

# RESEARCH ARTICLE: Assessing Challenges Faced by Nurses Handling Critically ill Patients at Sulu Sanitarium General Hospital

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**ABSTRACT.** This study focused on assessing the extent and the significant difference in the challenges faced by nurses in handling critically ill patients at Sulu Sanitarium General Hospital specifically on physical, emotional, mental, social and spiritual dimensions. It employed a cross-sectional research design with 100 nurses at Sulu Sanitarium General Hospital through a purposive sampling procedure and treated data through frequency, percentage score, weighted mean, standard deviation, t-test for independent samples, one-way ANOVA, and Pearson's test of correlation. The following are the findings: 1) The majority of the nurses are female, aged between 31-40 years old, served for 1-5 years, mostly bachelor's degree holders, and the majority do not have formal training for critical care nursing. 2) Generally, nurses experience moderate challenges in handling critically ill patients in their respective workplaces; 3) Generally, there is no significant difference in the extent of challenges faced by nurses handling critically ill patients at Sulu Sanitarium General Hospital when data are categorized according to gender, educational attainment, and training as critical care nurses. However, a significant difference exists in terms of age and length of service, where 30 years old and below and 1 year and below of service groups have better ways of perceiving the challenges in handling critically ill patients. 6) There is a highly positive significant correlation among the subcategories subsumed under the extent of challenges faced by nurses handling critically ill patients at Sulu Sanitarium General Hospital. Furthermore, this study tends to support Callista Roy's adaptation model that views the person as an adaptive system in which the differing responses in this study show influence in the nurses' coping mechanisms channeled to their adaptive responses. Finally, this study underscores the importance of critical care nursing training programs, support systems, public awareness campaigns, and personal and professional development that may be considered to overcome challenges faced by nurses in handling critically ill patients.

**KEYWORDS:** *Challenges, Critical Care Nursing, Adaptation Model*

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## Introduction

The nursing field has existed throughout history and has evolved over time. It is a profession that takes on the responsibility for the ongoing care of the ill, the wounded, the

disabled, and the dying, as well as promoting the health of individuals, families, and communities in both medical and community environments. (Karen Buhler-Wilkerson, Patricia D'Antonio, October) 17, 2024 Britannica). Nurses are regarded as the foundation of the healthcare sector. The significance of nurses cannot be emphasized enough and is as vital as it has always been. Even with advancements in technology, nurses continue to be essential in delivering care to ill patients during their most delicate times (Chavez JV, Unga NH., 2024). As health requirements and technology progress, it is essential for healthcare sectors to stay updated with these trends and challenges. Nursing professionals should continually strive to acquire knowledge and implement what is recognized as true, effective, and current in order to deliver the best possible care to their patients (Espartero MM, Caldaza KPD, Prado RTD., 2024).

With the advancement of new technologies, devices, and machinery aimed at enhancing the quality of care for ill patients, critical care nursing emerged alongside various nursing specialties. This was created due to ongoing research focused on providing more thorough, integrated, and effective management for individuals in need. This places a greater burden on the healthcare team, particularly on the nurses who provide direct care for the in-patients nearly around the clock (Garil, B.A., 2024). Nurses must stay updated on current disease information and trends, alongside advancements in technology, while ensuring that care remains as human-centered as possible (Mendoza, M.V., 2023).

With this, numerous challenges for the critical care nurses arose over time. Due to restricted resources, particularly in both underdeveloped and developed nations, especially in remote regions (Quisay ARC, Aquino MEC., 2024). Staffing deficiencies, which have an emotional and psychological effect on the critical care nurses. Observing severe illness, elevated mortality rates, and supporting patients and families in traumatic and distressing circumstances can impact the emotional and mental health of healthcare professionals. (CalmWave Blog, 2024)

That is why it is crucial for us to comprehend the difficulties and obstacles that nurses in the field face, particularly when they care for critically ill patients. Nursing is viewed as a challenging profession, and the stress from their duties can adversely impact health and overall quality of life. (Babapour et al., 2022).

Sulu Sanitarium and General Hospital was not immune to this globally recognized challenge, regardless of its location, which led to the development of this study. The researcher observed the obstacles and challenges that nurses encounter while caring for patients, particularly those who are critically ill. By doing so, the researcher aims to illuminate the challenges that nurses caring for critically ill patients encounter, which may influence their physical, emotional, mental, social, and spiritual well-being.

### **Research Questions**

1. What is the socio- demographic profile of nurses handling critically ill patients at Sulu Sanitarium General Hospital in terms of:

1.1. Age

1.2. Gender;

1.3. Length of service

1.4. Educational attainment; and

1.5. Undergone training as critical care nurse?

2. What are the extent of challenges faced by nurses in handling critically ill patients at Sulu Sanitarium and General Hospital in terms of the following:

2.1. Physical Challenges;

2.2. Emotional Challenges;

2.3. Mental Challenges;

2.4.Social Challenges; and

2.5 Spiritual Challenges?

3. Is there a significant difference in the extent of challenges faced by nurses handling critically ill patients at Sulu Sanitarium and General Hospital when data are grouped according to their demographic profile in terms of:

3.1.Physical challenges

3.2.Emotional challenges;

3.3.Mental challenges;

3.4.Social Challenges; and

3.5.Spiritual challenges?

4. Is there a significant correlation among the sub- categorized subsumed under the extent of challenges faced by nurses handling critically ill patients at Sulu Sanitarium and General Hospital?

