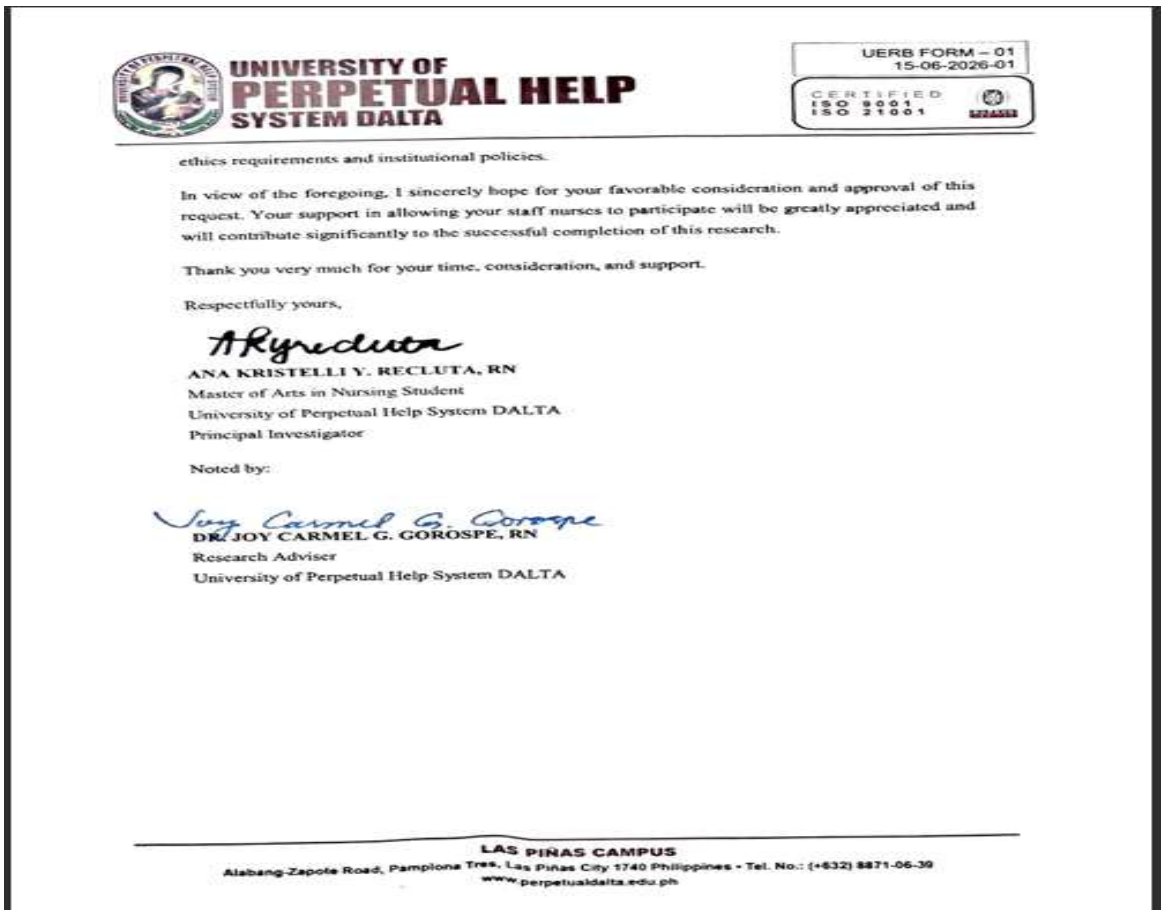
The purpose of this study is to assess the level of stress experienced by staff nurses and identify the coping mechanisms they utilize in managing work-related stress. The participation of your staff nurses will provide valuable information that may contribute to a better understanding of the challenges experienced by nurses and may serve as a basis for recommendations aimed at promoting their well-being and improving nursing practice.

Participation in the study will be entirely voluntary. The respondents will be properly informed about the purpose and procedures of the study and will be asked to provide informed consent prior to participation. Their identities and responses will be kept strictly confidential, and all information gathered will be used solely for academic and research purposes. No information that could personally identify the respondents will be disclosed in the research report.

