

RESEARCH ARTICLE: Work-Related Stress: Perceived Effects On The Mental Health Among Nurses In Sulu Sanitarium And General Hospital

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ABSTRACT. Work-related stress remains a critical threat to the mental well-being of nurses, particularly in resource-constrained and socio-politically vulnerable settings. This study examines the perceived effects of occupational stress on the mental health of nurses at Sulu Sanitarium and General Hospital, a frontline facility in one of the Philippines' most underserved regions. Utilizing a quantitative-descriptive design, data were collected from 100 registered nurses using a structured questionnaire. Findings reveal a very high correlation between work-related stress and adverse mental health outcomes, including emotional exhaustion, burnout, and diminished job performance. Key stressors identified include high workloads, extended working hours, emotional strain, inadequate staffing, and limited institutional support. Despite these challenges, nurses demonstrated strong coping mechanisms, though professional mental health support remains underutilized. The study underscores the urgent need for localized mental health interventions, organizational reforms, and targeted wellness programs to enhance nurse resilience and healthcare quality. These findings contribute to the growing discourse on occupational health equity and the imperative to safeguard frontline healthcare workers in fragile systems.

KEYWORDS: *work-related stress, perceived effects, mental health, nurses*

ARTICLE DETAILS

SPHE-00040; Received: April 04, 2025; Accepted: April 14, 2025; Published Online: May 13, 2025

CITATION:

Jakaria, S. L., & Jalilul, A. T. (2025). *Work-related stress: Perceived effects on the mental health among nurses in Sulu Sanitarium and General Hospital*. *Social Psychology and Human Experience*, 2(1). DOI: 10.62596/azc29b94

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Introduction

Occupational stress has emerged as a significant global health issue, with its impact particularly pronounced among healthcare professionals. It is characterized by the psychological and physiological responses that occur when job demands exceed the worker's resources and coping capacity (Bhui et al., 2016). Jennings (2008) has identified occupational stress as one of the leading threats to employee well-being, especially among nurses, who are frequently exposed to intense emotional labor, long working hours, and critical decision-making scenarios. These stressors not only compromise their psychological resilience but also make them more susceptible to mental health concerns. Addressing the psychological burden in healthcare requires integrating mental health promotion into organizational priorities. Ensuring safe and manageable workloads is essential in creating a resilient and competent nursing workforce (Henshall et al., 2020).

Globally, numerous studies have linked work-related stress to detrimental outcomes, including heightened risks of depression, anxiety, and professional burnout. According to Lunet al. (2021) & Ma et al. (2023), approximately 264 million individuals suffering from depression worldwide—often exacerbated by workplace pressure—healthcare environments have become focal points of concern. In countries like the United States, the United Kingdom, and Australia, various policy reforms have been introduced to address mental health in the workplace, underscoring the importance of system-wide support mechanisms and employee-centered interventions to maintain the well-being of healthcare staff (Wainberg et al., 2017). Mental health strategies must evolve to meet the increasing complexity of demands placed on healthcare providers. International frameworks serve as benchmarks for establishing context-based mental health systems in developing regions (Kilbiurne et al., 2018).

In the Philippines, work-related stress among healthcare professionals is also a growing issue. The Department of Health (DOH) has acknowledged that nurses, particularly those employed in public hospitals, are highly vulnerable to occupational stress due to chronic understaffing, insufficient resources, and high patient loads (Alibudbud, 2023). Studies such as those by Dayrit et al. (2018) highlight that these working conditions have led to an increase in anxiety, emotional exhaustion, and burnout among Filipino nurses, underscoring the urgent need for systemic reforms and mental health services tailored to the realities of local hospital settings. Healthcare governance must prioritize the psychosocial welfare of frontline workers to ensure service quality and retention (Søvold et al., 2021). Institutional neglect of nurse well-being contributes directly to reduced efficiency, compassion fatigue, and staff migration.

One example of a facility facing these challenges is Sulu Sanitarium and General Hospital. Nurses operate under highly stressful conditions, often having to deal with limited medical supplies, a shortage of manpower, and exposure to critical cases. The compounded effect of these stressors contributes to an environment where the psychological health of healthcare workers is constantly at risk (Rink et al., 2013). Given these circumstances, it is crucial to examine how such stressors affect their mental well-being and to propose sustainable measures that can enhance resilience and performance in such vulnerable healthcare environments. Localized studies in conflict-affected and underserved regions reveal the urgent need for place-based interventions (Bogale et al., 2024). Mental health strategies that consider cultural, logistical, and institutional barriers are key to safeguarding the integrity of care delivery in fragile systems (Gopalkrishnan, 2018).

The geographical and socio-political context of Sulu adds another layer of complexity. The province's relative isolation, security challenges, and high burden of disease intensify the stressors faced by its healthcare workers. These conditions highlight the importance of region-specific research that can inform policies sensitive to local needs. Addressing the mental health of nurses in such a unique environment is essential not only for improving individual well-being but also for ensuring the overall effectiveness and responsiveness of healthcare delivery systems (Babapour, 2022). Socio-political vulnerabilities, such as conflict and isolation, multiply psychological distress among healthcare workers (Conversano, 2020). To build equitable and inclusive health systems, interventions must reflect the realities of healthcare professionals in geographically disadvantaged areas.