## **Literature Review**

### **Foreign Literature and Studies**

The difficulties encountered by nurses caring for critically ill patients appear to be consistent globally and are not restricted to specific regions. It exists in nearly all hospital environments but varies in different accounts and aspects. This indicates that no matter the geographical area, nurses caring for critically ill patients encounter nearly identical challenges.

The existence of a critical care nurse or Intensive Care Unit (ICU) nurse can be quite demanding. ICU nursing positions necessitate emotional and physical endurance, along with the capability to balance various factors concerning the status of critically ill patients. Critical care nurses need to be exceptionally alert, observing any alterations in their patients' conditions and making adjustments as needed (Bondoc Jr. RS.,2023). In contrast to emergency room patients, those in critical care or the intensive care unit typically face serious, persistent health issues. Their situation requires a lot of care. They might be intubated, relying on ventilators for breathing, or connected to life-supporting medical drips, and are typically in a very unstable state. (AMN Healthcare, 2019).

ICU nurses encounter numerous challenges such as operating in an unfamiliar setting, insufficient experience with infectious patients, worries about potential infection, substantial workloads, extreme fatigue, and feelings of depression stemming from the inability to save critically ill patients (Shen et al., 2020).

The research by Zali, M., Rahmani, A., Hassankhani, H. et al., which involved 16 ICU nurses from three teaching hospitals affiliated with Tabriz University of Medical Sciences in northwest Iran, found that critical care nurses encounter various difficulties when caring for resuscitated patients. Critical care nurses face major decisions, high-stress situations, and various ethical challenges while dealing with considerable physical and mental strain. As a result, numerous identified challenges and concerns related to providing high-quality care exist, including inadequate teamwork and collaboration, insufficient organizational support, lack of consideration from doctors, time constraints, limited access to essential resources and facilities, and poor mental and physical health. The challenges identified have resulted in a significant amount of stress and potential burnout among nurses in critical care (Leon AJTD, Jumalon RL, Chavez JV, et al., 2024).

As noted by Sarah K. Wells from AACN Publishing (2024), critical care nurses show higher levels of anxiety and depression compared to the general population. In a research assessment of nurses' mental health during the COVID-19 pandemic, it was revealed that one-third of the surveyed nurses showed psychological symptoms like anxiety and depression. (Al Maqbali et al., 2021). This result aligned with another research indicating that healthcare professionals during the pandemic experienced a notable incidence of mental health problems

like depression, anxiety, and post-traumatic stress disorder. (Li Y et al., 2021). Davidson et al discovered that nurses had an 18% higher likelihood of committing suicide than the general population. It was discovered that female nurses have a suicide risk that is double that of the general population. (Davidson et al., 2020). The work environment can greatly influence nurses' mental health and overall well-being. Health care jobs are demanding because of several reasons, such as extended hours, substantial mental and physical demands, alternating and rotating shifts, constant exposure to human distress, and difficult interactions with coworkers, patients, and their families. (Nigam JA) and (The National Institute for Occupational Health and Safety). Healthcare workers are also notably at high risk of facing violence in the workplace. (Occupational Safety and Health Administration, 2024) Nurses regularly report experiencing discrimination, verbal and physical abuse and sexual harassment while on shift. (Ulrich B. et al., 2021).

Critical care units often encounter staff turnover and face obstacles that heighten resilience and stress among ICU nurses. All workplaces encounter stress regularly, but ICU staff (both doctors and nurses) face significantly higher work-related stress compared to most other professions, creating a highly stressful atmosphere for patients, their families, and the ICU team alike (Shibu S. and Harpreet SD., 2021). This study indicates that ICU nurses face the challenge of not having breaks, necessitating that they remain fully attentive during their entire shift and be prepared to address any issues that may occur to guarantee patient safety. Given that the patients under the care of critical care nurses often have complex health issues, they usually remain in the hospital for extended periods. Even if it's accurate that nurses in critical care units manage fewer patients simultaneously, these patients demand more focus and constant attention, which can be very tiring (Mundo MAD, Reyes EFD, Gervacio EM., 2024). Frequently, nurses in critical care units develop an emotional connection with their patients because of the regular close interaction, which can lead to profound feelings of sorrow when a patient dies. As a result, secondary traumatic disorder, commonly referred to as compassion fatigue, may arise (the Nursezone Writing Staff, 2019). Due to work-related stress, many newly qualified and promising critical care nurses or ICU nurses experience burnout, a psychological condition characterized by exhaustion and disillusionment (Alcroute et al., 2022).

Critical care nurses have been significantly impacted by the COVID-19 pandemic, with research consistently indicating that they experience the most severe psychological outcomes regarding well-being, such as depression, burnout, and post-traumatic stress disorder (PTSD). These results are troubling not only for the mental health of critical care nurses but also highlight important challenges for healthcare systems and organizations. Low wellbeing, heightened burnout, and PTSD are directly associated with critical care nurses' desire to exit the profession (Journal of Clinical Nursing, 2023). It is projected that by 2030, there will be a worldwide shortfall of 9.9 million nurses, midwives, and doctors (WHO, 2016, 2022). In the UK, many critical care units experience an annual staff turnover exceeding 20% (with some reaching as high as 42%) (Cutler et al., 2021), and a recent survey of UK CC3N (Critical Care Network) members revealed that half of the current adult critical care nurses anticipate departing from their current units within the next 3 years (CC3N, 2022). A meta-analysis from 2021 indicated that 27% of critical care nurses globally planned to exit the field of critical care nursing (Xu et al., 2021).

