

Work-Related Stressors and Coping Strategies of Nurses in a Selected Tertiary Hospital in a City in the Philippines

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Abstract. *Background:* Nurses may experience stress at work due to reasons like job overload, lack of sleep, a feeling of lack of support, and many more. Therefore, nurses must have coping strategies in place to provide all patients with the best possible care. The aim of this study is to determine the significant relationship between work-related stressors and the coping strategies of the nurses in a selected tertiary hospital in Bulacan by identifying their profile variables, their work-related stressors, and their coping strategies. *Methods:* Adapted survey questionnaires were answered by 206 nurses working in different areas of the Bulacan Medical Center in a self-administered manner, and 166 data points were suitable for data analysis. Nurses have diverse profiles. The data obtained were analyzed using different statistical treatments – percentage, weighted mean, one-way ANOVA t- test, and Pearson r to yield the needed results for the study. *Results:* Work-related stressors ($F=3.571$, $p<.001$, $\eta^2=.263$) and coping strategies ($F=3.938$, $p<.001$, $\eta^2=.283$) have significant differences in their area of duty. As for their work-related stressors, it is evident that nurses perceive external stressors to be slightly more significant ($M = 2.58$) than internal stressors ($M = 2.49$). For coping, nurses often employ problem-focused strategies ($M = 3.04$) to deal with stressors in their work environment than emotional coping strategies ($M = 2.68$). With regards to the correlation between work-related stressors and coping strategies, there is a moderate positive correlation between the two ($r=.521$, $p<.001$). *Conclusion:* The findings of the study confirmed the presence of both external and internal work-related stressors among nurses. External stressors such as workload, conflicts at work, and dealing with difficult patients and their families were identified as significant sources of stress. Internal factors, including high expectations, feelings of inadequacy, and negative emotions during task performance, were also found to contribute to nurses' stress levels. This study confirmed that age, civil status, length of service, sex, and employment status did not significantly influence nurses' experiences of work-related stress or their choice of coping strategies. The result of this study concludes that work-related stressors and coping strategies are impacted by their area of assignment. Nurses working in critical care units, such as emergency rooms and intensive care units, experienced higher levels of stress compared to those in other areas. Nurses who experienced higher levels of work-related stress were more likely to employ coping strategies to manage and regulate stressful events. In light of this, it also concludes that work-related stressors and coping strategies of the nurses in Bulacan Medical Center are correlated with each other. In line with the significant correlation between work-related stressors and the coping strategies of nurses, it can be concluded that in the nursing profession, resiliency is prevalent even in stressful situations. Additionally, in this study, it was also highlighted that nurses employ problem-focused coping more than emotion-focused coping. This also implies how nurses in a clinical setting are more likely to be self-composed for them to formulate an organized and planned action in the presence of conflict.

Keywords: Nurses, Profile Variables, Work-related stressors, Coping strategies, Internal stressors, External stressors, Problem-focused coping, Emotion-focused coping

Introduction

The nursing profession poses a greater risk factor for stress than the general population. Excessive workloads, insufficient support from supervisors and partners, violence at work, and contact with suffering or death, could drastically affect their physical and emotional health (Flaubert, 2021). Consequently, nurses' emotional and physical well-being is pushed to its limits, which could affect their performance. Some hospitals are utilizing ways to help nurses in stress coping since cognitive demand is observably high among employees in the healthcare sector. However, the majority of hospitals even in first- world countries do not have a training or interventional regime to help manage the stress of the nurses.

Living in the Philippines as a health worker is not the easiest job someone could have. The researchers observed that even though the health workers, particularly nurses, are overworked, they still attend effectively to their professional duties. According to Abarca (2022), in the Philippines, at least 70.74 percent of healthcare professionals reported having anxiety symptoms, while 50.97 percent reported having depressive symptoms. Despite that, Sadang (2021) reiterated that Filipino nurses' resiliency is often praised in different parts of the world, especially during this pandemic when the life of nurses in the healthcare system changed abruptly. In contrast, it seems like nurses here in the country are not given enough priority regarding their overall health and well-being, especially in public hospitals.

There are many factors and instances that Filipino nurses could leave the country without serving them once; however, it is observable how they still manage to stay for years to serve their fellow Filipinos. Even though the Philippine government seems to brush off and neglect concerns with regard to the need for health workers, Filipino nurses continued to stay amidst the conflict and serve their countrymen (De Castro et al., 2020).

Although nurses are expected to have a clear and adaptive mind during times of stress; however, government officials must note that those traits sometimes have limitations and vary depending on an individual's factors. Coping strategies are undoubtedly present in times of stressful situations at work. However, there is not much of a perspective on how nurses cope with the bit of time they have. The researcher ought to understand how nurses formulate and use their individualized coping strategies in line with their perceived work-related stressors.

Nurses are exposed to a variety of scenarios and situations that stimulate stress that eventually may affect their well-being as well as their mental and physical health. Thus, the researchers want to investigate the significant relationship between workplace stressors and different coping strategies of the nurses in a Selected Tertiary Hospital in Bulacan.

The aim of this study is to determine the relationship between the work-related stressors and coping strategies of Nurses in Selected Tertiary Hospital in Bulacan. This study could help to determine whether the coping strategies of nurses have brought stable mental health and well-being to them. In addition, this study could also identify the efficacy of the methods used by nurses for coping strategies.

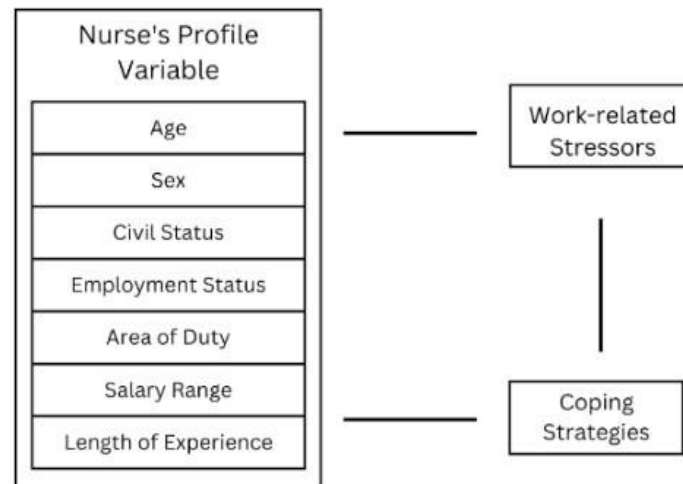


Figure 1. Work-Related Stressors and Coping Strategies of Nurses in Selected Tertiary Hospital in Bulacan

Design and Methods

Research Design

The study utilized a quantitative-descriptive- correlational design. Quantitative research creates objective data that may be communicated with the help of statistics and figures. The researchers chose a descriptive study design because it allows for investigating one or more variables using a variety of research methods while also accurately and methodically describing a population or even a phenomenon. Furthermore, correlational design was also utilized, as it is a type of research design in which the relationships between two or more variables are investigated.

Research Instrument

The researchers utilized a structured survey questionnaire that was adapted and modified questions from the provided related literature of the study and adapted questions from The Work Stress Questionnaire formulated by Kristen Holmgren (2008) and from Coping Orientation to Problems Experienced Inventory (Brief-COPE) by Carver (1997). The adapted structured questionnaire has 3 sections: Profile variables, Work-related stressors, and Coping strategies. Work-related stressors have a sub-category which is the External stressor- which is numbers one to thirteen, and internal stressors- which is numbers fourteen to twenty-seven. Coping strategies also had a sub-category; it is the Problem- focused coping strategies wherein it is numbers one to twelve and Emotional-focused coping strategies which numbers are from thirteen to forty-one. The adapted structured survey questionnaire has a total of sixty-eight questions: 27 items for the work-related stressor and 41 items for the coping strategies.