This research investigates the perceived effects of work-related stress on the mental health of nurses at Sulu Sanitarium and General Hospital. It aims to contribute to the broader discourse on public health by identifying occupational stressors, evaluating mental health outcomes, and recommending feasible support systems. Producing contextually grounded findings, it seeks to

enhance the resilience of nurses and support policy innovation. Public health outcomes are inherently tied to the well-being of health providers (Lippai et al., 2025). Strategic investment in mental health protection and stress prevention is essential for sustaining quality care, workforce stability, and ethical service delivery.

Research Questions

1. What is the socio-demographic profile of nurses at Sulu Sanitarium and General Hospital in terms of:
 - a. Age
 - b. Gender
 - c. Civil status
 - d. Employment status
2. What is the level of work-related stress experienced by nurses at Sulu Sanitarium and General Hospital with respect to:
 - a. High workload
 - b. Long working hours
 - c. Emotional strain
3. What are the perceived effects of work-related stress on the mental health of nurses in terms of:
 - a. Job performance
 - b. Burnout
 - c. Emotional exhaustion
 - d. Coping mechanisms
4. Are there significant differences in the level of work-related stress among nurses when grouped according to their socio-demographic characteristics?
5. Are there significant differences in the perceived mental health effects of work-related stress when nurses are categorized based on their socio-demographic profiles?
6. Is there a significant correlation between work-related stress and the perceived mental health outcomes among nurses at Sulu Sanitarium and General Hospital?

Literature

Foreign Literature and Studies

Work-related stress among nurses has long been recognized as a global occupational hazard that deeply affects their mental health. Batran (2019) highlighted that Saudi nurses experienced heightened anxiety and emotional fatigue primarily due to workload, lack of medical resources, and regular encounters with patient death. Similarly, Aquino & Bermudez (2018) reported stress linked to scheduling conflicts, interprofessional disagreements, and insufficient emotional support, which undermined nurse well-being. Nurses are the cornerstone and a vital human resource in healthcare systems, playing a crucial role in shaping the global health landscape. Thus, prioritizing their health and well-being is essential to ensuring the health of populations worldwide (Aghaei & Asadi, 2020). Among the challenges faced by nurses, work-related stress

(WRS) has been recognized as a significant occupational hazard that negatively impacts their health and overall well-being (Hwang, 2019). These findings underscore that chronic work strain is not solely a systemic issue but a mental health crisis requiring urgent administrative attention. Understanding the psychological repercussions of stressors among nurses worldwide allows for more targeted mental health interventions in local contexts.

According to Baye et al. (2020), nurses in Ethiopia exhibited both psychological and physiological stress symptoms—such as persistent headaches and elevated blood pressure—due to overwhelming duties and poor workplace management. These outcomes reinforce the link between mismanaged occupational expectations and compromised nurse health. Nursing stress should be approached holistically, integrating both mental and physical well-being as primary goals of occupational health programs (Roberts & Grubb, 2014). Stress prevention strategies must be anchored in leadership accountability and infrastructure readiness (Canayong & Aying, 2025).

Zhou et al. (2023) further emphasized that nurses who worked more than 60 hours per week during the COVID-19 pandemic experienced significantly higher rates of depression and anxiety, especially women. This aligns with other findings indicating that excessive workloads correlate with mental health disorders. Work hour regulations are not merely administrative matters but critical health determinants in nursing practice (Scott-Marshall, 2024). Nurses assigned to specialized units such as surgery, dialysis, or intensive care are often expected to take on additional shifts beyond their regular schedules. In high-demand areas like emergency rooms, where staffing shortages are especially critical, 24-hour shifts have become increasingly prevalent (Scott et al., 2006). Global health systems must prioritize limiting excessive work hours to preserve staff morale, safety, and clinical efficacy (Carayon & Gurses, 2008).

Additionally, Roth et al. (2021) examined internationally trained nurses and host nurses, noting that both groups encountered burnout due to high workload and cultural adaptation demands. These pressures disrupted their personal lives and professional motivation, leading to emotional detachment. Admi (2016) emphasized that Cross-cultural adjustment and workload stress form a double burden for migrant nurses that can only be addressed by inclusive, culturally sensitive policy frameworks. Creating equitable environments for foreign nurses fosters psychological safety and reduces burnout risks (Ito et al., 2022).

Kusmawan et al. (2024) demonstrated a direct correlation between increased mental workload and emotional exhaustion. Heidari et al. (2022) further support that when temporary, cognitive, and emotional workloads were minimized, nurses experienced higher job satisfaction. However, increased demands led to depersonalization and disengagement. The psychological toll of task complexity and time pressure demands urgent redesign of job structures in healthcare (Macdonald, 2003). Strategic delegation and staffing optimization are vital to nurse mental health and retention.

