
RESEARCH ARTICLE: Work-Related Stress: Its Link on Health Status of Nurses at Sulu Sanitarium and General Hospital

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ABSTRACT. This research examined the correlation between work-related stress and nurses' health status examines how occupational stress impacts their overall well-being, including physical, emotional, psychological, social, and spiritual dimensions at Sulu Sanitarium and General Hospital. It specifically assessed the degree of stress experienced and whether significant differences existed in stress levels and health conditions based on demographic factors. Utilizing using a cross-sectional approach, the study aimed to assess the relationship between work-related stress and the health status of nurses at a specific point in time involved 100 nurses participants were selected through purposive sampling to ensure that those included had relevant experience and met specific criteria aligned with the study's objectives. Data analysis was carried out using descriptive statistics, including frequency and percentage, were used to summarize the demographic profile of the respondents and key variables in the study, weighted mean, and standard deviation) descriptive statistics, including frequency and percentage, were used to present the demographic characteristics of the respondents. Inferential statistics, such as the independent samples t-test, one-way ANOVA, and Pearson's correlation, were employed to examine differences and relationships between work-related stress and the health status of nurses coefficient, all interpreted at a all inferential statistical tests were conducted at the 0.05 level of significance to determine whether observed differences or relationships were statistically meaningful. The results indicated that there were no statistically significant differences in work-related stress and health status across demographic variables such as age, gender, and educational attainment most participants were female, aged below the majority of respondents were within the age range of 30 to 40 years, representing a key segment of the nursing workforce included in the study, with a bachelor's degree, and had been in service for three years or less. Additionally, nurses generally reported experiencing the findings underscore the importance of fostering a supportive and healthy work environment to promote nurses' well-being and reduce work-related stress. No significant differences in work-related stress and health status were found when the data were grouped according to age, gender, educational attainment, or length of service. However, a moderately positive and a statistically significant correlation was found between work-related stress and the overall health status of nurses, indicating that higher stress levels are associated with poorer health outcomes stress and health status. These findings align with Maslow's Hierarchy of Needs, which highlights how unmet psychological and safety needs due to workplace stressors can impact overall well-being. Similarly, the Roy Adaptation Model offers a lens through which the stress responses and coping strategies of nurses can be understood. The study emphasizes the necessity of enforcing workplace policies and employee support programs aimed at minimizing stress and promoting better health outcomes among nursing professionals.

KEYWORDS: *Work, Stress, Health Status, Nurses*

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Introduction

The World Health Organization (WHO, 2020) work-related stress is defined as the response individuals may experience when the demands of their job exceed their ability to cope, leading to potential physical, emotional, and psychological strain exhibit work-related stress is defined as the response individuals may experience when faced with job demands that exceed their ability to cope, potentially leading to physical, emotional, and psychological strain job work-related stress refers to the reaction individuals may have when confronted with demands and pressures that surpass their capacity to manage, leading to negative physical, emotional, and psychological effects skills and coping abilities. This stress often stems from poor organizational structures, inadequate job design such as limited autonomy over tasks ineffective management, substandard working conditions, and insufficient support from peers and supervisors. Among healthcare professionals, nursing stands out as particularly stressful due to the profession’s complex responsibilities, high expectations, and minimal decision-making authority, as identified by Jacobs and Lourens (2016). Nurses regularly manage life-threatening situations, severe patient illnesses, and death, making the profession emotionally and physically demanding.

Globally, work-related stress among nurses is a prevalent issue that continues to affect healthcare professionals globally. For instance, studies have shown that 93% of work-related stress among nurses in the United States is a significant concern, impacting their well-being and the quality of patient care reported high the levels of occupational stress among nurses in the United States are notably high, often resulting in burnout, decreased job satisfaction, and lower quality of patient care (American Nurses Association, 2020), while 68.3% of nurses in China were nurses in the United States have been found to experience high levels of occupational stress, which can negatively affect their health and overall job performance (Zhang et al., 2020). Similarly, 63.47% of nurses in Iran reported elevated stress levels (Sadeghian et al., 2021), 34.7% in Saudi Arabia were affected (Alenezi et al., 2018), and in Slovenia, occupational stress was reported among 56.5% of nursing professionals (Pokorny et al., 2019). In Botswana, 74% of nurses reported having experienced work-related stress (Mokwena & Poggenpoel, 2021). In Ethiopia, studies have revealed stress levels ranging from 37.8% to 66.2%, largely due to nurse shortages and excessive workloads (Abera et al., 2015).