Sample and Setting

The study was conducted at Selected Tertiary Hospital in Bulacan, a level 3 accredited tertiary teaching and training hospital in Malolos, Bulacan. The areas of staff nurses include 13 Dialysis Center, 3 Obstetrics Only, 36 Obstetrics and Pediatrics Ward, 31 Medical Surgical Ward, 6 COVID-19 Ward, 9 Operating Room (OR), 14 Post-Anesthesia Care Unit (PACU), 12 Emergency Department (ED), 16 Neonatal Intensive Care Unit (NICU), 9 Intensive Care Unit (ICU), 6 Emergency Department Triage (6), 2 Animal Bite Center, 2 Eye Center, and 7 Special Unit. Out of 221 staff nurses, 15 individuals were a part of the pilot testing, while the remaining

40 records were unsuitable for analysis. The researchers have opted to consider the entire population for their investigation, with data analysis being conducted on 166 responses.

Data Gathering Procedure

The researchers chose Selected Tertiary Hospital in Bulacan in Malolos, Bulacan, as their research locale. The researchers had a meeting with the provincial administrator to present and submit the needed requirements for the hospital's approval before conducting the survey. Then, the researchers sought approval and obtained written permission from the administration of Selected Tertiary Hospital in Bulacan. After getting approval from the provincial administrator, the researchers then got the approval of the chief of the hospital. The researchers identified the number of permanent and casual staff nurses, from which 100% of their population was gathered. After that, the researchers and the chief nurse scheduled 3 days for data gathering. On the first day of the data gathering, the researcher sorted the respondent folder per number and per area. After being able to sort the folder per area, a short orientation was conducted by the researchers to explain the ethical considerations that ensure the privacy of the nurses. On the same day, the folders were distributed to the respondents, and the researchers were instructed to go back to the locale after 3 days to get the data. After three days, the questionnaire was then gathered by the researcher in the locale, with a 100% return rate. The questionnaire was then tallied, yielding 166 out of 221 completed data points as well as completed informed consent. It was forwarded to the statistician for analysis using the appropriate statistical treatment. The results of the study were then interpreted after the data analysis. The researchers properly archived the completed questionnaires to maintain the data's anonymity. One of the researchers stored the data gathered in a safe place where only the other researchers had access. The completed questionnaires will be properly disposed of or destroyed after five years, for as by shredding and burning them.

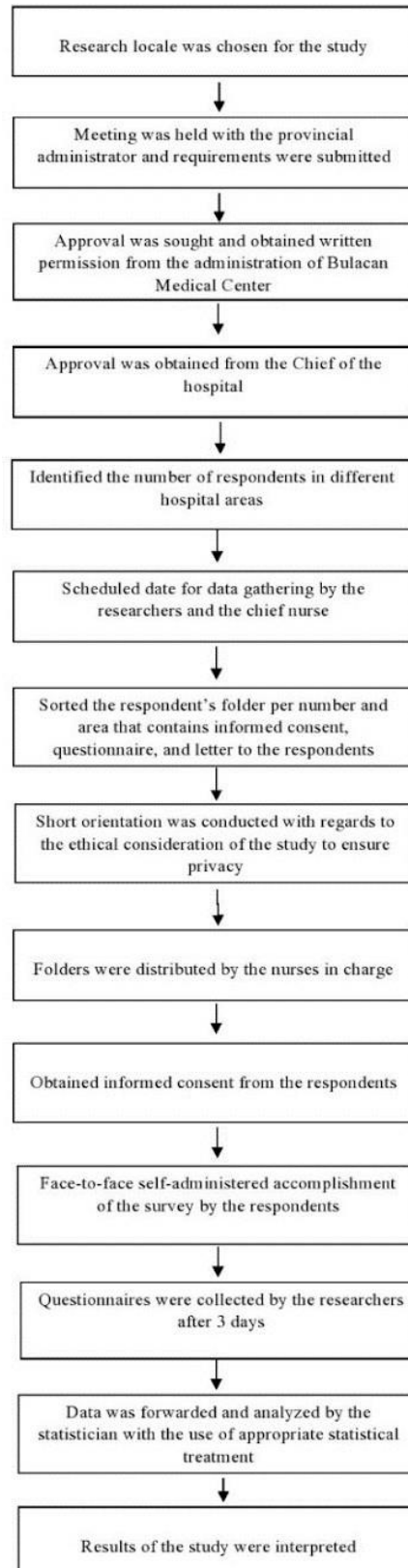
Data Analysis

The five statistical procedures were used to interpret the data gathered from the respondents of the study. First is the Percentage, where it specifies the percentage of nurses who are utilizing their coping strategies in managing their work-related stressors. Second is the Weighted Mean, where it determines the mean of work-related stressors and coping strategies of nurses depending on their profile variable. Third is the Pearson Correlation Coefficient, where it identifies if there is a significance in the relationship of the two variables, which are the work-related stressors and coping strategies. Fourth is the One-Way ANOVA, where it determines if there is a significant difference between the three variables, which are the nurses' profile variable, their work-related stressors, and their coping strategies. Lastly is the Independent T- test that is used to identify the relationship of profile variables, specifically sex and employment status, work-related stressors, and coping strategies.

Ethical Considerations

This study was conducted with the aim of bringing better awareness about the hardships that the nurses in a selected tertiary hospital in Bulacan are encountering as they attend to their regular stressful and demanding duties. The researchers kept in mind that some participants may be more vulnerable to harm or wrongdoing, however, there are no participants in this study who are unable to fully consent to participate. Prior to any research involving human subjects, all potential risks, costs, and benefits to the research subject or to others was carefully considered. To provide privacy and confidentiality to the identity and the data gathered from the respondent, the researchers provided an informed consent that is composed of the purpose of the study, how the data will be used, any potential risks involved during the interview, and if the respondent is willing to participate in the study. Moreover, the researchers verified that

the selection of participants is based on the requirements of the research and that the participants are treated appropriately. To ensure transparency, the researchers certified that no data were tampered with, that the articles and journals used for the study are credible, that the articles and journals used in the manuscript were cited accordingly, that the data collected supporting the results and analysis can be accessed by the researchers and policymakers.



Findings

Profile Variables

The majority of the respondents were female (73.5%), while male nurses comprised only 26.5% of the sample. The age distribution of the respondents ranged from 18 to 60 years old, with the highest proportion belonging to the age group of 25-34 years (45.2%). In terms of civil status, the majority of the nurses were married (56.6%), while single nurses comprised 38% of the sample. The majority of the respondents were casual employees (60.2%) of Bulacan Medical Center.

The area of duty where the respondents were assigned varied, with the highest proportion assigned to Obstetrics and Pediatrics Ward (21.7%) and Medical Surgical Ward (18.7%). The lowest proportion of respondents were assigned to Animal Bite Center (1.2%) and Eye Center (1.2%). Meanwhile, the length of experience of the respondents varied, with the highest proportion having 2-5 years of experience (47.6%). The majority of the respondents received a monthly salary ranging from ₱31,000.00 to ₱40,000.00 (87.3%).

Table 1. Profile variables of the respondents

Characteristics	Distribution	
	<i>n</i>	%
Sex		
Male	44	26.5%
Female	122	73.5%
Age		
18-24	6	3.6%
25-34	75	45.2%
35-44	69	41.6%
45-54	14	8.4%
55 and above	2	1.2%
Civil Status		
Single	63	38.0%
Married	94	56.6%
Live-in	3	1.8%
Separated	3	1.8%
Divorced	1	0.6%
Widowed	2	1.2%
Employment Status		
Permanent	66	39.8%
Casual	100	60.2%
Area of Duty		
Dialysis Center	13	7.8%
Obstetrics Only	3	1.8%
Obstetrics and Pediatrics Ward	36	21.7%
Medical Surgical Ward	31	18.7%
COVID-19 Ward	6	3.6%
Operating Room (OR)	9	5.4%
Post-Anesthesia Care Unit (PACU)	14	8.4%
Emergency Department (ED)	12	7.2%
Neonatal Intensive Care Unit (NICU)	16	9.6%
Intensive Care Unit (ICU)	9	5.4%
Emergency Department Triage	6	3.6%
Animal Bite Center	2	1.2%
Eye Center	2	1.2%
Special Unit	7	4.2%
Length of Service		
Less than 2 years	10	6.0%
2-5 years	79	47.6%
6-10 years	36	21.7%
11-15 years	27	16.3%
16 years and above	14	8.4%
Salary		
₱10,000.00 - ₱20,000.00	4	2.4%
₱21,000.00 - ₱30,000.00	17	10.2%
₱31,000.00 - ₱40,000.00	145	87.3%

Mean and Standard Deviation of Nurses' Work-related Stressors

The mean value for external stressors is 2.58, indicating that nurses often perceive external stressors. Among the external stressors, the highest mean value of 2.93 (SD = 0.84) is observed for statement 10, which states, "I perceive it as stressful when I experience dealing with demanding patients or relatives." This finding suggests that nurses frequently encounter stress when faced with challenging patient and relative interactions. Other notable external stressors with relatively high mean values include workload increases (M = 2.76, SD = 0.92), violence from patients or relatives (M = 2.76, SD = 0.92), and conflicts at work (M = 2.69, SD = 0.85). On the other hand, the lowest mean values include listening or talking to a patient approaching death (M = 2.30, SD = 0.89).