The strain of emotional labor, showing how constant emotional suppression contributed to burnout and mental decline Cahill et al. (2017). Healthcare workers in hospital settings frequently endure significant emotional exhaustion due to the high demands of their roles, which include providing continuous care to vulnerable and critically ill patients (Hamid & Abdullah, 2020; Poku et al., 2020). Research conducted across various countries underscores the widespread nature of this emotional strain among healthcare professionals. The burden becomes even more pronounced when coupled with unclear job expectations and overlapping responsibilities, leading to heightened stress and role conflict. In such emotionally taxing environments, interventions such as emotional regulation training and the establishment of well-defined job roles are crucial in mitigating burnout (Martín-Brufau et al., 2020). It is imperative that hospitals not only expect

compassion and empathy from their staff but also invest in systemic support for the emotional labor inherent in caregiving roles.

Local Literature and Studies

Alvarez and Navarro (2019) investigated nurses in a provincial hospital in the Zamboanga Peninsula and identified a strong correlation between poor work-life balance and increased symptoms of anxiety and burnout. Contributing factors included prolonged work shifts, insufficient rest, and demanding workloads, all of which significantly elevated stress levels (Caruso, 2013). Moreover, financial constraints often compel healthcare workers to take on additional employment or extend their working hours, further straining their mental and physical well-being. A lack of awareness regarding the critical role of sleep in health maintenance also leads many individuals to sacrifice rest in favor of other activities (Colten & Altevogt, 2006). Within the Philippine healthcare system, work-life balance remains an underappreciated yet pivotal factor influencing the mental health of professionals. To address this, institutional frameworks must be restructured to incorporate flexible scheduling, targeted wellness initiatives, and educational programs that promote sustainable work habits for Filipino nurses.

Labrague et al. (2021) examined the prevalence of burnout among Filipino nurses, particularly during their transition from academic training to clinical practice in the context of the COVID-19 pandemic. Recent literature has emphasized that burnout remains a persistent and pressing concern for Filipino nurses (Alibudbud, 2023a). Among healthcare workers, nurses appear to be disproportionately affected by burnout symptoms, which can lead to serious consequences not only for their own health but also for patient outcomes, team dynamics, and organizational performance (Woo et al., 2020). Contributing factors include excessive workloads, emotional demands, and administrative responsibilities, all of which heighten stress levels and compromise well-being. Transitional support mechanisms, such as structured mentoring programs and mental health resources, are essential to buffer the psychological toll faced by novice nurses (Gularte-Rinaldo et al., 2023). To address this ongoing issue, healthcare policies must prioritize continuity of support across the academic-to-clinical spectrum, ensuring that new nurses are adequately equipped to navigate the pressures of early professional practice.

Jabonete and Dayrit (2018) identified key workplace stressors among nurses in Philippine hospitals, including chronic understaffing, ineffective communication, and insufficient administrative support. These systemic issues are further complicated by the Philippines' role as a leading global exporter of nurses, with over 17,000 Filipino nurses signing overseas contracts in 2019 alone (Robredo et al., 2022). While international deployment offers economic opportunities, it often leaves domestic healthcare institutions grappling with shortages, inadequate infrastructure, low wages, and limited professional development pathways (Corpuz, 2023). These compounding factors contribute not only to heightened pressure and dissatisfaction but also to widespread emotional exhaustion. The intersection of organizational inefficiencies and psychological strain fosters an environment ripe for chronic stress and burnout (Tabei et al., 2012). To mitigate these challenges, systemic reforms must prioritize improvements in managerial practices, foster staff empowerment, and promote workplace wellness initiatives that support nurses' long-term mental and emotional health (Funmilayo et al., 2023).

De Los Santos (2023) investigated compassion fatigue and its impact on the mental health of nurses, highlighting emotional exhaustion as a prominent consequence of repeated exposure to patient suffering and unresolved grief. Such experiences, if left unaddressed, can erode emotional resilience and diminish professional fulfillment (Schoo et al., 2025). In high-empathy professions

like nursing, compassion fatigue should be recognized not as an inevitable part of the job but as a serious psychological risk that demands proactive intervention (Cocker & Joss, 2016). Evidence suggests that implementing resilience-building initiatives and structured grief processing programs can help mitigate emotional depletion, enhance psychological well-being, and foster healthier, more sustainable patient-care interactions (Esplen et al., 2022).

A narrative inquiry conducted in Negros explored how personal motivation, mentorship, and internal coping strategies contributed to the resilience of a government nurse. The study underscored the dual influence of individual determination and external support systems, suggesting that coping capacity is not solely an internal trait but is significantly shaped by mentorship structures and workplace culture (Radu, 2023). This highlights the imperative for healthcare institutions to foster environments that prioritize continuous learning, professional growth, and peer support as integral components of daily practice (Zamiri & Esmaeili, 2024).