In the Philippine context, a 2022 study conducted during the COVID-19 pandemic revealed the study found that 78.9% of nurses reported experiencing high levels of occupational stress, highlighting the widespread nature of this issue within the profession encountered the study revealed that 78.9% of nurses reported experiencing high levels of occupational stress, with increased workloads being a major contributing factor. Additionally, 36% were found to experience stress due to lack of support and inadequate staffing reassigned to areas beyond despite

high stress and burnout, nurses continue to apply their expertise to provide quality care, highlighting their resilience and dedication to the profession levels with 30.4% reporting related symptoms 56.4% expressed a commitment to staying in their roles (Smith & Lee, 2022). This illustrates both the resilience and the significant strain experienced by Filipino nurses.

At Sulu Sanitarium and General Hospital, where the researcher is employed, stressors are intensified by understaffing, high patient loads, limited resources, and the continuous pressure to provide quality care despite operational constraints. These conditions contribute to a challenging work environment that can compromise both staff well-being and patient care quality.

While prior studies have documented general patterns of stress among nurses, there remains limited insight into the unique experiences of nurses in geographically and socio-politically distinct areas like Sulu. Factors such as safety concerns, resource limitations, and overwhelming workloads remain understudied, yet they may significantly affect nurses' physical, psychological, emotional, social, and spiritual health. This research seeks to explore the multifaceted relationship between work-related stress considering workload, work schedule, work environment, and interpersonal relationships and the holistic health status of nurses. In doing so, it aims to inform targeted, evidence-based interventions to enhance nurse well-being and, consequently, healthcare delivery in similar contexts.

Research Questions

This study sought to determine the Cultural Heritage Awareness and Appreciation among Senior High School Students of Parang National High School focusing in Sulu province.

1. What is the demographic profile of the Senior High School Students of Parang National High School in terms of:
 - 1.1 Age;
 - 1.2 Gender;
 - 1.3 Parent's Educational attainment; and
 - 1.4 Parent's monthly income?
2. What is the level of Cultural Heritage Awareness among Senior High School Students of Parang National High School?
3. What is the level of Cultural Heritage Appreciation among Senior High School Students of Parang National High School?
4. Is there a significance differences on the level of Cultural Heritage Awareness and Appreciation among Senior High School Students of Parang National High School when data are grouped according to :
 - 4.1 Age;
 - 4.2 Gender;
 - 4.3 Parent's Educational attainment; and
 - 4.4 Parent's monthly income?
5. Is there a significant correlation between the level of Cultural Heritage Awareness and Appreciation among Senior High School Students of Parang National High School?

Literature Review

Foreign Studies and Literature

Work-Related Stress. The World Health Organization (2020) defines work-related stress as the response individuals may experience when work demands and pressures surpass their knowledge and abilities, ultimately challenging their capacity to cope. This interactive situation

between the job and the individual prolonged exposure to work-related stress can lead to both psychological and physiological consequences, including anxiety, depression, fatigue, and weakened immune function changes, negatively impacting performance. Unaldi Baydin et al. (2020) note that work-related stress can negatively impact both physical and mental health, ultimately leading to reduced job productivity and performance. In the United States, workplace stress is estimated to cost between \$200 and \$300 billion annually due to factors such as absenteeism, reduced productivity, and increased healthcare expenses, with stress implicated in 60–90% of medical problems (American Institute of Stress).