In contrast, the mean value for internal stressors is 2.49, indicating that nurses perceive internal stressors as occurring sometimes. Among the internal stressors, the highest mean value of 2.72 (SD = 0.85) is observed for statement 15, which states, "I perceive it as stressful when I do not have time to spend with my family due to work demands." This finding suggests that nurses often experience stress due to work demands encroaching upon their personal lives. Other internal stressors with relatively high mean values include feeling inadequate when providing care for patients (M = 2.59, SD = 0.87), finding time for oneself due to work (M = 2.57, SD = 0.83), and not having the capacity to accomplish the task that was assigned (M = 2.56, SD = 0.90). In contrast, the lowest mean values include stress in sleep as to being occupied with work responsibilities (M = 2.34, SD = 0.84).

Comparing the mean values of external and internal stressors, it is evident that nurses perceive external stressors to be slightly more significant (M = 2.58) than internal stressors (M = 2.49). However, both categories of stressors are acknowledged as sometimes occurring according to the provided verbal interpretation.

The standard deviation (SD) values provide insights into the variability within each stressor category. For external stressors, SD ranges from 0.78 to 0.92, indicating relatively consistent responses across the statements. Similarly, internal stressors have SD values ranging from 0.75 to 0.90, implying a moderate level of agreement among nurses in perceiving these stressors.

Overall, the grand mean of 2.53 suggests that work-related stressors among nurses in Selected Tertiary Hospital in Bulacan are perceived to occur sometimes. This finding underscores the significance of addressing these stressors to promote nurses' well-being and job satisfaction. The findings highlight the frequent occurrence of external stressors such as dealing with demanding patients or relatives and workload increases. Internal stressors, including limited time for personal and family life and feelings of inadequacy in providing patient care, are also acknowledged as stress-inducing factors.

The present study's findings are consistent with previous research that has identified external and internal work-related stressors experienced by nurses. Li et al. (2018) found that external factors such as workload, conflicts at work, and dealing with difficult patients and their families were significant sources of stress for nurses. Similarly, internal factors such as high expectations, feelings of inadequacy, and negative emotions while performing tasks have been identified as significant sources of stress by Adriaenssens et al. (2019) and Lee et al. (2020).

Summary Statistics of Nurses' Work-related Stressors in terms of Nurses' Profile (Sex, Age, Civil Status)

Regarding sex, male and female nurses exhibited similar mean scores for external factors (Male: M = 2.56, SD = 0.60; Female: M = 2.46, SD = 0.62), internal factors (Male: M = 2.64, SD = 0.60; Female: M = 2.56, SD = 0.60), and overall work-related stressors (Male: M = 2.60, SD = 0.57; Female: M = 2.51, SD = 0.58), indicating comparable levels of work-related stressors between the two groups.

The findings of the present study are consistent with the previous study, as according to Vahedian-Azimi et al. (2017), work-related stressors were positively correlated with being male because of lower levels of peer interaction and nurse-patient ratios. In contrast, according to the previous study of Ali et al., (2022), female nurses also experience considerably greater levels of stress compared to male nurses. Although female nurses performed better on problem-solving skills, they also reported higher levels of anxiety and depression.

Nurses in the 18-24 age group had higher mean scores for external factors ($M = 3.03$, $SD = 0.25$) compared to nurses aged 55 and above ($M = 1.88$, $SD = 0.38$). Similar patterns were observed for internal factors and overall work-related stressors, suggesting that younger nurses may perceive higher levels of stressors in their work environment compared to older nurses. It's likely that younger employees are still getting used to their workplace or that older employees are better able to adjust to a changing environment (Hsu, 2019). The most stressed-out workers are those under the age of forty (Mireku et al., 2020). In contrast, according to the study of Jiang et al. (2021), the stress level of nurses aged 40-50 was significantly higher than that of nurses aged 51-55.

In terms of civil status, nurses with different marital statuses also exhibited slight variations in their perceived work-related stressors. For instance, nurses who were divorced had higher mean scores for external factors ($M = 3.08$) and overall work-related stressors ($M = 3.00$) compared to nurses who were widowed, single, married, or in a live-in relationship. However, the differences in mean scores were not available for internal factors, making it difficult to draw conclusions regarding this specific stressor. The study by Cañadas-De la Fuente et al. (2018) indicates that the highest levels of stress among nurses were associated with single or divorced status and a lack of children. In contrast, stress level was negatively correlated with being married and the number of children (Vahedian- Azimi et al., 2017).

Table 2.1

Summary Statistics of Nurses' Work-related Stressors in terms of Demographic Profile

(Sex, Age, Civil Status)

VARIABLES	External Factors		Internal Factors		Work-related Stressors	
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>
Sex						
Male	2.56	0.60	2.64	0.60	2.60	0.57
Female	2.46	0.62	2.56	0.60	2.51	0.58
Age						
18-24	3.03	0.25	2.58	0.28	2.80	0.25
25-34	2.61	0.49	2.50	0.56	2.55	0.48
35-44	2.51	0.68	2.48	0.69	2.49	0.67
45-54	2.65	0.68	2.55	0.64	2.60	0.63
55 and above	1.88	0.38	1.68	0.45	1.78	0.42
Civil Status						
Single	2.63	0.48	2.48	0.58	2.55	0.50
Married	2.55	0.64	2.49	0.63	2.52	0.61
Live-in	2.85	0.73	2.90	0.73	2.88	0.67
Separated	2.69	1.06	2.55	0.72	2.62	0.88
Divorced	3.08	-	2.93	-	3.00	-
Widowed	1.65	0.71	1.61	0.56	1.63	0.63

Summary Statistics of Nurses' Work-related Stressors in terms of Nurses' Profile (Employment Status, Area of Duty, Length of Service, Salary)

In terms of employment status, permanent and casual nurses exhibited similar mean scores for external factors (Permanent: $M = 2.61$, $SD = 0.65$; Casual: $M = 2.56$, $SD = 0.56$), internal

factors (Permanent: $M = 2.54$, $SD = 0.63$; Casual: $M = 2.45$, $SD = 0.61$), and overall work-related stressors (Permanent: $M = 2.58$, $SD = 0.61$; Casual: $M = 2.50$, $SD = 0.56$), indicating comparable levels of work-related stressors between the two employment types.

Nurses working in the Post-Anesthesia Care Unit (PACU) had higher mean scores for external factors ($M = 3.14$, $SD = 0.80$), internal factors ($M = 3.26$, $SD = 0.76$), and overall work-related stressors ($M = 3.20$, $SD = 0.77$) compared to nurses in other areas of duty. COVID-19 Ward and Operating Room (OR) nurses also exhibited relatively higher mean scores for certain stressor dimensions.

Regarding length of service, nurses with different years of experience displayed slight variations in their perceived work-related stressors. For instance, nurses with less than 2 years of service had lower mean scores for external factors ($M = 2.48$, $SD = 0.61$) compared to nurses with longer years of service. However, no consistent pattern emerged for internal factors and overall work-related stressors across different lengths of service.