Similarly, Lorejo et al. (2023) examined coping flexibility among Filipino healthcare workers and found that hope served as a critical mediator between stress and resilience. Nurses who maintained a hopeful and optimistic outlook demonstrated greater adaptability and psychological stability, particularly under stressful conditions (Gil-Almagro et al., 2024). Beyond its motivational value, cultivating hope has clinically significant implications for reducing burnout and staff turnover. As such, hope-centered interventions represent a practical and evidence-based strategy for enhancing mental wellness and resilience in dynamic and high-pressure healthcare settings (Pharris, 2024).

Research Methodology

This chapter outlines the methodological approach used to examine the perceived effects of work-related stress on the mental health of nurses at Sulu Sanitarium and General Hospital. It provides a detailed account of the research design, study site, participants, sampling strategy, instrument, data collection procedures, data analysis techniques, and ethical considerations. These components were carefully structured to ensure the study's reliability, relevance, and adherence to ethical standards expected in social and public health research.

1. Research Design

The study employed a quantitative, descriptive-survey research design to assess the relationship between occupational stress and mental health outcomes among nurses. This approach was deemed appropriate for obtaining objective, measurable data on the variables of interest. A descriptive method allowed for the systematic collection of data from a defined population, providing insight into the prevalence and intensity of stress-related experiences within the nursing workforce. The survey strategy enabled the researcher to reach a broader group of participants while maintaining consistency in the instrument used.

2. Locale of the Study

The research was conducted at Sulu Sanitarium and General Hospital, a Level I Department of Health-managed healthcare facility located in Barangay San Raymundo, Jolo, Sulu. This hospital serves as a primary provider of health services to the local population and includes various departments such as outpatient, emergency, medical, surgical, pediatric, and communicable disease wards. The hospital's geographical location, paired with its limited resources and service demands, makes it an ideal setting to explore work-related stress among healthcare professionals in a real-world, resource-constrained environment.

3. *Participants of the Study*

The participants in this study were one hundred (100) registered nurses employed across different units of the hospital. They represented a diverse demographic profile in terms of age, gender, civil status, employment classification, and length of service. All participants were licensed professionals who held, at minimum, a Bachelor of Science in Nursing degree and were actively involved in clinical care during the data collection period. Their inclusion ensured a comprehensive understanding of how work-related stress manifests across various clinical roles and levels of experience.

Table 1. Distribution of Respondents

Sulu Sanitarium and General Hospital	TOTAL
Communicable Ward	9
Delivery Room	5
Emergency Room	16
Medical ward	12
Obstetric and Surgical Ward	8
Operating Room	11
Outpatient Department	5
Pediatric Ward	14
Private Room	12
Special Care Baby Unit	8
TOTAL	100

4. *Sampling Technique*

A purposive sampling technique was utilized to intentionally select individuals who were likely to provide relevant and credible insights regarding work-related stress and its impact on mental health. This method was chosen based on the researchers' judgment that these participants were directly exposed to the phenomenon being studied. The sampling also incorporated elements of convenience, relying on respondents who were readily accessible within the hospital setting (Chavez, 2023). This hybrid approach allowed for a balance of purposiveness and practicality, enhancing the validity and credibility of the data collected (Chavez et al., 2024). According to Chavez and Cuilan (2024), such an approach is often employed to identify and recruit individuals with adequate knowledge and experience to contribute meaningful information to the research inquiry.

5. *Research Instrument*

The primary tool used for data collection was a structured questionnaire, designed to measure three main components: socio-demographic characteristics, level of work-related stress, and perceived mental health effects. The instrument was adapted from validated tools used in similar studies, incorporating both local and international research foundations to ensure contextual relevance. Items were rated using a five-point Likert scale ranging from strongly disagree (1) to strongly agree (5). The questionnaire underwent content validation by academic experts and was pilot tested for reliability prior to implementation. Revisions were made based on feedback to enhance clarity and appropriateness.

A 5-point Likert's scale was employed to assess the degree of agreement regarding each item. The scale will be interpreted as follows: 1) strongly disagree 2) disagree 3) neutral 4) agree and 5) strongly agree.

Table 2.

Scale legend	Range scale	Descriptive equivalent	Interpretation
5	4.50 – 5.00	Strongly agree (SA)	Highly perceived effect
4	3.50 – 4.49	Agree (A)	Moderate perceived effect
3	2.50 – 3.49	Neutral (N)	Performing perceived effect
2	1.50 – 2.49	Disagree (D)	Not perceived effect
1	1.00 – 1.49	Strongly Disagree (SD)	Totally perceived effect

6. Data Collection Procedure

Prior to data collection, necessary approvals were obtained from the institutional ethics committee and the hospital administration. Upon receiving consent from management, the researcher approached eligible respondents and explained the study's purpose, voluntary nature, and confidentiality safeguards. Participants were provided with the questionnaire and allotted adequate time to respond independently, with the researcher available to clarify any items. Clear instructions were given to all participants prior to the administration of the survey to promote consistency and understanding (Murro et al., 2023; Chavez et al., 2024). Completed forms were collected promptly to ensure data integrity and prevent loss. All data were stored securely and anonymized to uphold ethical standards. The credibility of the study was also supported by the rigor observed throughout the data collection phase, as a well-structured process is central to ensuring research quality and trustworthiness (Chavez et al., 2024; Kallio et al., 2016).