Burnout is defined as a syndrome marked by emotional fatigue, detachment, and diminished work performance, stemming from prolonged stress in the workplace (WHO, 2019). Burnout significantly impacts health outcomes and is recognized as an occupational risk in the International Classification of Diseases (ICD-11) (WHO, 2022). The American Nurses Association (ANA, 2020) emphasized in its research, involving 10,000 nurses, that approximately 30% exhibited signs of depression, 50% indicated feelings of being

overwhelmed, and over 70% experienced sleep disorders (Chavez JV, Garil BA, Padirque CB, et al., 2024).

The number of critically ill patients requiring optimal care is rising, which quickly escalates the need for critical care nurses at the end of life. Caring for critically ill patients induces anxiety and emotional fatigue and can occasionally result in burnout (Journal of Education and Health Promotion, 2023, Shoaib A. et al., 2023). The nurses are the ones who spend the majority of time with patients in the ICU. Nurses dedicate nearly 24 hours each day to their patients and are attuned to their needs (Butler R. et al, 2023). The death of a patient is a troubling event for both the nurses and the patient's family members. Nurses hold an essential position in offering assistance to the relatives of a terminally ill patient. (Velarde-García JF. Et al., 2016). The occurrence of mental illness is significantly greater among healthcare workers compared to the general population (Xiong J. et al., 2020). Caring for a seriously ill patient induces anxiety and emotional fatigue and can occasionally result in burnout due to the uncertainty about handling death-related procedures. (Kisorio LC, Langley GC., 2016, Jamebozori MH. Et al., 2022). Using these, nurses often face various mental challenges including feelings of frustration, conflict, anxiety, depression, disagreement, post-traumatic stress disorder, and burnout symptoms. Countries with low income carry a significant burden of critical illness (Baker T. 2009 / Martin W. Dunser et al., Crit Care Med., 2006). Intensive care units are the primary setting for patients who are critically ill and near death. Natalie Holms et al. Int J Palliat Nurs, 2014/ P A Miller et al. Am J Crit Care. 2001). Nearly 50% of deaths in hospitals take place in the ICU, indicating that mortality rates are elevated in these environments (Ve).

Patients in critical condition are found everywhere, irrespective of resource availability and location, and warrant global prioritization. A substantial and increasing global burden of critical care disease exists (Murro RA, Lobo JG, Inso ARC, Chavez JV.,2023). Critical care needs to be accessible in every primary, secondary, and tertiary facility as well as in all departments and units. Governments need to allocate resources to critical care to avert fatalities and guarantee economic success (NIH, National Library of Medicine, Crit Care.2023). As per the data from the International Council for Nurses, the financial burden of work-related stress is estimated to be between \$200 million to \$300 million each year in the United States, with almost 90% of medical issues among employees linked to job stress. Stress in nurses can impact their quality of life and, at the same time, the quality of care they provide (BMC Nursing, 2022).

### **Local Literature and Studies**

Critical care nursing is commonly acknowledged as a nursing specialty; however, the Philippines lacks a standardized national certification program for this field (Rodulf Cymorr Kirby P. Martinez et al., 2021). Practicing nursing in a developing nation such as the Philippines can present both challenges and rewarding experiences. They encounter several distinctive challenges that can render their work tough and demanding (2024 Concise). In recent years, numerous studies have underscored the complex difficulties encountered by nurses in critical care environments, especially in contexts akin to Sulu Sanitarium General Hospital. In several healthcare institutions in the Philippines, nurses must care for numerous patients, which can be stressful and result in burnout (Inoferio HV, Espartero MM, Asiri MS, et al., 2024). This may hinder nurses from delivering the quality of care they aspire to for their patients, resulting in feelings of frustration and helplessness that impact nurses' work-life balance (Comeros, N.A., Cuilan, J.T., Chavez, J.V., 2024). The lack of nurses may result in overburdened and stressed nurses, which consequently can impact the quality of patient care delivered (@ 2024 Concise).

The burnout experienced by Filipino nurses presents a serious risk to the already understaffed healthcare system in the Philippines, resulting in resignations, career shifts, and migration abroad, which further worsens the local nursing industry (Sage journals, 2023). This may result in harmful effects such as diminished job performance, lower care quality, patient safety concerns, adverse patient experiences, medication mistakes, and intentions to exit the profession (Sage Journals, 2023, Dall' Ora et al., 2020). As the gap widens between the growing demands of the population and the dwindling supply of skilled nurses, critical care nursing faces significant challenges regarding the sufficiency, availability, and accessibility of training, existing job positions, and negative work environments (Magno, J.M., Indal, R.S., Chavez, J.V., et al., 2024). All these factors exist as the need for high-quality care and evolving technology are urging nurses to enhance their skills (SCRIBD; Sen Sio, Aug 23, 2021).

The COVID-19 pandemic has emphasized the essential role of nurses in healthcare systems globally, including in the Philippines. As the country deals with the consequences of the pandemic, it is essential to tackle the issues encountered by Filipino nurses and prepare for a robust future (Jeff Clyde G. Corpuz, 2023). In 2020, as a part of a worldwide effort to enhance the visibility of nursing, the World Health Organization (WHO), the International Council of Nurses, and Nursing Now published the inaugural state of the World's Nursing report, detailing a global nursing strategy (WHO, 2020). The document makes a strong argument for significant investment in nursing education, employment, and leadership. Numerous developing nations like the Philippines must create opportunities to support their nurses. A recent piece in this journal noted that burnout has emerged as a continuing problem for Filipino nurses (Alibudbud, 2023a). A worldwide nursing workforce problem that was already present has been exacerbated by the recent COVID-19 pandemic. (Alibudbud, 2022; Robredo and others, 2022). Burnout has been identified by the WHO as a significant health issue and categorized as an occupational occurrence in the ICD-11, the 11<sup>th</sup> edition of the International Classification of Diseases (Cuilan JT., Chavez JV., Soliva KJG., et.al.). (2024).