In terms of salary, nurses in different salary ranges also exhibited variations in their perceived work-related stressors. Nurses in the ₱10,000.00 - ₱20,000.00 salary range had higher mean scores for external factors ($M = 2.87$, $SD = 0.75$) and overall work-related stressors ($M = 2.81$, $SD = 0.66$) compared to nurses in other salary ranges. However, no clear pattern was observed for internal factors across different salary ranges.

Table 2.2

Summary Statistics of Nurses' Work-related Stressors in terms of Employment Profile
(Employment Status, Area of Duty, Length of Service, Salary)

VARIABLES	External Factors		Internal Factors		Work-related Stressors	
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>
Employment Status						
Permanent	2.61	0.65	2.54	0.63	2.58	0.61
Casual	2.56	0.56	2.45	0.61	2.50	0.56
Area of Duty						
Dialysis Center	2.20	0.51	2.27	0.51	2.24	0.45
Obstetrics Only	1.74	0.22	1.45	0.16	1.59	0.19
Obstetrics and Pediatrics Ward	2.39	0.51	2.27	0.61	2.33	0.54
Medical Surgical Ward	2.59	0.56	2.44	0.47	2.51	0.47
COVID-19 Ward	2.45	0.11	3.06	0.24	2.77	0.18
Operating Room (OR)	2.90	0.58	2.70	0.47	2.79	0.49
Post-Anesthesia Care Unit (PACU)	3.14	0.80	3.26	0.76	3.20	0.77
Emergency Department (ED)	2.63	0.45	2.64	0.31	2.64	0.33
Neonatal intensive Care Unit (NICU)	2.84	0.47	2.58	0.62	2.70	0.52
Intensive Care Unit (ICU)	2.64	0.38	2.52	0.32	2.58	0.34
Emergency Department Triage	2.36	1.05	2.08	0.87	2.22	0.94
Animal Bite Center	2.23	0.33	2.04	0.05	2.13	0.18
Eye Center	2.54	0.33	2.43	0.71	2.48	0.52
Special Unit	2.67	0.45	2.33	0.30	2.49	0.36
Length of Service						
Less than 2 years	2.48	0.61	2.64	0.65	2.57	0.60
2-5 years	2.61	0.56	2.48	0.60	2.54	0.55
6-10 years	2.68	0.55	2.65	0.55	2.66	0.51
11-15 years	2.50	0.75	2.38	0.71	2.43	0.70
16 years and above	2.40	0.64	2.23	0.62	2.31	0.61
Salary						
₱10,000.00 - ₱20,000.00	2.87	0.75	2.75	0.64	2.81	0.66
₱21,000.00 - ₱30,000.00	2.46	0.49	2.29	0.48	2.37	0.44
₱31,000.00 - ₱40,000.00	2.58	0.61	2.50	0.63	2.54	0.59

Mean and Standard Deviation of Nurses' Coping Strategies

The mean score for problem-focused coping is 3.04, indicating that nurses often employ problem-focused strategies to deal with stressors in their work environment. Among the problem-focused coping strategies, the highest mean score is "I've been trying to come up with a strategy about what to do" ($M = 3.34$, $SD = 1.62$), suggesting that nurses frequently engage in active planning and strategizing to address their problems. Other frequently employed problem-focused coping strategies include taking action to try to make the situation better ($M = 3.25$, $SD = 0.73$), looking for something good in what is happening ($M = 3.22$, $SD = 0.77$), and applying the same solution applied by colleagues to the same problem encountered ($M = 2.63$, $SD = 0.76$).

On the other hand, the mean score for emotional coping is 2.68, indicating that nurses also frequently employ emotional coping strategies to manage stress. Within the emotional coping category, the highest mean score is "I always look at the brighter side whenever I am going through something" ($M = 3.16$, $SD = 0.73$), indicating that nurses often adopt a positive outlook when facing stressful situations. Other frequently used emotional coping strategies include watching movies and youtube videos as a form of comfort ($M = 3.02$, $SD = 0.79$) and using hobbies to uplift mood ($M = 3.00$, $SD = 0.75$). Furthermore, others occasionally used include using alcohol to cope with frustrations ($M = 1.85$, $SD = 1.02$).

The grand mean for all coping strategies is 2.79, suggesting that nurses often engage in coping behaviors to manage stressors in their work environment. This indicates that nurses are actively attempting to cope with their challenges.

The findings from indicate that nurses in this study predominantly utilize problem-focused coping strategies, followed by emotional coping strategies. This suggests that nurses are proactive in addressing their stressors and are focused on finding practical solutions to their problems. Problem-focused coping strategies involve active problem-solving, planning, seeking advice, and attempting to change one's actions and attitudes. The utilization of both problem-focused and emotional coping strategies suggests that nurses employ a multifaceted approach to manage work-related stress. By utilizing these coping strategies, nurses may be better equipped to handle the demands of their profession and maintain their well-being.

The high mean scores for problem-focused coping strategies suggest that nurses are actively engaged in problem-solving and taking proactive measures to address work-related challenges. This finding aligns with the nature of nursing practice, which requires quick decision-making and the ability to manage multiple tasks simultaneously. The mean scores for emotional coping strategies indicate that nurses also recognize the importance of addressing their emotional well-being.

The current study's findings align with prior research. For instance, a study by Javanbakht et al. (2018) found that nurses employed both problem-focused and emotion-focused coping strategies to manage occupational stress. Similarly, a study by Cheng et al. (2019) revealed that nurses employed both types of coping strategies to manage work-related stressors, with problem-focused strategies being more commonly utilized.

Summary Statistics of Nurses' Coping Strategies in terms of Nurses' Profile (Sex, Age, Civil Status)

In terms of sex, both male and female nurses reported similar mean scores for problem-focused coping (Males: $M = 3.05$, $SD = 0.51$; Females: $M = 3.04$, $SD = 0.51$) and emotion-focused coping (Males: $M = 2.70$, $SD = 0.51$; Females: $M = 2.68$, $SD = 0.49$). This indicates that both male and female nurses utilized problem-focused and emotion-focused coping strategies to a similar extent. This indicate that men are more likely to employ problem-focused coping strategies like active coping and planning, whereas women are more likely to use emotion-focused coping strategies and seek out more social support (Janney, 2017). In contrast Huang

et.al (2020) reiterated in their study that compared to males, women are more likely to use problem-focused coping techniques and less likely to choose emotion- focused ones.

Female emotion-focused coping strategies are slightly lower than male. This shows that men commonly use emotion-focused coping strategies when dealing with their work-related stressors, as opposed to men who are more subject to employing problem coping mechanisms like using resources they already have to address issues (Martínez et al., 2019). Additionally, women employed more emotion-focused coping mechanisms under moderate or severe stress, while men used more problem-focused ones (Sinha & Latha, 2018).

Regarding age, nurses across different age groups showed relatively consistent mean scores for problem-focused coping. However, there were slight variations in the mean scores for emotion-focused coping. The age group of 55 and above reported the lowest mean scores for both problem-focused coping ($M = 2.46$, $SD = 0.06$) and emotion-focused coping ($M = 1.78$, $SD = 0.07$), indicating a lower utilization of these coping strategies compared to other age groups. Compared to other age groups, the group of people 55 and older uses these coping mechanisms less frequently. Beier et al. (2023) report that age was associated with a decrease in problem-focused coping and an increase in emotion-based coping. Older people prefer to ignore and avoid stressors, whereas younger ones tend to actively respond to and cope with them (Oh et al., 2018).

In terms of civil status, single and married nurses exhibited similar mean scores for problem-focused coping (Single: $M = 3.00$, $SD = 0.52$; Married: $M = 3.09$, $SD = 0.51$) and emotion-focused coping (Single: $M = 2.69$, $SD = 0.49$; Married: $M = 2.68$, $SD = 0.49$). Live-in nurses had slightly higher mean scores for both coping strategies (Problem-focused coping: $M = 3.33$, $SD = 0.22$; Emotion-focused coping: $M = 3.30$, $SD = 0.38$). Meanwhile, nurses who were separated, widowed, or divorced displayed lower mean scores for both coping strategies. These results are in line with earlier research that has shown that civil status does not have a significant impact on nurses' work-related stress (Fathi & Simamora, 2019). In contrast, Vahedian-Azimi et al. (2017) found that the highest levels of stress among nurses were associated with being single or divorced and not having children.