7. Statistical Treatment of Data

Survey responses were encoded and processed using appropriate statistical techniques. Descriptive statistics such as frequency, percentage, mean, and standard deviation were used to summarize demographic data and measure central tendencies (Chavez & Lamorinas, 2023). To explore potential differences in responses across demographic groups, inferential tests including independent samples t-tests and one-way analysis of variance (ANOVA) were performed

Pearson's correlation coefficient was also applied to examine the relationship between work-related stress and mental health outcomes. These statistical tools ensured the reliability and robustness of the findings by supporting both descriptive and comparative analysis.

8. Ethical Considerations

The study complied with ethical principles including respect for persons, beneficence, and confidentiality. Informed consent was obtained from all participants after explaining the study's objectives and ensuring their right to withdraw at any time. Anonymity of responses was maintained throughout the data handling process, and no personal identifiers were collected. Approval from the relevant ethics review board ensured that the research met institutional standards for the protection of human subjects. The researcher upheld professional conduct and objectivity in all phases of the study.

Results and Discussion

Table 3.1. Socio-demographic profile of nurses in terms of Age

	Frequency	Percent
22-30 y.o	52	52.0
31-40 y.o	47	47.0
41-50 y.o	1	1.0
Total	100	100.0

The demographic profile of nurses offers critical insight into how age dynamics influence workplace stress tolerance and resilience. Younger nurses (22–30 years) dominate the workforce, suggesting a workforce that may still be adjusting to high-pressure clinical settings. These demographic patterns inform the direction of future institutional policies aimed at onboarding, mentoring, and stress reduction strategies tailored for early-career professionals.

Table 3.2. Socio-demographic profile of nurses in terms of Gender

	Frequency	Percent
Male	21	21.0
Female	79	79.0
Total	100	100.0

The data reflect the continuing gender imbalance in the nursing profession, with a predominant representation of female nurses. This reinforces the gendered nature of caregiving professions, but also raises questions about whether support systems are appropriately calibrated for women-specific mental health challenges (Sharma et al., 2016). While no statistical gender differences in stress impact were found, understanding gender composition is vital for developing inclusive psychosocial programs.

Table 3.3. Socio-demographic profile of nurses in terms of Civil Status

	Frequency	Percent
Single	57	57.0
Married	41	41.0
Annulled	1	1.0
Widowed	1	1.0
Total	100	100.0

Most participants identified as single, which may influence how they manage occupational stress without spousal or familial support. The findings support the study that civil status is a social determinant in occupational health, especially when work-life boundaries are blurred by demanding schedules (Kim & Chon, 2022). Therefore, psychosocial interventions must consider both organizational and personal life contexts.

Table 4. Significant difference in perceived effect of work-related stress on mental health by Gender

	Grouping	Mean	SD	Mean Difference	F	Sig	Description
job performance	1 Male	4.0667	.65524	.38312	.976	.326	Not Significant
	2 Female	3.6835	.75012	.38312			
Burnout	1 Male	3.8762	.57437	.18758	1.007	.318	Not Significant
	2 Female	3.6886	.75430	.18758			
Emotional exhaustion	1 Male	3.9714	.64276	.29801	1.128	.291	Not Significant
	2 Female	3.6734	.72902	.29801			
Coping mechanism	1 Male	4.1810	.62579	.25690	.006	.936	Not Significant
	2 Female	3.9241	.70114	.25690			
Work-life balance	1 Male	4.1619	.70886	.33659	.008	.931	Not Significant
	2 Female	3.8253	.73615	.33659			

*Significant at 0.05 alpha

The comparative analysis between male and female nurses revealed no statistically significant differences in perceived stress impacts across mental health dimensions. This suggests that work-related stress exerts a universal strain, regardless of gender identity. The lack of variation affirms the thesis that institutional conditions—rather than personal characteristics—are the primary drivers of nurse mental distress in high-pressure environments (Babapour et al., 2022).

Table 5. Correlation between Work-Related Stress and Mental Health

Variables	Pearson r	Sig.	N	Description
Perceived effects on mental health Work-related stress	.738**	.000	100	Very high

Correlation Coefficient Scales Adopted from Hopkins, Will (2002):

0.0-0.1=Nearly Zero; 0.1-0.30=Low; .3-0.5 0=Moderate; .5-0.7-0=High; .7-0.9= Very High; 0.9-1=Nearly Perfect

Pearson's correlation analysis confirms a strong and statistically significant relationship between work-related stress and negative mental health outcomes among nurses (Tomaszewska et al., 2024). The finding substantiates the hypothesis that occupational stressors in under-resourced healthcare settings critically impair emotional well-being, job satisfaction, and coping capacities. This correlation calls for urgent structural reforms and mental health programs that reduce stressors and build resilience simultaneously.

Work-Related Stress: Component-Level Insights

The study examined five key components of work-related stress—high workload, long working hours, emotional strain, inadequate staffing, and lack of support. These variables were selected to reflect the core demands placed on nurses in resource-constrained hospital settings. The results show nuanced differences in how each factor is perceived and its potential influence on mental health.