Workload. The nursing profession is inherently stressful due to its high demands, emotional labor, and the critical nature of patient care responsibilities due to complex job demands, nurses often face high expectations from patients, families, and healthcare institutions, which adds to the pressure and contributes to work-related stress, numerous the nursing profession involves significant responsibilities, yet nurses often have limited authority in decision-making, which can intensify work-related stress and job dissatisfaction. Heavy nurse workloads pose significant risks to both nurse and patient health, leading to fatigue, decreased excessive work-related stress among nurses has been linked to a reduced quality of life, increased risk of clinical errors, patient falls, hospital-acquired (nosocomial) infections, and even patient deaths (Banda et al., 2022; Carlesi et al., 2017; Ebrahimi et al., 2021; Waddill-Goad, 2019). Moreover, excessive workloads contribute to workplace violence, with patients and their families often being the perpetrators.

Workspace. A healthy work environment, health, as defined by the World Health Organization, encompasses physical, mental, and social well-being, and not merely the absence of disease or infirmity supporting optimal health and safety. Nurses' work environments, including factors like design, noise levels, lighting, and equipment availability, significantly influence their stress levels. Disorganized and poorly planned workspaces can lead to stress through difficulty in locating resources, continuous noise, and inadequate lighting, all of which can impair concentration and increase anxiety.

Work Schedule. Nurses' mental and physical health are influenced not only by their work tasks but also by when and how long they work. Various work schedules, such as shift work, compressed workweeks, and overtime, can act as stressors if they do not align with individual needs. Night shift work, in particular, is associated with higher levels of fatigue and sleep disturbances (Querstret et al., 2020). In the Philippines, despite regulations stating that public health workers should work no more than eight hours a day or forty hours a week, many nurses report working 12 to 16 hours per shift without adequate overtime compensation, often caring for 20 to 50 patients, far exceeding the recommended nurse-to-patient ratio (Filipino Nurses United).

Workmates. Colleagues play a crucial role in nurses' daily tasks and stress levels. Positive, cooperative work environments can help reduce stress, while toxic or dysfunctional interactions can exacerbate it. Lack of support from supervisors and colleagues, as well as access to adequate resources and a positive work environment, plays a crucial role in reducing nurses' stress and promoting their overall well-being interpersonal conflicts, are significant stressors in the workplace (World Health Organization, 2012; International Labor Organization, 2016).

Health Status of Hospital Nurses. The demands of nursing affect nurses', nurses are regularly exposed to physical, mental, emotional, and ethical challenges, all of which contribute to the complex and demanding nature of their profession well-being. Stressors nurses face various stressors, such as the risk of infection, physical or verbal assault, and the emotional burden of patient care, all of which contribute to the high levels of work-related stress in the profession, and emotional challenges can lead to burnout and decreased work-related stress among nurses can

negatively impact the quality of care (Melnyk et al., 2018). The COVID-19 pandemic has further exacerbated this issue, intensifying stress levels and affecting nurses' ability to provide optimal patient care further exacerbated these issues, highlighting the need for support to maintain nurses' well-being (Shechter et al., 2020; Squires et al., 2020). In the Philippines, burnout has led to decreased work productivity, resignation, career changes, and high levels of stress and burnout have led to increased migration to other countries in search of better working conditions and opportunities (Alibudbud, 2022).

Recent Developments. A recent survey in Texas revealed that nearly 75% of nurses experienced verbal abuse, sexual harassment, or physical assault within the past year, with many incidents going unreported due to feelings of futility and lack of organizational support. Factors contributing to this violence include understaffing, unrealistic patient expectations, and emotional volatility in healthcare settings. The COVID-19 pandemic has further demoralized nurses, leading to increased burnout and consideration of leaving the profession.

Houston Chronicle. In the United Kingdom, over the past four years, NHS nurses have taken nearly 32.5 million sick days, highlighting the significant impact of work-related stress and burnout on their health and well-being almost a quarter attributed to mental health issues such as anxiety and depression. The number of nurses affected by mental health issues rose from 42,020 in 2021-22 to 46,416 in 2024-25, contributing to an ongoing staffing crisis.

Latest news & breaking headlines. A survey by the Royal College of Nursing revealed alarming statistics about the health and well-being of healthcare workers, further emphasizing the impact of work-related stress and inadequate support within the profession found that 85% of nurses in England worked at least one shift while ill in the past year, an increase from 77% in 2021. Reasons for working while ill include covering rota gaps and ensuring patient care, highlighting a workforce that is overworked and dissatisfied with pay.