Table 3.1
Summary Statistics of Nurses' Coping Strategies in terms of Demographic Profile (Sex, Age, Civil Status)

VARIABLES	Problem-focused		Emotion-focused		Coping Strategies	
	M	SD	M	SD	M	SD
Sex						
Male	3.05	0.51	2.70	0.51	2.80	0.46
Female	3.04	0.51	2.68	0.49	2.78	0.45
Age						
18-24	3.03	0.46	3.00	0.42	3.01	0.41
25-34	3.05	0.53	2.66	0.48	2.77	0.45
35-44	3.05	0.52	2.71	0.52	2.81	0.48
45-54	3.07	0.39	2.71	0.30	2.81	0.27
55 and above	2.46	0.06	1.78	0.07	1.98	0.07
Civil Status						
Single	3.00	0.52	2.69	0.49	2.78	0.46
Married	3.09	0.51	2.68	0.49	2.80	0.45
Live-in	3.33	0.22	3.30	0.38	3.31	0.26
Separated	2.50	0.58	2.45	0.31	2.46	0.35
Divorced	2.92	-	2.79	-	2.83	-
Widowed	2.71	0.29	2.05	0.32	2.24	0.31

Summary Statistics of Nurses' Coping Strategies in terms of Nurses' Profile (Employment Status, Area of Duty, Length of Service, Salary)

In terms of employment status, both permanent and casual nurses reported similar mean scores for problem-focused coping (Permanent: $M = 3.04$, $SD = 0.52$; Casual: $M = 3.04$, $SD = 0.50$) and emotion- focused coping (Permanent: $M = 2.69$, $SD = 0.48$; Casual: $M = 2.68$, $SD = 0.50$), indicating comparable utilization of coping strategies between the two groups.

Regarding the area of duty, nurses in different areas demonstrated variations in their coping strategies. For example, nurses in the Post-Anesthesia Care Unit (PACU) reported higher mean scores for problem-focused coping ($M = 3.49$, $SD = 0.26$) and emotion-focused coping ($M = 3.39$, $SD = 0.43$) compared to nurses in the Intensive Care Unit (ICU) who had lower mean scores for both coping strategies ($M = 2.59$, $SD = 0.13$). These differences suggest that coping strategies may differ based on the specific demands and challenges of different work areas. Post-anaesthesia care nurses/PACU have specific knowledge, acknowledge the patient, and work quickly with the patient and team to deliver safe, high-quality care. In post-anesthesia care units, a knowledgeable nurse can view the wider picture, sharing knowledge and advancing post-anesthesia care (Dahlberg et al., 2022). With that evidence, it can be examined with the results of the study, that PACU nurses have great strategies in implementing and providing care with the clients despite work- related stressors they face.

When examining the length of service, nurses with different lengths of service exhibited slight variations in coping strategies. For instance, nurses with 11-15 years of service had higher mean scores for problem-focused coping ($M = 3.21$, $SD = 0.58$) compared to nurses with 16 years and above ($M = 2.87$, $SD = 0.48$). However, the differences in mean scores were relatively small, indicating a generally consistent utilization of coping strategies across different lengths of service. Nurses with higher length of experience still score highly on the stress scale, while nurses with less experience have less coping strategies. The key justification for this was that, compared to nurses with less experience, those with more work experience were judged to have a stronger ability for juggling and handling emergencies while also having higher expectations for themselves (Zhan et al., 2020). In that case, the findings of the study is similar to Zhan et al. (2020) found out that the higher the length of experience a nurse has, the more the nurse will exhibit a problem- focused coping strategy since they are more experienced and can critically think than newer nurses.

Regarding salary, nurses in different salary ranges displayed similar mean scores for problem-focused coping and emotion-focused coping. The mean scores were relatively consistent across the different salary ranges, suggesting that coping strategies were not significantly influenced by salary levels.

Table 3.2
Summary Statistics of Nurses' Coping Strategies in terms of Employment Profile
(Employment Status, Area of Duty, Length of Service, Salary)

VARIABLES	Problem-focused		Emotion-focused		Coping Strategies	
	M	SD	M	SD	M	SD
Employment Status						
Permanent	3.04	0.52	2.69	0.48	2.79	0.43
Casual	3.04	0.50	2.68	0.50	2.79	0.47
Area of Duty						
Dialysis Center	2.98	0.40	2.46	0.13	2.62	0.19
Obstetrics Only	2.64	0.38	2.09	0.64	2.25	0.56
Obstetrics and Pediatrics Ward	2.82	0.55	2.58	0.55	2.65	0.52
Medical Surgical Ward	3.07	0.50	2.68	0.39	2.79	0.37
COVID-19 Ward	3.25	0.26	2.91	0.77	3.01	0.47
Operating Room (OR)	3.24	0.25	2.95	0.34	3.04	0.26
Post-Anesthesia Care Unit (PACU)	3.49	0.26	3.39	0.43	3.42	0.37
Emergency Department (ED)	2.99	0.50	2.61	0.42	2.72	0.41
Neonatal intensive Care Unit (NICU)	3.09	0.29	2.60	0.37	2.75	0.34
Intensive Care Unit (ICU)	2.59	0.13	2.59	0.19	2.59	0.16
Emergency Department Triage	3.32	0.79	2.71	0.58	2.89	0.60
Animal Bite Center	2.79	1.12	2.43	0.61	2.54	0.76
Eye Center	3.42	0.12	2.84	0.17	3.01	0.09
Special Unit	3.36	0.73	2.40	0.15	2.68	0.24
Length of Service						
Less than 2 years	3.07	0.58	2.84	0.55	2.91	0.54
2-5 years	3.03	0.47	2.70	0.49	2.79	0.45
6-10 years	3.01	0.53	2.71	0.49	2.80	0.46
11-15 years	3.21	0.58	2.70	0.49	2.85	0.44
16 years and above	2.87	0.48	2.40	0.42	2.54	0.38
Salary						
₱10,000.00 - ₱20,000.00	2.94	0.58	2.94	0.58	2.54	0.55
₱21,000.00 - ₱30,000.00	3.06	0.49	3.06	0.49	2.75	0.41
₱31,000.00 - ₱40,000.00	3.04	0.51	3.04	0.51	2.80	0.46

Significant Difference between the Nurses' Work-related Stressors in terms of their Profile (One-way ANOVA)

Based on the findings, there was a significant difference in the work-related stress levels of nurses of Selected Tertiary Hospital in Bulacan based on their area of duty ($F=3.571$, $p<.001$, $\eta^2=.263$). This suggests that the type of duty assigned to nurses can significantly affect their level of stress in the workplace. For instance, nurses who are assigned to critical care units, such as intensive care or emergency departments, may experience higher levels of stress compared to those assigned to less stressful areas.

This finding aligns with previous research by Zaragoza et al. (2020) and Isa et al. (2019), emphasizing the influence of specific nursing areas and the associated stressors on work-related stress among nurses. Work-related stressors among nurses can vary depending on their work environment or unit (Shao, Fan, & Jiang, 2020). Nurses working in critical care units have been found to experience higher levels of stress compared to those working in other areas, such as medical-surgical units or outpatient clinics (Chen et al., 2021). With this, it is consistent with the chosen theoretical framework—the theoretical model of stress coping by Lazarus & Folkman (1984), which suggests nurses react to a certain situation depending on its effect and intensity. The framework also suggests that there is constant interaction between the individual, environment, stress, and coping strategies. With this, since there is a significant difference between the area of duty and work-related stressors of the nurses, it suggests how the environment of the nurses affects their perception of the level and type of stress. Their level of stress varies depending on the intensity of the demand they need to fulfil in a certain environment or area of duty. However, no significant differences were found in the work-related stressors of nurses based on their age ($F=1.327$, $p=.262$, $\eta^2=.032$). This suggests that age does

not play a significant role in influencing the level of work-related stress experienced by nurses. No significant differences were also found in civil status ($F=1.384$, $p=.233$, $\eta^2=.041$). This indicates that being married, single, or in any other civil status does not have a substantial impact on the level of work-related stress among nurses. In terms of length of service, the analysis indicated that there was no significant difference in work-related stressors based on the length of service. ($F=1.176$, $p=.323$, $\eta^2=.028$), or salary ($F=1.141$, $p=.322$, $\eta^2=.014$). This implies that the number of years a nurse has been in service does not significantly affect their level of work-related stress.