Table 6. Level of Work-Related Stress in Terms of High Workload

High Workload	N	Mean	SD	Rating
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1. I am able to handle my responsibilities during shifts without experiencing excessive stress.	100	3.6300	.91734	Agree
2. The amount of work assigned to me provides enough opportunity to take breaks throughout the day.	100	3.4900	.94810	Neutral
3. I seldom experience time constraints as a result of my workload.	100	3.3700	.89505	Neutral
4. I find my workload to be reasonable and within my capacity to manage.	100	3.4100	.95447	Neutral
5. The demands of my job are balanced and do not heavily impact my stress levels.	100	3.3600	1.00020	Neutral
Total Weighted Mean	100	3.4520	.79677	Neutral
Legend				
Point	Scale Value	Descriptors	Interpretation	
5	4.49-5.00	Strongly agree	Very stressful	
4	3.50-4.49	Agree	Stressful	
3	2.50-3.49	Neutral	Somewhat Stressful	
2	1.50- 2.49	Disagree	Non-Stressful	
1	1.00- 1.49	Strongly disagree	Very Non stressful	

Table 6. illustrate that nurses generally indicated a neutral perception of workload, suggesting that although tasks are heavy, they remain somewhat manageable. However, the lower end responses indicate that under sustained pressure, perceptions may shift toward stress, particularly when no support buffers are present.

Table 6.1 Level of Work-Related Stress in Terms of Long Working Hours

Long Working Hours	N	Mean	SD	Rating
1. I usually work consistent shifts that align with standard working hours.	100	3.4800	.94794	Neutral

2.	My working hours have minimal to no adverse effects on my physical or mental well-being.	100	3.3200	.96274	Neutral
3.	I rarely need to remain past my shift to finish work-related duties.	100	3.3700	1.00156	Neutral
4.	My schedule enables me to sustain a balanced lifestyle between work and personal life.	100	3.4500	.97830	Neutral
5.	I feel refreshed at the end of my shift, regardless of its length.	100	3.2900	1.00800	Neutral
Total Weighted Mean			3.3820	.85048	Neutral

Legend Point	Scale Value	Descriptors	Interpretation
5	4.49-5.00	Strongly agree	Very stressful
4	3.50-4.49	Agree	Stressful
3	2.50-3.49	Neutral	Somewhat Stressful
2	1.50- 2.49	Disagree	Non-Stressful
1	1.00- 1.49	Strongly disagree	Very Non stressful

Table 6.1 shows that long shifts are viewed with moderate concern, especially as extended hours without rest may contribute to cumulative fatigue. Work hours that displace sleep to the daytime and work to the nighttime will interfere with the circadian and homeostatic regulation of sleep (Akerstedt & Wright, 2009). The near-threshold score shows that while nurses are coping, the risk of burnout from prolonged exposure is real.

Table 6.2 Level of Work-Related Stress in Terms of Emotional Strain

Emotional Strain	N	Mean	SD	Rating
1. I experience a sense of emotional satisfaction after attending to patients' needs.	100	3.9300	.87911	Agree
2. I find the emotional demands of my role to be manageable and not overly taxing.	100	3.7100	.89098	Agree
3. I am able to effectively handle the emotional	100	3.7700	.75015	Agree

challenges involved in patient care.				
4. Stress from work does not interfere negatively with my personal relationships.	100	3.6800	.80252	Agree
5. The emotional components of my job contribute positively to my overall well-being.	100	3.6800	.98350	Agree
Total Weighted Mean		3.7540	.67919	Agree

Legend Point	Scale Value	Descriptors	Interpretation
5	4.49-5.00	Strongly agree	Very stressful
4	3.50-4.49	Agree	Stressful
3	2.50-3.49	Neutral	Somewhat Stressful
2	1.50- 2.49	Disagree	Non-Stressful
1	1.00- 1.49	Strongly disagree	Very Non stressful

Table 6.2 presented emotional strain received the highest stress rating. This supports the thesis that emotional labor is one of the most taxing demands in the profession, especially when nurses are constantly exposed to trauma, suffering, and emotional tension without adequate psychological relief.

Table 6.3 . Level of Work-Related Stress in Terms of Inadequate Staffing

Inadequate Staffing	N	Mean	SD	Rating
1. My department has a sufficient number of staff to handle the workload efficiently.	100	3.3800	.06154	Neutral
2. Having enough team members enhances the quality of care I am able to deliver.	100	3.8700	.02154	Agree
3. I seldom feel stressed as a result of staff shortages during my shifts.	100	3.5300	.04886	Agree
4. Having adequate staff assistance helps ease my responsibilities and lowers stress levels.	100	4.3700	.98901	Agree

5. Proper staffing levels make me feel supported and prevent feelings of being overwhelmed.	100	3.9800	.87594	Agree
Total Weighted Mean		3.8260	.06274	Agree

Legend Point	Scale Value	Descriptors	Interpretation
5	4.49-5.00	Strongly agree	Very stressful
4	3.50-4.49	Agree	Stressful
3	2.50-3.49	Neutral	Somewhat Stressful
2	1.50- 2.49	Disagree	Non-Stressful
1	1.00- 1.49	Strongly disagree	Very Non stressful

Table 6.3 shows Staffing shortages significantly contribute to stress. Respondents noted that adequate staffing is essential to performance and well-being, reinforcing the need for institutional interventions to resolve workload disparities and operational inefficiencies.