Data collection will be conducted at a schedule and manner agreed upon with the appropriate hospital authorities to ensure that participation will not interfere with the nurses' regular duties, responsibilities, and patient care. The study will likewise comply with the applicable research

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In view of the foregoing, I sincerely hope for your favorable consideration and approval of this request. Your support in allowing your staff nurses to participate will be greatly appreciated and will contribute significantly to the successful completion of this research.

Thank you very much for your time, consideration, and support.

Respectfully yours,

ANA KRISTELLI V. RECLUTA, RN
Master of Arts in Nursing Student
University of Perpetual Help System DALTA
Principal Investigator

Noted by:

DR. JOY CARMEL G. GOROSPE, RN
Research Adviser
University of Perpetual Help System DALTA

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September 8, 2026

Maria Maureen E. Villanueva, RN, MD, MHCA
Don Manuel Lopez Memorial District Hospital - Chief of Hospital II
Gumamela Balayan, Batangas

Dear Dr. Villanueva,

Greetings!

I am **Ana Kristelli Y. Recluta, RN**, a graduate student pursuing Master of Arts in Nursing (MAN) at the University of Perpetual Help System DALTA. As part of the requirements for the completion of my graduate studies, I am currently conducting a research study entitled:

"Stress and Coping Mechanisms of Staff Nurses Employed from Year 2000 to 2026 in Selected Government Hospitals in the First District of Batangas."

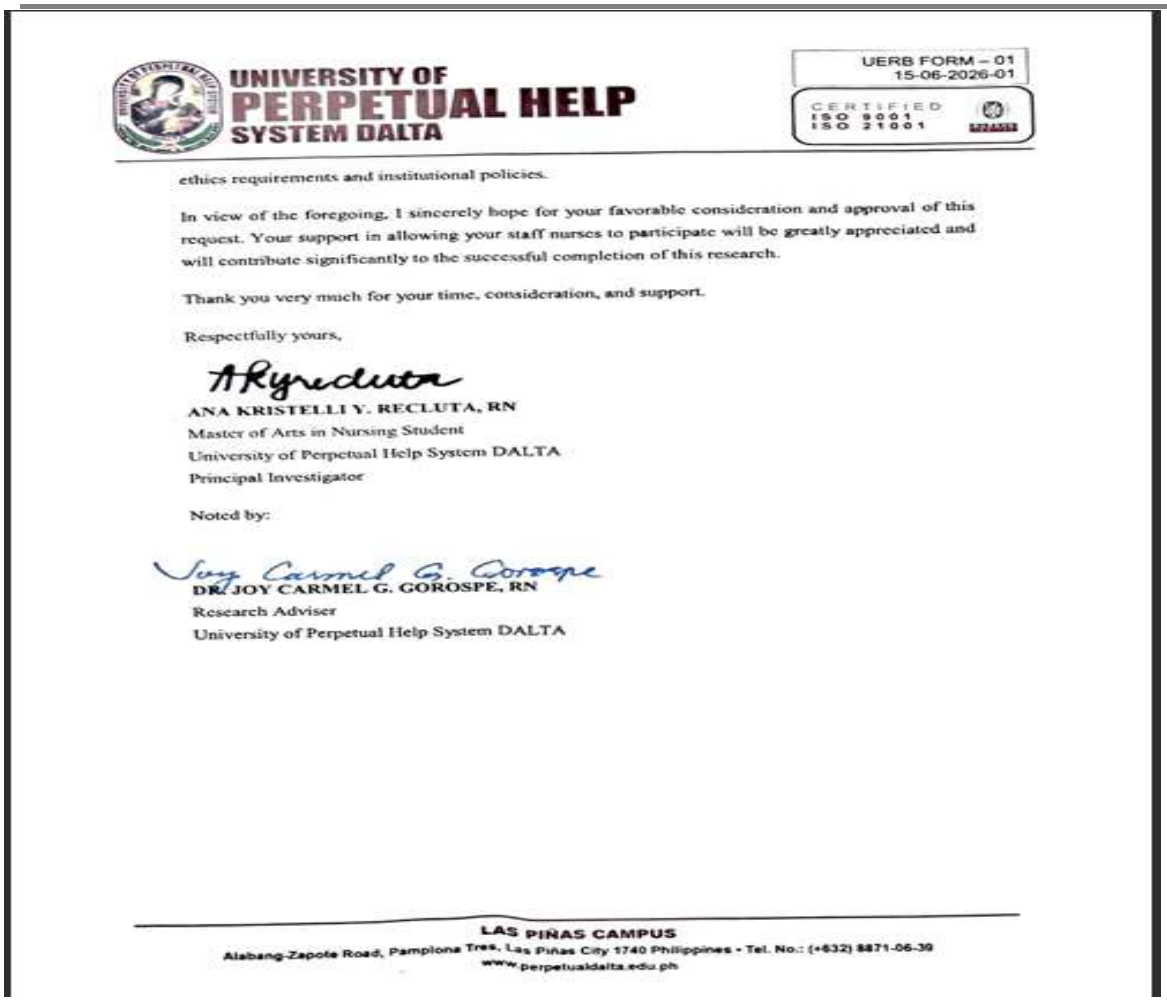
In this regard, I respectfully request permission from your good office to allow qualified staff nurses of Don Manuel Lopez Memorial District Hospital to participate as respondents in my study.