Table 4

Significant Difference between the Nurses' Work-related Stressors in terms of their Profile (One-way ANOVA)

VARIABLES	df	F	p-value	η^2	Interpretation
Age	4,161	1.327	.262	.032	Not Significant
Civil Status	5,160	1.384	.233	.041	Not Significant
Area of Duty	15,150	3.571*	<.001	.263	Significant
Length of Service	4,161	1.176	.323	.028	Not Significant
Salary	2,163	1.141	.322	.014	Not Significant

However, no significant differences were found in the work-related stressors of nurses based on their age ($F=1.327$, $p=.262$, $\eta^2=.032$), in civil status ($F=1.384$, $p=.233$, $\eta^2=.041$), in work-related stressors based on the length of service. ($F=1.176$, $p=.323$, $\eta^2=.028$), or salary ($F=1.141$, $p=.322$, $\eta^2=.014$). This indicates that the nurses of Selected Tertiary Hospital in Bulacan, in terms of age does not play a significant role in influencing the level of work-related stress, being married, single, or in any other civil status does not have a substantial impact on their level of work-related stress, there was no significant difference in work-related stressors based on their length of service, and the number of years a nurse in Selected Tertiary Hospital in Bulacan has been in service and salary does not significantly affect their level of work-related stress.

These findings are consistent with previous research. Studies by Alharbi and Ashehry (2019) and Fathi and Simamora (2019) found no significant association between age and civil status, respectively, with work-related stress among nurses. Furthermore, studies by Alkhawaldeh et al. (2020) and McAbee (2019) emphasized that the length of service does not significantly impact work-related stress or coping strategies employed by nursing staff. Moreover, studies by Pan et al. (2022) and Wazqar et al. (2017) highlighted that salary alone may not directly influence work-related stress experienced by nurses.

Post-Hoc Analysis for Work-related Stressors in terms of Areas of Duty (Tukey HSD)

The overall F-value for work-related stressors was 4.016, indicating a significant difference among the areas of duty ($p < 0.001$). The effect size ((η^2)) suggests that 25.6% of the variance in work-related stressors can be attributed to the areas of duty.

Based on the Tukey HSD test, the means with different subscripts are significantly different from one another within the column, indicating distinct levels of work-related stressors among specific areas of duty.

The post-hoc analysis reveals significant differences in work-related stressors among various areas of duty. The Post-Anesthesia Care Unit (PACU) stands out with the highest mean score, indicating higher perceived work-related stressors compared to other areas. Obstetrics Only and Emergency Department Triage also demonstrate relatively lower and higher mean scores, respectively. These findings highlight the importance of considering the specific

context and demands of different areas of duty when examining and addressing work-related stressors among nurses.

These results are in line with the study of Dahlberg et al. (2022), post-anesthesia care units are stressful due to high patient flow that the nurses considered stressful and threatening to patient safety. The situations of nurses assigned in post-anesthesia care units (PACU) are rushed and the nurses described not having enough time to comply with written guidelines or evidence-based medicine and deviating from established routines. In contrast with this, Kumar et al. (2016) intensive care unit has the most stressful environment for nurses where decisions about end-of-life care are made. There is also a significant relationship between sleep pattern and stress may be due to the shift rotation which was considered most stressful. In comparison to the study of Bakhtiari et al. (2013), Nurses' working environments, particularly operating rooms, are counted stressful due to their existing physical and psychological stress. inappropriate environmental conditions, such as noise, light, radiations, temperature, and humidity, high workload, low staff number, and high responsibility are also effective in the incidence of being stressed.

Table 4.1
Post-Hoc Analysis for Work-related Stressors in terms of Areas of Duty (Tukey HSD)

Variables	F (13,152)	p-value	η^2	M	SD
Work-related Stressors	4.016	<.001	0.256		
Dialysis Center				2.24 _a	0.45
Obstetrics Only				1.59 _{b,c}	0.19
Obstetrics and Pediatrics Ward				2.33 _d	0.54
Medical Surgical Ward				2.51 _e	0.47
COVID-19 Ward				2.77	0.18
Operating Room (OR)				2.79 _b	0.49
Post-Anesthesia Care Unit (PACU)				3.20 _{a,c,d,e,f}	0.77
Emergency Department (ED)				2.64	0.33
Neonatal intensive Care Unit (NICU)				2.70	0.52
Intensive Care Unit (ICU)				2.58	0.34
Emergency Department Triage				2.22 _f	0.94
Animal Bite Center				2.13	0.18
Eye Center				2.48	0.52
Special Unit				2.49	0.36

Note: Means in a column sharing subscripts are significantly different from one another.

Significant Difference between the Nurses' Work-related Stressors in terms of their profile variables (Independent T-test)

The results showed that there were no significant differences in the work-related stressors of nurses based on their sex ($t=.935$, $p=.351$, $d=.58$) or employment status ($t=.823$, $p=.412$, $d=.58$). It suggests that work-related stressors affect both male and female nurses similarly and are not influenced by whether nurses are employed full-time, part-time, or on a contractual basis.

Table 5
Significant Difference between the Nurses' Work-related Stressors in terms of their Profile (Independent T-test)

VARIABLES	df	t	p-value	d	Interpretation
Sex	164	.935	.351	.58	Not Significant
Employment Status	164	.823	.412	.58	Not Significant

It is important to note that although the t-tests did not yield statistically significant differences, the effect sizes (d) were reported. The effect sizes provide an estimate of the magnitude of the observed differences. In this case, the effect sizes were relatively small ($d = 0.58$), indicating that even though the differences were not statistically significant, there may still be some minimal practical differences between groups. However, these differences are not substantial enough to conclude a meaningful distinction in work-related stressors based on sex and employment status among nurses. These results are in line with earlier research that has shown that sex and employment status do not have a significant impact on nurses' work-related stress (Huang et al., 2020; Labrague & De Los Santos, 2020). In contrast, d'Ettoire et al. (2019) emphasized in their study that a high level of stress in terms of gender differences is present as female nurses usually receive fewer promotions and lower pay than male coworkers. In line with this, Mireku et al. (2020) stated that female nurses are more likely to experience stress as they have more duties at home as well as in clinical settings than male nurses. Additionally, the research by Kalani et al. (2022) revealed that males also experience a greater degree of work-related stress, which may be due to increased expectations from their families, society, and their place of employment. Contrary, significant correlations between nurses' stress levels and their employment status, per Kakemam et al. (2019). In comparison to individuals who were employed under bonded conditions, those who worked full-time or on a contract had significantly higher average stress levels. Due to their higher and more demanding responsibilities, hospital nurses with permanent employment were more frequently thought to have the most stressful professions.

Significant Difference between the Nurses' Coping Strategies in terms of their Profile (One-way ANOVA)

The analysis revealed that there was a significant difference in coping strategies based on the area of duty, while no significant differences were found for age, civil status, length of service, and salary.

The ANOVA test for age yielded a non-significant F-value of 2.072 with a p-value of .087, indicating that there is no significant difference in coping strategies among nurses of different age groups. This finding is consistent with previous studies by Alorani and Gupta (2022) and Martinez et al. (2021), which did not find a significant association between age and coping strategies among nurses. It suggests that coping strategies may not vary significantly based on age within the nursing profession. These results are in line with earlier studies that have shown that demographic factors have limited influence on nurses' coping strategies (Labrague et al., 2021; Tawalbeh & Al-Hadidi, 2019).