Table 6.4 Level of Work-Related Stress in Terms of Lack of Support

Lack of Support	N	Mean	SD	Rating
1. My supervisors acknowledge my efforts and provide consistent support.	100	3.6600	.68490	Agree
2. I get the emotional and professional backing I need from my coworkers.	100	3.7700	.77662	Agree
3. My supervisors offer helpful guidance and feedback on managing stress at work.	100	3.6700	.79207	Agree
4. The support I receive in my role helps ease my stress.	100	3.7000	.81029	Agree
5. I believe that solid support from the institution plays a key role in lowering my work-related stress.	100	3.8000	.77850	Agree
Total Weighted Mean		3.7200	.65072	Agree

Legend Point	Scale Value	Descriptors	Interpretation
5	4.49-5.00	Strongly agree	Very stressful

4	3.50-4.49	Agree	Stressful
3	2.50-3.49	Neutral	Somewhat Stressful
2	1.50- 2.49	Disagree	Non-Stressful
1	1.00- 1.49	Strongly disagree	Very Non stressful

Nurses reported a high level of stress related to lack of managerial and institutional support. According to Gmayinaam et al. (2024), occupational stress is increasing globally and affecting all workplaces and countries' health professionals. Table 6.4 confirms literature suggesting that perceived organizational neglect is a powerful predictor of emotional exhaustion and dissatisfaction.

Perceived Mental Health Effects: Domain-Level Findings

When work and professional environments are not well organized and managed, they can have adverse consequences for workers that, far from dignifying them, exhaust them and consume their psychological resources. Burnout has become one of the most important psychosocial occupational hazards in today's society, generating significant costs for both individuals and organizations which affects job performance, emotional exhaustion, coping mechanisms, and work-life balance (Han et al., 2019; Simionato & Simpson, 2019; Grow et al., 2019; Epstein et al., 2020).

Table 7. Perceived Effect on Job Performance

Job Performance	N	Mean	SD	Rating
1. I am able to stay focused on my duties even when experiencing stress.	100	3.8000	.80403	Agree
2. I carry out my tasks with accuracy, even when under pressure	100	3.9000	.96922	Agree
3. I manage to complete assignments on time, despite facing stressful situations at work.	100	3.6700	.92174	Agree
4. I maintain a steady level of productivity, regardless of stressful conditions	100	3.7700	.78951	Agree
5. I am capable of meeting deadlines, no matter how much stress I am under.	100	3.6800	.91982	Agree
Total Weighted Mean	100	3.7640	.74475	Agree

Legend Point	Scale Value	Descriptors	Interpretation
5	4.49-5.00	Strongly agree	Very stressful
4	3.50-4.49	Agree	Stressful
3	2.50-3.49	Neutral	Somewhat Stressful
2	1.50- 2.49	Disagree	Non-Stressful
1	1.00- 1.49	Strongly disagree	Very Non stressful

Table 7. shows that stress notably affects performance. While nurses strive to meet deadlines and accuracy standards, they acknowledge the mental toll that persistent stress exerts on their ability to sustain high output consistently

Table 7.1 Perceived Effect on Burnout

	Burn out	N	Mean	SD	Rating
1.	I believe I can handle the responsibilities of my position without becoming overburdened.	100	3.6200	.76251	Agree
2.	Despite my line of work, I remain emotionally resilient.	100	3.7400	.81178	Agree
3.	Even at times of stress at work, I am inspired to do well.	100	3.7600	.85422	Agree
4.	Despite being under pressure, I remain involved and dedicated to my work.	100	3.7400	.81178	Agree
5.	Despite the stress of my profession, I strike a balance that lets me enjoy life outside of work	100	3.7800	.84781	Agree
Total Weighted Mean		100	3.7280	.72168	Agree

Legend

Point	Scale Value	Descriptors	Interpretation
5	4.49-5.00	Strongly agree	Very stressful
4	3.50-4.49	Agree	Stressful
3	2.50-3.49	Neutral	Somewhat Stressful
2	1.50- 2.49	Disagree	Non-Stressful
1	1.00- 1.49	Strongly disagree	Very Non stressful

In table 7.1, burnout was evident among the participants, characterized by reduced motivation, emotional depletion, and difficulty in maintaining enthusiasm for patient care. This reflects a critical occupational risk requiring structured wellness programs.