It is reported that nurses face the highest levels of burnout symptoms among healthcare workers, leading to significant effects on patients, fellow healthcare professionals, and healthcare institutions (Woo et al., 2020). Worldwide, nurses' welfare and morale are at a low level, and a significant portion of them intends to exit the profession (Alibudbud, 2022). Almost 4500 positions at public hospitals in the Philippines remain unfilled as certified Filipino Nurses hesitate to accept jobs due to insufficient salaries, extended hours, and minimal benefits (Asia Pacific Foundation of Canada, 2023).

To sum up, the difficulties faced by nurses in a developing nation such as the Philippines are numerous. Due to insufficient resources and a shortage of nursing staff, nurses in the Philippines encounter various obstacles that can render their work challenging and stressful (@2024 Concise), ultimately impacting their quality of life and overall well-being. For this reason, it is crucial for us to recognize and comprehend the challenges they encounter daily, particularly in caring for critically ill patients, in order to address these issues, bolster support, and improve systems for the emotional well-being of healthcare providers.

## **Methodology**

### *1. Research Design*

This research study employed a cross-sectional design, aiming to effectively depict and summarize the traits of a population or phenomenon through numerical data. This design included gathering quantitative information from a sample to illustrate trends, patterns, and relationships within the data (Castro FLT, Ventura BLO, Estajal, RS, et al. 2024). The main aim was to deliver an unbiased factual depiction of the circumstances, frequently addressing "what," "how many," or "how often" inquiries. The researcher employed statistical techniques including means, frequency, and correlation to examine the data.

## 2. *Research Participants*

This study involved a purposive sample of 100 nurses handling critically ill patients at different nursing units of Sulu Sanitarium General Hospital. The respondents were selected based of their availability and willingness to participate. 10 participants were selected from each unit such as the Pediatric, Medical, Communicable, Non- basic, OB-Gyne and Surgical wards.

## 3. *Research Instruments*

This study employed a self-adaptive instrument taken from the existing related literature. The questionnaire contained two (2) parts. The first part dealt with the socio-demographic profile in terms of age, gender, length of service, educational attainment and number of trainings as critical care nurse and the second part contained assessing challenges faced by nurses handling critically ill patients at Sulu Sanitarium and General Hospital which consists of 5 dimensions including physical, mental, emotional, social and spiritual challenges, each of which consist of 10 questions. Overall, there is a total of 50-item questionnaire. The respondents used the five – point Likert’s Scale in second part of the questionnaire to express how much they agree with the assertions. The following categories are: 1 (Never), 2 (Seldom), 3 (Sometimes), 4 (Often), and 5 (Always).

## 4. *Data Gathering Procedure*

Following the confirmation of the survey questionnaire’s validity and reliability, with approval from both the adviser and statistician, as well as evaluation by the Research Ethics Committee (REC), actual data collection proceeded. Prior to the actual data collection of the study, the researcher sent a request letter, which was acknowledged and approved by the Graduate Studies Dean and the researcher’s advisor, to the director of Sulu Sanitarium General Hospital, seeking permission to conduct the study by distributing the survey questionnaire to the selected respondents. The researcher politely Informed the Chief Nurse of Sulu Sanitarium General Hospital about the research undertaking. The researcher distributed the survey questionnaire to the selected respondents and collected the completed questionnaires afterward. The gathered data was organized and encoded, and additional analysis was performed using the selected statistical tools suitable for the data. The collected data was kept private and was used exclusively for this research purpose.

## 5. *Data Analysis*

The analysis of data for this research will concentrate on the quantitative information from 100 nurses caring for critically ill patients at Sulu Sanitarium General Hospital. Descriptive statistics will provide a summary of the socio-demographic traits, such as age, gender, tenure, education level, and training sessions attended. Additionally, ANOVA and T-tests were utilized to examine the differences in the level of challenges faced by nurses caring for critically ill patients at Sulu Sanitarium General Hospital, with information sorted according to their demographic traits concerning physical, emotional, mental, social, and spiritual hardships. Ultimately, Pearson’s  $r$  was utilized to assess the significant relationship among the sub-categories related to the challenges faced by these nurses. The importance of outcomes will assess whether the identified trends reflect the broader population, with practical implications addressed for nursing practice and policy development. All information will be handled confidentially, guaranteeing anonymization and compliance with ethical standards, such as obtaining informed consent. This analysis seeks to offer insights that can guide training and support systems to enhance the working conditions of nursing professionals in critical care.

## **Results and Discussion**

*Question 1. What is the socio-demographic profile of nurses handling critically ill patients at Sulu Sanitarium General Hospital in terms of: age, gender, length of service, educational attainment, and undergone training as critical care nurse?*

**Table 1.1** shows the socio-demographic profile of nurses in terms of age, out of 100 nurses, 47% aged from 30 years old and below, 51% aged from 31-40 years old, and 2% aged from 41-50 years old. This means that average age of the respondents aged from 31-40 years old.

**Age**

Age	Frequency	Percentage
30 years old and below	47	47%
31 to 40 years old	51	51%
41 to 50 years old	2	2%
51 years old and above	0	0%
Total	100	100%

**Table 1.2.** In terms of gender, it can be gleaned from this table that out of 100 nurses, 23% are male and 77% are female. This means that female respondents are higher in number than their counterpart.