The purpose of this study is to assess the level of stress experienced by staff nurses and identify the coping mechanisms they utilize in managing work-related stress. The participation of your staff nurses will provide valuable information that may contribute to a better understanding of the challenges experienced by nurses and may serve as a basis for recommendations aimed at promoting their well-being and improving nursing practice.

Participation in the study will be entirely voluntary. The respondents will be properly informed about the purpose and procedures of the study and will be asked to provide informed consent prior to participation. Their identities and responses will be kept strictly confidential, and all information gathered will be used solely for academic and research purposes. No information that could personally identify the respondents will be disclosed in the research report.

Data collection will be conducted at a schedule and manner agreed upon with the appropriate hospital authorities to ensure that participation will not interfere with the nurses' regular duties, responsibilities, and patient care. The study will likewise comply with the applicable research

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ethics requirements and institutional policies.

In view of the foregoing, I sincerely hope for your favorable consideration and approval of this request. Your support in allowing your staff nurses to participate will be greatly appreciated and will contribute significantly to the successful completion of this research.

Thank you very much for your time, consideration, and support.

Respectfully yours,

ANA KRISTELLI Y. RECLUTA, RN
Master of Arts in Nursing Student
University of Perpetual Help System DALTA
Principal Investigator

Noted by:

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Appendix E

Results

Reliability Analysis

Scale Reliability Statistics

	Cronbach's α
scale	0.911

[3]

Item Reliability Statistics

	Item-rest correlation	If item dropped Cronbach's α
A. Workload [I am assigned more nursing tasks than I can reasonably complete during my shift.]	0.704	0.901
A. Workload [I have insufficient time to complete all required nursing procedures.]	0.796	0.891
A. Workload [I feel physically exhausted because of the amount of work assigned to me.]	0.640	0.907
A. Workload [I find it difficult to complete documentation while attending to patient needs.]	0.752	0.901
A. Workload [I am required to work beyond my scheduled duty hours.]	0.667	0.905
A. Workload [I feel pressured when patients require immediate attention at the same time.]	0.868	0.883
A. Workload [I perform additional duties because of inadequate staffing.]	0.749	0.897

Reliability Analysis

Scale Reliability Statistics

	Cronbach's α
scale	0.967

[3]

Item Reliability Statistics

	Item-rest correlation	If item dropped Cronbach's α
B. Work Environment [I experience stress when necessary supplies are unavailable.]	0.951	0.958
B. Work Environment [I experience stress when equipment is unavailable or not functioning properly.]	0.798	0.966
B. Work Environment [I find it difficult to work effectively because of overcrowding in the unit.]	0.943	0.958
B. Work Environment [Noise and frequent interruptions make it difficult for me to concentrate.]	0.949	0.958
B. Work Environment [I feel unsafe when exposed to workplace hazards.]	0.812	0.966
B. Work Environment [I feel unsafe when exposed to infectious diseases.]	0.747	0.969
B. Work Environment [I experience stress when the unit lacks adequate space for patient care activities.]	0.927	0.959
B. Work Environment [I have difficulty taking proper breaks during my duty.]	0.854	0.963