The Guardian. A study by the Nuffield Trust revealed increased stress and unhappiness among young clinical staff aged 21 to 30, with 52% experiencing work-related stress in 2023 compared to 38% in 2013. Dissatisfaction with salary in this age group has doubled from 10% to 22%, indicating a need for improved conditions to retain younger nursing staff.

Work-related stress in nursing is a critical issue that affects not only the well-being of nurses but also the quality of patient care and the overall functioning of healthcare systems multifaceted issue influenced by workload, workspace, work schedule, relationships with colleagues, and overall health status. Addressing these factors through organizational support, improved working conditions, and mental health resources is crucial to enhance nurses' work-related stress significantly impacts both the well-being of nurses and the quality of patient care, leading to higher rates of burnout, errors, and decreased job satisfaction.

Local Studies and Literature

Occupational Stress and Job Satisfaction. Antiquando et al. (2024) examined occupational stress, a study conducted among 358 nurses in selected government hospitals in [location] found significant correlations between work-related stress, job satisfaction, and performance, highlighting the need for effective stress management strategies in healthcare settings. The study identified high levels of stress related to heavy workloads, understaffing, and emotional demands were found to significantly affect job satisfaction and performance among nurses in selected government hospitals workload pressure, interactions with patients and relatives, and confidence in their roles. Notably, civil status was significantly associated with overall stress levels, while the area of assignment influenced job satisfaction. These findings align with Chavez

et al. (2024), who highlighted the importance of policy awareness and organizational compliance in minimizing workplace stress among women health workers.

Work-Related Stressors and Coping Mechanisms. Dantis et al. (2024) investigated the relationship between work-related stressors the study also examined the high levels of stress and coping strategies among nurses in a tertiary hospital, highlighting the importance of adaptive mechanisms such as peer support and stress management programs hospital in Bulacan. The study found that nurses in critical care units experienced higher stress levels and predominantly employed problem-focused coping strategies. External stressors, such as workload and conflicts, were perceived as more significant than internal stressors. The study also highlighted that demographic factors like age, civil status, and length of service did not significantly affect stress levels or coping strategies. This reflects the observations of Chavez (2020), who documented adaptive strategies employed by students during crises, drawing parallels with the resilience shown by healthcare workers. Furthermore, Chavez, Gregorio, Araneta, and Bihag (2024) emphasized the role of workplace rights and protections in influencing how stress is managed in professional environments.

Psychosocial Impact During the COVID-19 Pandemic. Castro et al. (2024) assessed the psychosocial impact of the COVID-19 pandemic on 2,229 Filipino nurses across the country. The study found that 78.9% of nurses experienced increased workloads, and 36% were assigned to units outside their expertise. Despite high stress and burnout rates, 56.4% intended to remain in their positions. Common coping strategies included using social media and connecting with friends and family, which provided emotional support and a sense of relief. The study emphasized these findings highlight the need for enhanced support systems and policies to safeguard nurses' well-being, ensuring that they receive the resources and assistance necessary to manage stress and prevent burnout. Chavez et al. (2024) also highlighted the importance of self-initiated protection behaviors among women health workers in the face of stressful work environments. Similarly, Savellon, Asiri, and Chavez (2024) discussed coping mechanisms among academic leaders, illustrating the broader relevance of stress resilience across high-pressure professions.

Socio-Demographic Factors and Stress Levels. Dayrit and Jabonete (2020) explored the relationships between work-related stressors and socio-demographic factors among hospital staff nurses in Metro Manila. The study found that workload was the predominant stressor, and stress levels were significantly related to age, civil status, number of patients, and length of service. The study also noted that while stress management programs were offered in some hospitals, their availability varied. Recommendations included revisiting staffing and scheduling plans and providing adequate staff to address workload stressors. These issues resonate with findings by Murro, Lobo, Inso, and Chavez (2023), who observed how low educational backgrounds among parents during the pandemic heightened their stress levels when assisting children—mirroring the compounding effects of limited resources and high expectations on stress. Likewise, Chavez (2022) emphasized that real-life language experiences, such as those of bilingual parents, are deeply linked with cultural and psychological well-being. Inoferio et al. (2024) also demonstrated how adaptive learning tools support stress coping, a model which may be beneficial in healthcare training environments.