**Gender**

Gender	Frequency	Percentage
Male	23	23%
Female	77	77%
Total	100	100%

**Table 1.3.** In terms of length of service, it is shown from this table that out of 100 nurses, 18% served for 1 year and below, 30% served for 1-2 years, 30% served for 3-5 years, and 22% served for 5 years and above. This means that mostly of the nurses served for 1-5 years in their profession.

**Length of Service**

Length of Service	Frequency	Percentage
1 year and below	18	18%
1-2 years	30	30%
3-5 years	30	30%
5 years and above	22	22%
Total	100	100%

**Table 1.4.** In terms of educational attainment. It can be seen from this table that out of 100 nurses, 75% are BSN degree holder while 25% are master's degree holder. This means that majority of the nurses are baccalaureate degree holder.

**Educational Attainment**

Educational Attainment	Frequency	Percentage
BSN	75	75%
Masters	25	25%
PhD	0	0%
Total	100	100%

**Table 1.5.** In terms of undergone training as critical care nurse. It can be gleaned from this table that out of 100 nurses, 18% have formal training as critical care nurse while 82% do not have training for critical care nursing. This means that majority of the nurses do not have relevant training as critical care nurse.

**Critical Care Nurse**

Critical Care Nurse	Frequency	Percentage
Yes	18	18%
No	82	82%
Total	100	100%

*Question 2. What are the extent of challenges faced by nurses in handling critically ill patients at Sulu Sanitarium General Hospital in terms of: physical challenges, emotional challenges, mental challenges, social challenges, and spiritual challenges?*

**Table 2.1** reflects the extent of challenges faced by nurses in handling critically ill patients at Sulu Sanitarium General Hospital in terms of physical challenges. It can be gleaned from this table that, generally, the respondents obtained a composite mean score of 3.461 with a standard deviation of .64258, which is rated as “moderate” in this category.

### **Physical Challenges**

No	Physical Challenges	Mean	S.D.	Interpretation
1	I often experience physical fatigue after my shifts caring for critically ill patient.	3.99	.703	High
2	I am not able to eat on time when handling critically ill patient.	4.01	.785	High
3	I forget to empty my bladder when handling critically ill patient.	3.79	.868	High
4	I am not able to drink any sip of water when I’m handling critically ill patient.	3.61	.815	High
5	I feel aches and body pain when I’m handling critically ill patients.	3.64	.823	High
6	I experience muscle tension and shaking when I’m handling critically ill patients.	3.26	.928	Moderate
7	I have experienced injuries related to patient handling.	2.47	1.049	Low
8	I often have to work in uncomfortable positions while providing care to my critically ill patients.	3.24	.889	Moderate
9	I feel that my physical health is at risk due to the demands of my job especially when I’m handling critically ill patients.	3.36	.894	Moderate
10	I often have to work in cramped spaces making Patient care more physically challenging.	3.24	.900	Moderate
Weighted Mean		3.461	.64258	Moderate

Legend: (5) 4.50-5.00= Always ; (4) 3.50-4.49= Often ; (3) 2.50-3.49= Sometimes ; (2) 1.50-2.49= Seldom ; (1) 1.0-1.49= Never

**Table 2.2** reflects the extent of challenges faced by nurses in handling critically ill patients at Sulu Sanitarium General Hospital in terms of emotional challenges. It can be gleaned from this table that, generally, the respondents obtained a composite mean score of 3.369 with a standard deviation of .54210, which is rated as “moderate” in this category.

### **Emotional Challenges**

No	Emotional Challenges	Mean	S.D.	Description
1	I become edgy when I’m handling critically ill patient.	3.18	.914	Moderate
2	I become anxious and irritable when I’m handling critically ill patient.	3.01	1.049	Moderate
3	I often feel overwhelmed when caring for critically ill patients.	3.11	.942	Moderate
4	I find it difficult to cope with the loss of a patient.	3.14	.888	Moderate
5	I feel supported by my colleagues when dealing with patients with critical needs.	3.94	.763	High
6	Caring for critically ill patients has made more empathetic.	3.87	.800	High

7	I often feel a sense of helplessness when I cannot improve a patient's condition.	3.27	.908	Moderate
8	I have developed effective coping strategies for managing stress in my role in caring for the critically ill patients.	3.61	.852	High
9	I believe that my emotional well-being is prioritized by my workplace.	3.44	.756	Moderate
10	The emotional challenges I face are a significant reason for considering leaving this profession.	3.12	1.085	Moderate
Weighted Mean		3.369	.54210	Moderate

Legend: (5) 4.50-5.00= Always ; (4) 3.50-4.49= Often ; (3) 2.50-3.49= Sometimes ; (2) 1.50-2.49= Seldom ; (1) 1.0-1.49= Never

**Table 2.3** reflects the extent of challenges faced by nurses in handling critically ill patients at Sulu Sanitarium General Hospital in terms of mental challenges. It can be gleaned from this table that, generally, the respondents obtained a composite mean score of 3.333 with a standard deviation of .57683, which is rated as “moderate” in this category.