Table 6

Significant Difference between the Nurses' Coping Strategies in terms of their Profile
(One-way ANOVA)

VARIABLES	df	F	p-value	η^2	Interpretation
Age	4,161	2.072	.087	.049	Not Significant
Civil Status	5,160	1.740	.128	.052	Not Significant
Area of Duty	15,150	3.938	<.001	.283	Significant
Length of Service	4,161	1.404	.235	.034	Not Significant
Salary	2,163	.719	.489	.009	Not Significant

Similarly, the ANOVA test for civil status yielded a non-significant F-value of 1.740 with a p-value of .128, indicating that there is no significant difference in coping strategies among nurses in Selected Tertiary Hospital in Bulacan based on their civil status. This finding is in line with the study by Huang et al. (2020), which found no significant association between civil status and coping strategies among nurses. It suggests that coping strategies are not influenced by whether nurses are single, married, divorced, or widowed.

In contrast, the results of the study indicated that there was a significant difference in the coping strategies of nurses based on their area of duty ($F=3.938$, $p<.001$, $\eta^2=.283$). This suggests that there is a significant difference in coping strategies among nurses based on their area of duty. The effect size of .283 suggests a moderate effect. For example, nurses in emergency departments may rely more on problem-focused coping strategies, such as using problem-solving techniques to manage stressors that arise in their fast-paced work environment, while nurses in ICU may use emotion-focused coping strategies, such as emotional support from friends, drinking alcohol, and religious comfort (Munyanziza et al. 2021).

The chosen theoretical framework—the theoretical model of stress coping by Lazarus & Folkman (1984), which suggests a relationship between the individual, environment, stress, and coping strategies—is consistent with these findings with respect to the significant difference between the nurses' areas of duty and coping strategies. This demonstrates that how well a person uses their coping mechanisms depends on how much stress they are under. Consequently, environments or circumstances that are stressful generate an increase in the utilisation of coping strategies. Moreover, the result showed that problem-focused coping was more perceived among the respondents, which shows that in highly stressful situations, nurses are more likely to employ organised problem-solving rather than emotion-focused coping. While there is no significant difference in coping strategies based on age, civil status, length of service, and salary among nurses in Selected Tertiary Hospital in Bulacan; hence, there is a significant difference in coping strategies based on the area of duty. This suggests that the specific work environment and stressors associated with different areas of duty influence the coping strategies employed by nurses.

Post-Hoc Analysis for Coping Strategies in terms of Areas of Duty (Tukey HSD)

The overall F-value for coping strategies was 3.938, indicating a significant difference among the areas of duty ($p < 0.001$). The effect size (η^2) suggests that 28.3% of the variance in coping strategies can be attributed to the areas of duty.

According to the Tukey HSD test, the means with different subscripts are significantly different from one another within the column, indicating distinct levels of coping strategies among specific areas of duty.

In summary, the post-hoc analysis reveals significant differences in coping strategies among different areas of duty. The Post-Anesthesia Care Unit (PACU) stands out with the highest mean score, indicating a greater utilization of coping strategies in that area. COVID-19 Ward, Operating Room (OR), and Emergency Department Triage also demonstrate relatively higher mean scores. Eye Center has a higher mean score, suggesting a higher utilization of coping strategies as well. These findings emphasize the importance of considering the unique demands and challenges of different areas of duty when examining coping strategies among nurses.

The finding backs up Dahlberg et al. 's (2022) assertion that nurses in post-anesthesia care units are recognized to be "adaptable in an ever-changing environment" to create a safe setting for patient care. Thus, the reason why nurses in PACU highly utilize coping strategies in times of stress. Additionally, Rebelo et al.'s study (2020) found that ER nurses were more resilient because they prioritized planning to organize their working environment and respond to

patients' needs as quickly as possible. Effective coping mechanisms are needed to handle such pressures since the nursing profession demands immediate and systematic problem-solving (Fathi & Simamora, 2019). Consequently, the result showed that nurses employ coping strategies effectively to attend to their duties.

Table 6.1
Post-Hoc Analysis for Coping Strategies in terms of Areas of Duty (Tukey HSD)

Variables	F (13,152)	p-value	η^2	M	SD
Coping Strategies	3.938	<.001	.283		
Dialysis Center				2.62 _a	0.19
Obstetrics Only				2.25 _b	0.56
Obstetrics and Pediatrics Ward				2.65 _c	0.52
Medical Surgical Ward				2.79 _d	0.37
COVID-19 Ward				3.01	0.47
Operating Room (OR)				3.04	0.26
Post-Anesthesia Care Unit (PACU)				3.42 _{a,b,c,d,e,f,g,h}	0.37
Emergency Department (ED)				2.72 _e	0.41
Neonatal intensive Care Unit (NICU)				2.75 _f	0.34
Intensive Care Unit (ICU)				2.59	0.16
Emergency Department Triage				2.89 _g	0.60
Animal Bite Center				2.54	0.76
Eye Center				3.01	0.09
Special Unit				2.68 _h	0.24

Note: Means in a column sharing subscripts are significantly different from one another.

Significant Difference between the Nurses' Coping Strategies in terms of their Profile Variable (Independent T-test)

The results indicated that there were no significant differences in the coping strategies of nurses based on their sex ($t=.232$, $p=.817$, $d=.45$) or employment status ($t=.079$, $p=.937$, $d=.46$). This suggests that male and female nurses and those with different employment status may have similar coping strategies when dealing with work-related stressors. These findings align with recent research indicating that gender and employment status may not significantly affect nurses' coping strategies (Gupta et al., 2018; Milosevic et al., 2018). However, it is worth noting that other unexplored factors, such as work-related stressors and organizational support, may still influence nurses' coping strategies (Kenny et al., 2020; Nantsupawat et al., 2019).

In addition to the lack of significant differences in coping strategies based on sex and employment status, it is worth noting that the effect sizes (d) for both variables were relatively small. The effect size for sex was 0.45, indicating a small effect, while the effect size for employment status was 0.46, also indicating a small effect. These small effect sizes further support the finding that sex and employment status have minimal influence on the coping strategies employed by nurses in Selected Tertiary Hospital in Bulacan.

These results are consistent with the literature on coping strategies among healthcare professionals. Several studies have found that demographic factors, such as sex and employment status, have limited impact on coping strategies. For instance, Alorani and Gupta (2022) suggest that coping strategies are highly individualized and can vary among individuals, regardless of their demographic profiles. This suggests that personal factors and individual experiences may play a more significant role in shaping coping strategies than demographic characteristics.

Moreover, the non-significant findings for demographic variables in Table 7 highlight the importance of considering other factors that may influence coping strategies among nurses. Factors such as work-related stressors, organizational support, personal resilience, and professional experience have been identified as significant contributors to coping strategies in

the nursing profession (Zaragoza et al., 2020; Hawkins et al., 2020). These factors may have a stronger influence on the coping strategies employed by nurses compared to demographic variables.

Table 7

Significant Difference between the Nurses' Coping Strategies in terms of their Profile

Variable (Independent T-test)

VARIABLES	Df	t	p-value	d	Interpretation
Sex	164	.232	.817	.45	Not Significant
Employment Status	164	.079	.937	.46	Not Significant

Correlation between the Nurses' Work-related Stressors and Coping Strategies (Pearson R)

The results indicated a moderate positive correlation between work-related stressors and coping strategies ($r=.521$, $p<.001$). This means that as work-related stressors increase, coping strategies also tend to increase. This finding suggests that nurses who experience higher levels of work-related stressors tend to use more coping strategies to manage their stress.

These findings are consistent with previous research in the field. Studies by Fathi et al. (2012) and McAbee (2019) similarly reported a positive correlation between work-related stressors and coping strategies among nurses. Nurses facing higher levels of work-related stress tend to employ coping strategies as a means of managing and regulating stressful events. The use of coping strategies may help individuals alleviate the negative impact of stress and enhance their psychological well-being (Lee et al., 2018).

The significant correlation between work-related stressors and coping strategies underscores the importance of effective coping mechanisms in the nursing profession. Developing and implementing strategies that help nurses cope with work-related stress can have a positive impact on their overall well-being and job satisfaction. Interventions aimed at enhancing coping skills and providing support systems for nurses may contribute to better stress management and reduce the risk of burnout and other adverse outcomes associated with work-related stress (Hasan et al., 2018).