Table 7.2. Perceived Effect on Emotional Exhaustion

	Emotional Exhaustion	N	Mean	SD	Rating
1.	I can handle the emotional pressures of my work without being worn out.	100	3.6900	.81271	Agree
2.	The emotional strain at work doesn't affect my energy levels.	100	3.5400	.89239	Agree
3.	Even in emotionally taxing situations, I am able to keep up professional relationships.	100	3.8500	.77035	Agree
4.	Even during emotionally trying times, my general state of well-being stays consistent.	100	3.7600	.85422	Agree
5.	Even when working lengthy	100	3.8400	.82536	Agree

Legend Point	Scale Value	Descriptors	Interpretation
5	4.49-5.00	Strongly agree	Very stressful
4	3.50-4.49	Agree	Stressful
3	2.50-3.49	Neutral	Somewhat Stressful
2	1.50- 2.49	Disagree	Non-Stressful
1	1.00- 1.49	Strongly disagree	Very Non stressful

High emotional exhaustion levels underline the dual pressures of cognitive and emotional labor. Table 7.2 supports the proposition that mental health is a core factor in clinical sustainability and should be managed proactively.

Table 7.3 Perceived Effect on Coping Mechanisms

Coping Mechanisms	N	Mean	SD	Rating
1. I turn to my family and friends for emotional support during stressful times.	100	4.1700	.77921	Agree
2. I practice relaxation methods or pursue hobbies to help alleviate stress.	100	4.1500	.79614	Agree
3. I participate in physical activities, such as exercise, to manage my stress.	100	3.9700	.83430	Agree
4. I allow myself time away from work to recover when stress becomes overwhelming.	100	3.9800	.87594	Agree
5. I reach out for professional support, like counseling, to cope with work-related stress.	100	3.6200	1.09894	Agree
Total Weighted	100	3.9780	.69101	Agree
Mean				

Legend Point	Scale Value	Descriptors	Interpretation
5	4.49-5.00	Strongly agree	Very stressful
4	3.50-4.49	Agree	Stressful
3	2.50-3.49	Neutral	Somewhat Stressful
2	1.50- 2.49	Disagree	Non-Stressful
1	1.00- 1.49	Strongly disagree	Very Non stressful

The table 7.3 shows the effect on coping mechanisms , although most nurses rely on informal coping strategies (friends, family), the low tendency to seek professional mental health support indicates a cultural or institutional barrier to accessing care.

Table 7.4 Perceived Effect on Work-Life Balance

Work-life Balance	N	Mean	S. D	Rating
1. I am able to maintain a balance between my work and personal or family life, even when under pressure.	100	3.9100	.79258	Agree
2. I find it achievable to sustain a healthy balance between my job and personal life.	100	3.8700	.82456	Agree
3. I do not feel overwhelmed by the combined demands of my professional and personal responsibilities.	100	3.7900	.86801	Agree
4. I can still enjoy my personal life, even during challenging times at work.	100	3.9100	.87727	Agree
5. I effectively keep my work duties separate from my personal time.	100	4.0000	.76541	Agree
Total Weighted Mean	100	3.8960	.73990	Agree

Legend Point	Scale Value	Descriptors	Interpretation
5	4.49-5.00	Strongly agree	Very stressful
4	3.50-4.49	Agree	Stressful
3	2.50-3.49	Neutral	Somewhat Stressful
2	1.50- 2.49	Disagree	Non-Stressful
1	1.00- 1.49	Strongly disagree	Very Non stressful

Table 7.4 illustrate the work-life balance of nurses is moderately compromised. Nurses strive to separate personal and professional responsibilities, but stress bleeds into personal life, highlighting the need for policy-driven scheduling reforms. Nursing is known as a stressful job since it is associated with complex job demands and needs, and high expectations, excessive responsibility, and minimal authority have been identified as the main stressors (Jacobs & Lourens, 2016).

Conclusion

This study brings to the forefront the alarming reality that work-related stress is not just a routine occupational challenge—it is a profound psychological hazard for nurses at Sulu Sanitarium and General Hospital. The data paints a clear picture: high workload, prolonged working hours, emotional strain, chronic understaffing, and lack of organizational support collectively erode the mental well-being of frontline nurses. These stressors are not isolated burdens but systemic failures that directly compromise healthcare delivery, workforce sustainability, and patient outcomes. The very high correlation between work-related stress and mental health deterioration underscores an urgent call for institutional transformation.

What emerges is a workforce that, while resilient, is operating on the brink—managing responsibilities under duress, coping informally, and underutilizing professional mental health resources. This reflects both cultural stigmas and structural gaps in psychosocial support. In conflict-affected and underserved regions like Sulu, where healthcare systems are already fragile, the compounded impact of stress on nurses becomes a critical public health issue.

This study advocates for a paradigm shift: mental health must be recognized as a cornerstone of professional competency and healthcare excellence. Policymakers and healthcare leaders must implement targeted reforms—equitable staffing, mental health integration in workplace protocols, emotional resilience training, and a culture of organizational compassion. Without these, the cycle of burnout, attrition, and compromised care will persist. The well-being of nurses is not peripheral—it is the pulse of a functioning health system. Safeguarding their mental health is not just ethical; it is strategic, urgent, and non-negotiable.

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