### **Mental Challenges**

No	Mental Challenges	Mean	S.D.	Description
1	I often feel mentally exhausted after caring for critically ill patients.	3.45	.903	Moderate
2	I experience difficulty concentrating during my shifts while handling critically ill patients.	2.99	1.049	Moderate
3	The emotional weight of my job leads to feelings of burnout.	3.32	.942	Moderate
4	I find it challenging to maintain a positive outlook while caring for critically patients.	3.31	.837	Moderate
5	I often worry about making mistakes in critical situations.	3.59	.726	High
<i>Table 2.3 continued</i>				
6	I feel that I have adequate mental health support available at my workplace.	3.58	.755	High
7	The stress of my job affects my mental well-being outside of work.	3.17	.900	Moderate
8	I frequently feel overwhelmed by the demands of my role.	3.23	.908	Moderate
9	I have developed coping mechanisms to manage the mental challenges of my job.	3.74	.733	High
10	The mental challenges I face contribute to my consideration of leaving the nursing profession.	2.95	1.077	Moderate
Weighted Mean		3.333	.57683	Moderate

Legend: (5) 4.50-5.00= Always ; (4) 3.50-4.49= Often ; (3) 2.50-3.49= Sometimes ; (2) 1.50-2.49= Seldom ; (1) 1.0-1.49= Never

**Table 2.4** reflects the extent of challenges faced by nurses in handling critically ill patients at Sulu Sanitarium General Hospital in terms of social challenges. It can be gleaned from this table that, generally, the respondents obtained a composite mean score of 3.532 with a standard deviation of .47159, which is rated as “high” in this category.

### **Social Challenges**

No	Social Challenges	Mean	S.D.	Description
1	I often feel overwhelmed by the emotional needs of patients' families.	3.26	.760	Moderate
2	I believe that communication barriers with patients' families can hinder effective care to critically ill patients.	3.88	.656	High
3	I find it challenging to manage conflicts between family members in critical situations.	3.37	.734	Moderate

4	I feel supported by my colleagues when dealing with difficult social dynamics in patient care.	3.74	.787	High
5	I often encounter cultural differences that complicate patient care to my critically ill patient.	3.33	.865	Moderate
6	I believe that social challenges impact my ability to provide quality care to critically ill patients.	3.48	.745	Moderate
7	I often experience stress from the expectations of patients' families regarding care decisions.	3.30	.772	Moderate
8	I feel that my communication skills are sufficient to handle sensitive social issues.	3.63	.691	High
9	I often experience emotional exhaustion from dealing with social challenges in my role in taking care of critically ill patients.	3.41	.753	Moderate
10	I think that training on social dynamics should be included in nursing education.	3.92	.692	High
Weighted Mean		3.532	.47159	High

Legend: (5) 4.50-5.00= Always ; (4) 3.50-4.49= Often ; (3) 2.50-3.49= Sometimes ; (2) 1.50-2.49= Seldom ; (1) 1.0-1.49= Never

**Table 2.5** reflects the extent of challenges faced by nurses in handling critically ill patients at Sulu Sanitarium General Hospital in terms of spiritual challenges. It can be gleaned from this table that, generally, the respondents obtained a composite mean score of 3.488 with a standard deviation of .53509, which is rated as “moderate” in this category.

### **Spiritual Challenges**

No	Spiritual Challenges	Mean	S.D.	Description
1	I often feel a sense of spiritual distress when caring for critically ill patients.	3.28	.933	Moderate
2	I believe that my spiritual beliefs influence my approach to patient care.	3.73	.723	High
3	I find it challenging to maintain my spiritual well-being while working in a critical care setting.	3.27	.802	Moderate
4	I feel supported by my colleagues in discussing spiritual concerns related to patient care.	3.72	.854	High
5	I believe that addressing spiritual needs is an important part of holistic patient care especially in critically ill patients.	3.89	.665	High
6	I often encounter ethical dilemmas that challenge my spiritual beliefs.	3.27	.908	Moderate
7	I believe that my own spiritual practices help me cope with the emotional demands of my job.	3.78	.799	High
8	I find it difficult to reconcile my spiritual beliefs with the realities of patient suffering.	3.19	.861	Moderate
9	I often reflect on my own spirituality while caring for critically ill patients.	3.61	.723	High
10	I often experience conflict between my professional responsibilities and my spiritual beliefs while handling critically ill patients.	3.14	1.005	Moderate
Weighted Mean		3.488	.53509	Moderate

Legend: (5) 4.50-5.00= Always ; (4) 3.50-4.49= Often ; (3) 2.50-3.49= Sometimes ; (2) 1.50-2.49= Seldom ; (1) 1.0-1.49= Never

**Table 2.6** Summary Table on the Extent of challenges faced by nurses in handling critically ill patients at Sulu Sanitarium General Hospital

Challenges	Mean	S.D.	Interpretation
Physical	3.369	.54210	Moderate
Emotional	3.461	.64258	High

Mental	3.333	.57683	Moderate
Social	3.532	.47159	High
Spiritual	3.488	.53509	Moderate
Weighted mean	3.4366	.553638	Moderate

Legend: (5) 4.50-5.00= Always ; (4) 3.50-4.49= Often ; (3) 2.50-3.49= Sometimes ; (2) 1.50-2.49= Seldom ; (1) 1.0-1.49= Never

*Question 3. Is there a significant difference in the extent of challenges faced by nurses handling critically ill patients at Sulu Sanitarium General Hospital when data are grouped according to their demographic profile in terms of: age, gender, length of service, educational attainment, and undergone training as critical care nurse?*

**Table 3.1** shows the difference in the extent of challenges faced by nurses handling critically ill patients at Sulu Sanitarium General Hospital in terms of age. It can be gleaned from this table that, generally, the overall mean differences and t-values obtained under this category indicate no significant difference. However, as for the mental challenges category, it shows a significant difference.