This result supports previous studies (Carson et al., 2018; Chong et al., 2019) that found a positive relationship between work-related stressors and coping strategies. Effective coping strategies may help nurses better manage the stress they encounter at work, leading to better psychological well-being (O'Callaghan et al., 2021).

In summary, Table 8 demonstrates a significant positive correlation between work-related stressors and coping strategies among nurses. These findings highlight the importance of acknowledging and addressing work-related stress in the nursing profession. Implementing interventions that promote effective coping strategies can contribute to better stress management and overall well-being among nurses. Further research could explore specific coping strategies that are most effective in mitigating the impact of work-related stress and tailor interventions accordingly.

Table 8

Correlation between the Nurses' Work-related Stressors and Coping Strategies

(Pearson R)

Variables	r	Interpretation	p	Significance
Work-related Stressors and Coping Strategies	.521	Moderate Positive Correlation	<.001	Highly Significant

Discussion

The study's 166 nurses represent the Selected Tertiary Hospital in Bulacan's diversified nursing population. The sample size was 221 however 15 were used for the pilot study and 40 were inappropriate or spoilt. Most participants were married ($94/166 = 56.6\%$), female ($122/166 = 73.5\%$) with the ages 25–34 ($75/166 = 45.2\%$), with 2-5 years of experience ($79/166 = 47.6\%$) and monthly incomes of 31,000–40,000 ($145/166 = 87.3\%$).

Workload, workplace problems, difficult patients, and toxic relatives and patients, stresses nurses. High self-expectations, feelings of inadequacy, and negative mood swings throughout tasks were also stressful. These findings support earlier studies on nurses' external and internal work-related pressures. Age and civil status seemed to have some influence on the levels of stressors, but sex had little effect. Higher levels of stress at work were typically reported by younger nurses and nurses who had recently been divorced. In addition, area of duty, length of service, and salary seemed to affect stressors more than employment status. Nurses in certain departments or units, with less experience, and in certain wage ranges reported increased work-related stressors.

In line with the data gathered, male and female nurses exhibited similar mean scores for external factors, in which it means that sex did not significantly influence the levels of stressors and coping strategies. The data presents that it is in contrast with the previous studies wherein it is stated that female nurses experience considerably greater levels of stress compared to male nurses. In terms of age, nurses in the 18-24 age group had higher mean scores for external factors compared to the other age groups. The findings are aligned with the previous study, where younger employees experienced discrimination more recently, reported higher levels of job stress, and had more work-family problems. It's likely that younger employees are still getting used to their workplace or that older employees are better able to adjust to a changing environment. In terms of civil status, nurses with different marital statuses also exhibited slight variations in their perceived work-related stressors. For instance, nurses who were divorced had higher mean scores for work-related stressors compared to nurses who were widowed, single, married, or in a live-in relationship. The results and findings are aligned with the previous study since it is stated that highest levels of stress among nurses were associated with single or divorced status and a lack of children. Moreover, stress level was negatively correlated with being married and the number of children.

Nurses actively manage stress. The nurses claimed that they always have a plan, often establish a plan and follow it, and often adjust their behavior and attitude to avoid the same problem. Nurses said they often resort to music, pray, or talk to someone to cope with their emotions. Nurses of diverse ages had similar problem-focused coping scores. Emotion-focused coping mean scores varied somewhat. Problem- and emotion-focused coping scores were similar for single and married nurses. Live-in nurses got slightly higher mean scores for both coping strategies. Regarding differences by area of duty, nurses in some specialized units showed better coping scores. Salary, duration of service, and work status did not, however, seem to have significant impacts on coping strategies.

In Selected Tertiary Hospital in Bulacan, work-related stressors and coping mechanisms differed significantly between nurses from different areas of duty. This suggests that nurses' work-related stressors and coping mechanisms may depend on their job area.

The Selected Tertiary Hospital in Bulacan nurses' work-related stressors and coping strategies were relatively positive. Nurses' coping mechanisms and workplace stressors are positively correlated, according to studies by Fathi et al. (2012) and McAbee (2019). Nurses who experience higher levels of occupational stress are more likely to use coping mechanisms to control and manage stressful situations. Individuals may be able to lessen the negative effects of stress and improve their psychological well-being by using coping strategies (Lee et al., 2018).

The study emphasizes the need to help nurses manage work-related stress. Nurses can handle work-related stress with social support, relaxation, and time management. To promote nurse well-being and effective patient care, healthcare organizations should address these pressures.

Conclusion

The main goal of the current study was to determine the correlation of work-related stressors and coping strategies based on the profile variables of the nurses.

This study confirmed that age, civil status, length of service, sex, and employment status did not significantly influence nurses' experiences of work-related stress or their choice of coping strategies. On the other hand, the results of this study also found significant differences in work-related stressors among nurses based on their areas of duty. The results of the study indicate that nurses working in critical care units, such as emergency rooms and intensive care units, experienced higher levels of stress compared to those in other areas. Moreover, nurses with longer length of experience utilise more problem-focused coping strategies, it could be implied that nurses with longer length of experience should help new nurses become more adaptive in utilizing problem-focused coping strategies to enhance quality patient care.

Furthermore, the study contributes to our understanding of the nursing profession. Flexibility is prevalent even in stressful situations. Nurses cope effectively to attend to their patients as soon as possible. However, although nurses seem to be adaptive in their environment, the importance of supporting nurses in developing effective coping strategies to alleviate the negative impact of stress and enhance their psychological well-being (Lee et al., 2018; O'Callaghan et al., 2021) should still be put into account. This study also provided valuable insights into work-related stressors and coping strategies among nurses.

A major limitation of the study was it is conducted within a specific setting and may not be fully representative of the entire nursing population. A further study could assess and aim to include a more diverse sample and employ longitudinal designs to capture changes in stress and coping strategies over time. The findings also highlighted the need for targeted interventions to address work-related stress and support nurses in managing the challenges they face. By implementing strategies that promote a healthy work environment and enhance coping skills, healthcare organizations can contribute to the well-being of their nursing staff and the delivery of high-quality patient care.

Recommendation

Based on the findings of the study, the following recommendations can be made:

Nursing Practice

Healthcare organizations should prioritize evidence-based interventions to reduce nursing work-related stressors to promote nurse well-being and patient outcomes. Reduce burden, give nurses greater control and autonomy, offer flexible scheduling, and support emotional and mental health requirements. Team-building events and coordinated vacation leaves for nurses might help them relax and find inspiration to handle job stress. Nurses should also practice mindfulness, exercise, and other stress-reduction techniques. Open communication, teamwork, and professional development can also help healthcare firms build a healthy work environment. When studying nurses' work-related stress and devising interventions to meet their needs, demographic aspects must be considered. In addition to demographic characteristics, hospital companies should examine nurse salary, as low salaries increase stress.

Nursing Education

To manage work-related stress and build resilience, nursing education programs should include evidence-based strategies. Students should also study how work-related stress affects

nurses' health and patient outcomes and how to diagnose and treat burnout and compassion fatigue. Educational institutions could also hold seminars and symposiums to help student nurses acquire confidence, competence, and stress management skills. Emphasize self-care and encourage students to create and maintain their own habits.

Nursing Research

More study is needed to understand work-related stress in nursing and the best ways to manage and avoid it. Nurse stress management methods should also be studied. This can include assessing mindfulness training, social support, and other stress-reduction and well-being programs for nurses. Finally, researchers should examine how individual and organizational factors affect nursing work-related stress, including how leadership and workplace culture foster a supportive and happy work environment.

Future Researchers

To avoid biases, the researcher proposes studying in multiple hospitals. Private and public hospital nurses should be compared for work-related stressors and coping strategies. The researchers also suggest studying nurses' personalities because it may affect how they handle work-related stress. This covers how individuals interpret internal and external stressors to give them efficient coping techniques for their jobs.

The study found two key points, however future researchers must analyze different healthcare practitioners and hospitals to better conclude the findings. To fully understand how people perceive work-related stressors and coping strategies, other profile elements must be included.

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