Reliability Analysis

Scale Reliability Statistics

	Cronbach's α
scale	0.987

[3]

Item Reliability Statistics

	Item-rest correlation	If item dropped Cronbach's α
C. Interpersonal Relationships [I experience stress when conflicts arise with fellow nurses.]	0.923	0.986
C. Interpersonal Relationships [I experience stress because of communication difficulties with physicians.]	0.955	0.984
C. Interpersonal Relationships [I feel stressed when patients or their relatives speak to me disrespectfully.]	0.952	0.984
C. Interpersonal Relationships [I find it stressful when coworkers do not cooperate during patient care.]	0.940	0.985
C. Interpersonal Relationships [I experience stress when I cannot openly discuss work-related concerns with my immediate supervisor.]	0.942	0.985
C. Interpersonal Relationships [I experience stress when instructions from members of the health care team are unclear.]	0.942	0.985
C. Interpersonal Relationships [I feel pressured when disagreements occur regarding patient care decisions.]	0.952	0.984
C. Interpersonal Relationships [I experience stress when I receive inadequate emotional support from my coworkers.]	0.941	0.985

Reliability Analysis

Scale Reliability Statistics

	Cronbach's α
scale	0.985

[3]

Item Reliability Statistics

	Item-rest correlation	If item dropped Cronbach's α
D. Organizational Factors [I experience stress because of frequent changes in my work schedule.]	0.953	0.983
D. Organizational Factors [I find rotating or night shifts difficult to manage.]	0.972	0.982
D. Organizational Factors [I feel that nursing duties are not distributed fairly among staff members.]	0.946	0.983
D. Organizational Factors [I receive insufficient recognition for the work I perform.]	0.936	0.983
D. Organizational Factors [I experience stress because hospital policies are not clearly communicated.]	0.946	0.983
D. Organizational Factors [I feel that management provides insufficient support for work-related concerns.]	0.926	0.984
D. Organizational Factors [I experience stress because opportunities for training and professional growth are limited.]	0.933	0.983
D. Organizational Factors [I feel that my compensation does not match the demands of my work.]	0.909	0.985

Reliability Analysis

Scale Reliability Statistics

	Cronbach's α
scale	0.960

[3]

Item Reliability Statistics

	Item-rest correlation	If item dropped Cronbach's α
A. Problem-Focused Coping [I identify the specific cause of my work-related stress.]	0.887	0.952
A. Problem-Focused Coping [I develop a plan for managing difficult work situations.]	0.870	0.953
A. Problem-Focused Coping [I prioritize my duties according to their urgency and importance.]	0.789	0.959
A. Problem-Focused Coping [I ask for practical assistance when my workload becomes difficult to manage.]	0.881	0.953
A. Problem-Focused Coping [I discuss work-related problems with the appropriate supervisor.]	0.778	0.959
A. Problem-Focused Coping [I will seek information that helps me address stressful situations.]	0.905	0.948
A. Problem-Focused Coping [I adjust my work routine to complete my responsibilities more effectively.]	0.859	0.954
A. Problem-Focused Coping [I evaluate whether the actions I take reduce the source of my stress.]	0.778	0.959

Reliability Analysis

Scale Reliability Statistics

	Cronbach's α
scale	0.856

[3]

Item Reliability Statistics

	Item-rest correlation	If item dropped Cronbach's α
B. Emotion-Focused Coping [I talk to someone I trust about how I feel.]	0.783	0.953
B. Emotion-Focused Coping [I remind myself that difficult work situations are temporary.]	0.832	0.950
B. Emotion-Focused Coping [I accept situations that I cannot immediately change.]	0.911	0.945
B. Emotion-Focused Coping [I use prayer or spiritual practices to manage stress.]	0.704	0.959
B. Emotion-Focused Coping [I use breathing or relaxation techniques when I feel overwhelmed.]	0.911	0.945
B. Emotion-Focused Coping [I engage in activities that help me relax after work.]	0.713	0.957
B. Emotion-Focused Coping [I focus on the positive meaning or value of my nursing work.]	0.894	0.946
B. Emotion-Focused Coping [I seek emotional support from family members or friends when I experience work-related stress.]	0.847	0.950