### Age

SOURCES OF VARIATION		Sum of Squares	df	Mean Square	F	Sig.	Description
Physical Challenges	Between Groups	1.186	2	.593	1.450	.240	Not Significant
	Within Groups	39.691	97	.409			
	Total	40.878	99				
Emotional Challenges	Between Groups	1.223	2	.612	2.129	.124	Not Significant
	Within Groups	27.870	97	.287			
	Total	29.094	99				
Mental Challenges	Between Groups	3.033	2	1.516	4.918	.009	Significant
	Within Groups	29.908	97	.308			
	Total	32.941	99				
Social Challenges	Between Groups	1.074	2	.537	2.488	.088	Not Significant
	Within Groups	20.943	97	.216			
	Total	22.018	99				
Spiritual Challenges	Between Groups	.954	2	.477	1.690	.190	Not Significant
	Within Groups	27.391	97	.282			
	Total	28.346	99				
Challenges Faced by Nurses Total	Between Groups	1.335	2	.667	3.296	.041	Significant
	Within Groups	19.635	97	.202			
	Total	20.970	99				

Significant at alpha 0.05

Post-hoc analysis using the Tukey HSD Test was conducted to determine which groups were classified according to age to have different levels of mean in areas subsumed under the challenges faced in handling critically ill patients as perceived by nurses at Sulu Sanitarium General Hospital.

**Table 3.1.1** Post Hoc Analysis: Differences in the extent of challenges faced in handling critically ill patients by nurses in terms of age

Dependent Variable	(I) Grouping Age	(J) Grouping Age	Mean Difference (I-J)	Std. Error	Sig.
	30 years old and below	31-40 years old	.34251*	.11228	.008

(C) Challenges	Mental		41-50 years old	.46702	.40091	.477
			31-40 years old	-.34251*	.11228	.008
	Social		41-50 years old	.12451	.40026	.948
			31-40 years old	-.12451	.40026	.948
			41-50 years old	-.46702	.40091	.477
(D) Challenges	Social		31-40 years old	.14251	.09395	.288
			41-50 years old	.61702	.33548	.162
		31-40 years old	-.14251	.09395	.288	
		41-50 years old	.47451	.33495	.336	
		31-40 years old	-.61702	.33548	.162	
(E) Challenges	Spiritual		31-40 years old	.19345	.10745	.175
			41-50 years old	.24149	.38367	.804
		31-40 years old	-.19345	.10745	.175	
		41-50 years old	.04804	.38305	.991	
		31-40 years old	-.24149	.38367	.804	
			31-40 years old	-.04804	.38305	.991

\*. The mean difference is significant at the 0.05 level.

**Table 3.2** shows the difference in the extent of challenges faced by nurses handling critically ill patients at Sulu Sanitarium General Hospital in terms of gender. It can be gleaned from this table that, generally, the overall mean differences and t-values obtained under this category indicate no significant difference. The mean scores for both male and female nurses are very close, and all p-values are above conventional significance level of 0.05, supporting the finding that gender is not a significant factor in predicting the extent of challenges faced by nurses in handling critically ill patients in this study.

### Gender

VARIABLES	Grouping Gender	Mean	S. D.	Mean Difference	t	Sig.	Description
Physical Challenges	Male	3.3435	.75728	-.15263	-1.000	.320	Not Significant
	Female	3.4961	.60534				
Emotional Challenges	Male	3.3783	.52825	.01203	.093	.926	Not Significant
	Female	3.3662	.54955				
Mental Challenges	Male	3.3087	.47378	-.03156	-.229	.819	Not Significant
	Female	3.3403	.60682				
Social Challenges	Male	3.4435	.48131	-.11496	-1.026	.307	Not Significant
	Female	3.5584	.46858				
Spiritual Challenges	Male	3.3826	.52280	-.13687	-1.077	.284	Not Significant
	Female	3.5195	.53804				
Challenges Faced by Nurse Total	Male	3.3713	.45519	-.08480	-.774	.441	Not Significant
	Female	3.4561	.46289				

Significance at alpha 0.05

**Table 3.3** shows the difference in the extent of challenges faced by nurses handling critically ill patients at Sulu Sanitarium General Hospital in terms of length of service. It can be gleaned from this table that, generally, the overall mean differences and t-values obtained under this category indicate a significant difference. However, as for the physical challenges category, it shows no significant difference.

### Length of Service

SOURCES OF VARIATION		Sum of Squares	df	Mean Square	F	Sig.	Description
Physical Challenges	Between Groups	2.346	3	.782	1.948	.127	Not
	Within Groups	38.532	96	.401			Significant
	Total	40.878	99				
Emotional Challenges	Between Groups	4.128	3	1.376	5.291	.002	
	Within Groups	24.966	96	.260			Significant
	Total	29.094	99				
Mental Challenges	Between Groups	4.562	3	1.521	5.144	.002	
	Within Groups	28.379	96	.296			Significant
	Total	32.941	99				
Social Challenges	Between Groups	4.667	3	1.556	8.608	.000	
	Within Groups	17.350	96	.181			Significant
	Total	22.018	99				
Spiritual Challenges	Between Groups	5.164	3	1.721	7.128	.000	
	Within Groups	23.182	96	.241			Significant
	Total	28.346	99				
Challenges Faced by Nurses Total	Between Groups	3.974	3	1.325	7.482	.000	
	Within Groups	16.996	96	.177			Significant
	Total	20.970	99				

Significance at alpha 0.05

**Table 3.4** shows the difference in the extent of challenges faced by nurses handling critically ill patients at Sulu Sanitarium General Hospital in terms of educational attainment. It can be gleaned from this table that, generally, the overall mean differences and t-values obtained under this category indicate no significant differences.