Reliability Analysis

Scale Reliability Statistics

	Cronbach's α
scale	0.807

[3]

Item Reliability Statistics

	Item-rest correlation	If item dropped Cronbach's α
C. Avoidant Coping [I avoid thinking about stressful work situations.]	0.235	0.816
C. Avoidant Coping [I delay addressing a work-related problem.]	0.724	0.750
C. Avoidant Coping [I withdraw from other people when I feel stressed.]	0.580	0.785
C. Avoidant Coping [I act as though a stressful situation does not exist.]	0.580	0.785
C. Avoidant Coping [I give up trying to resolve a difficult workplace problem.]	0.677	0.760
C. Avoidant Coping [I keep my work-related concerns to myself even when I need assistance.]	0.653	0.767
C. Avoidant Coping [I distract myself to avoid dealing with the source of my stress.]	0.103	0.827
C. Avoidant Coping [I avoid dealing with work-related problems when they become stressful.]	0.687	0.756

References

[1] The jamovi project (2024). *jamovi*. (Version 2.6) [Computer Software]. Retrieved from https://www.jamovi.org.

[2] R Core Team (2024). *R: A Language and environment for statistical computing*. (Version 4.4) [Computer software]. Retrieved from https://cran.r-project.org. (R packages retrieved from CRAN snapshot 2024-08-07).

[3] Revelle, W. (2023). *psych: Procedures for Psychological, Psychometric, and Personality Research*. [R package]. Retrieved from https://cran.r-project.org/package=psych.

Appendix F

RELIABILITY TEST: CRONBACH'S ALPHA

SUMMARY OF RESULTS

Area	Cronbach Alpha	Reliability Level
Occupational Stress		
Workload	0.911	Excellent
Work Environment	0.967	Excellent
Interpersonal Relationships	0.987	Excellent
Organizational Factors	0.985	Excellent
Coping Mechanisms		
Problem-Focused Coping	0.960	Excellent
Emotion-Focused Coping	0.956	Excellent
Avoidant Coping	0.807	Good

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Appendix G

CERTIFICATE OF STATISTICAL TREATMENT OF DATA

This is to certify that the statistical analysis conducted for the study entitled **"Stress and Coping Mechanisms of Staff Nurses Employed From 2000 to 2026 in Selected Government Hospitals in the First District of Batangas"** has undergone appropriate statistical treatment and evaluation.

The analysis was carried out by the undersigned statistician to ensure the accuracy, reliability, and validity of the statistical treatment of data and interpretations used in the study. The evaluation included the following:

- **Data Validation** - The gathered data were carefully checked for completeness, accuracy, consistency, and suitability for statistical analysis.
- **Descriptive Statistical Analysis** - Frequency and percentage were used to describe the demographic profile of the respondents. Weighted mean and standard deviation were computed to determine the level of occupational stress and the frequency of utilization of coping mechanisms.
- **Test of Difference** - The Mann-Whitney U test was employed to determine significant differences in occupational stress and coping mechanisms according to demographic variables with two independent groups, while the Kruskal-Wallis H test was utilized for variables with three or more groups. Bonferroni-adjusted pairwise comparisons were conducted when significant differences were identified.
- **Test of Relationship** - Spearman rank-order correlation was utilized to determine the strength, direction, and statistical significance of the relationship between occupational stress and coping mechanisms among the respondents.
- **Interpretation of Findings** - The statistical results were carefully analyzed and interpreted in accordance with the objectives of this study. All inferential tests were evaluated at a 0.05 level of significance to ensure valid and evidence-based conclusions.

The statistical treatment of data was completed on **September 20, 2026**.

Issued this **15th** day of **October, 2026**.

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