**By Educational Attainment**

VARIABLES		Grouping	Mean	S. D.	Mean Difference	t	Sig.	Description
		Educational Attainment						
Physical Challenges		BSN	3.4747	.64244	.05467	.367	.715	Not Significant
		Masters	3.4200	.65447				
Emotional Challenges		BSN	3.3893	.52417	.08133	.648	.519	Not Significant
		Masters	3.3080	.59994				
Mental Challenges		BSN	3.3440	.57780	.04400	.329	.743	Not Significant
		Masters	3.3000	.58452				
Social Challenges		BSN	3.5427	.46300	.04267	.390	.697	Not Significant
		Masters	3.5000	.50498				
Spiritual Challenges		BSN	3.4693	.54574	-.07467	-.609	.548	Not Significant
		Masters	3.5440	.50833				
Challenges Faced by Nurse Total		BSN	3.4440	.45576	.02960	.277	.782	Not Significant
		Masters	3.4144	.48227				

Significance at alpha 0.05

**Table 3.5** shows the difference in the extent of challenges faced by nurses handling critically ill patients at Sulu Sanitarium General Hospital in terms of undergone training as critical care

nurse. It can be gleaned from this table that, generally, the overall mean differences and t-values obtained under this category indicate no significant difference.

**Undergone Training as Critical Care Nurse**

VARIABLES		Mean	S. D.	Mean Difference	t	Sig.	Description
Grouping	Critical Care Nurse						
Physical Challenges	Yes	3.5500	.69218	.10854	.647	.519	Not Significant
	No	3.4415	.63401				
Emotional Challenges	Yes	3.5000	.47279	.15976	1.134	.260	Not Significant
	No	3.3402	.55463				
Mental Challenges	Yes	3.3444	.64555	.01396	.092	.926	Not Significant
Social Challenges	Yes	3.6833	.44623	.18455	1.513	.133	Not Significant
	No	3.4988	.47310				
Spiritual Challenges	Yes	3.5778	.52194	.10949	.785	.435	Not Significant
	No	3.4683	.53906				
Challenges Faced by Nurse Total	Yes	3.5311	.46365	.11526	.971	.339	Not Significant
	No	3.4159	.45972				

significance at alpha 0.05

*Question 4. Is there a significant correlation among the subcategories subsumed under the extent of challenges faced by nurses handling critically ill patients at Sulu Sanitarium General Hospital?*

**Table 4.1** shows the correlation among the subcategories subsumed under the extent of challenges faced by nurses handling critically ill patients at Sulu Sanitarium General Hospital. It can be gleaned from this table that, there is a very highly positive significant correlation between emotional challenges and mental challenges ( $r=.716$ ;  $sig=.000$ ), and social challenges and spiritual challenges ( $r=.738$ ;  $sig=.000$ ). Moreover, it also shows highly positive significant correlation between physical challenges and emotional challenges ( $r=.603$ ;  $sig=.000$ ), physical challenges and mental challenges ( $r=.612$ ;  $sig=.000$ ), emotional challenges and social challenges ( $r=.693$ ;  $sig=.000$ ), emotional challenges and spiritual challenges ( $r=.662$ ;  $sig=.000$ ), mental challenges and social challenges ( $r=.631$ ;  $sig=.000$ ), and mental challenges and spiritual challenges ( $r=.607$ ;  $sig=.000$ ). Finally, it shows a moderately positive significant correlation between physical challenges and social challenges ( $r=.441$ ;  $sig=.000$ ), and physical challenges and spiritual challenges ( $r=.479$ ;  $sig=.000$ ).

Variables	Pearson <i>r</i>	Sig.	N	Description
Physical Challenges				
Emotional Challenges	.603**	.000	100	High
Mental Challenges	.612**	.000	100	High
Social Challenges	.441**	.000	100	Moderate
Spiritual Challenges	.479**	.000	100	Moderate
Emotional Challenges				
Mental Challenges	.716**	.000	100	Very High
Social Challenges	.693**	.000	100	High

Spiritual Challenges		.662**	.000	100	High
	Mental Challenges	<b>Pearson r</b>	<b>Sig.</b>	<b>N</b>	<b>Description</b>
Social Challenges		.631**	.000	100	High
Spiritual Challenges		.607**	.000	100	High
	Social Challenges	<b>Pearson r</b>	<b>Sig.</b>	<b>N</b>	<b>Description</b>
Spiritual Challenges		.738**	.000	100	Very High

Legend: \*\* Correlation Coefficient is significant at alpha .01

Correlation Coefficient Scales Adopted from Hopkins, Will (2002): 0.0-0.1=Nearly Zero; 0.1-0.30=Low; 0.3-0.50=Moderate; 0.5-0.7-0=High; 0.7-0.9= Very High; 0.9-1=Nearly Perfect

## CONCLUSION

In conclusion, the majority of respondents in the study were aged between 31-40 years, with a higher representation of female nurses, most of whom have 1-5 years of experience, hold a Bachelor of Science in Nursing degree, and lack formal training in critical care nursing. Overall, the nurses at Sulu Sanitarium General Hospital reported experiencing moderate challenges when caring for critically ill patients, and there was notable variability in their perspectives regarding these challenges. Furthermore, the study found a highly positive significant correlation among the subcategories of challenges faced by the nurses, underscoring the interconnected nature of these difficulties in their professional practice.

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