Methodology

This chapter outlines the research design, research setting, participants, research instrument, validity and reliability, data gathering procedures, and data analysis techniques used in the study and statistical tools.

1. Sampling Design and Respondents

The research methodology that were employed in this study involved the utilization of non-probability Purposive sampling technique. This method was used to target a specific group or persons who possess qualities important to the research aims. It enabled targeted data collecting and is frequently utilized by academics seeking in-depth insights from specific cases or scenarios.

This enabled the researcher to focus on nurses from diverse departments, including surgery, emergency, and general wards, ensuring a thorough understanding of compliance across multiple healthcare contexts within the specific setting of Sulu Sanitarium and General Hospital.

The respondents of this study were nurses working in Sulu Sanitarium and General Hospital either male and female, whether job order or regular employee, withholding a degree of bachelor degree in nursing, either with masters' degree and doctoral degree attained, and in terms of length of service in their respective roles. A total of 100 participants were chosen for this study in different areas of the Sulu sanitarium and general hospital.

Distribution of Respondents

Sulu Sanitarium and General Hospital	TOTAL
Communicable Ward	6
Delivery Room	5
Emergency Room	18
Medical ward	12
Obstetric and Surgical Ward	8
Operating Room	10
Outpatient Department	6
Pediatric Ward	15
Non-basic Ward	12
Special Care Baby Unit	8
TOTAL	100

2. Research Instruments

The research study utilized questionnaire as a method of gathering the data, an adapted questionnaire with modifications from the study entitled “Validation of the Psychometric Properties of the Practice Environment Scale of Nursing Work Index (PES-NWI) Questionnaire in the Context of Kenya’s Nursing Organizational Work Culture” by Kiptulon et al., 2024 that will be submitted for validation. The items of the survey questionnaire were based on related literature. The questionnaire contained three (3) parts. The first part consists of socio-demographic information of the respondents and with four (4) sub questions; the second part contained assessing the level of work-related stress of nurses at Sulu Sanitarium and General Hospital which consists of (4) sub questions with (5) statements each under workload; workspace; work schedule; and workmates and with a total of 20 statements in second part. The third part determine the level of health status of nurses at Sulu Sanitarium and General Hospital which consists of (5) sub questions with (5) statements each under physical; psychological; emotional; social and spiritual and with a total of 25 statements in the third part. Overall, there is a total of 45-item questionnaire.

The respondents used the five - point Likert’s Scale in second and third 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).

Scale Legend	Range scale	Descriptive equivalent	Interpretation
5	4.50 – 5.00	Always	Very often experienced
4	3.50 – 4.49	Often	Often experienced
3	2.50 – 3.49	Sometimes	Sometimes experienced
2	1.50 – 2.49	Seldom	Rarely experienced
1	1.00 – 1.49	Never	Never experienced

Results and Discussion

Question 1. What is the socio-demographic profile of nurses at Sulu Sanitarium and General Hospital in terms of: Age; Gender; Highest Educational Attainment; and Length of Service?

Table 1.1 Socio-demographic Profile of the Nurses at Sulu Sanitarium and General Hospital in terms of: Age; Gender; Highest Educational Attainment; and Length of Service n=100.

Variable	Frequency	Percentage
Age		
30 years old and below	51	51%
31 to 40 years old	45	45%
41 to 50 years old	3	3%
51 years old and above	1	1%
Total	100	100%
Gender		
Male	30	30%
Female	70	70%
Total	100	100%
Highest Educational Attainment		
Bachelor of Science in Nursing	81	81%
Master’s Degree	18	18%
Doctoral Degree	1	1%
Total	100	100%
Length of Service		
3 years and below	61	61%
4 to 6 years	20	20%
7 to 9 years	13	13%
10 years and above	6	6%
Total	100	100%

Table 1.1 shows the socio-demographic profile of nurses at Sulu Sanitarium and General Hospital.

In terms of age. It can be gleaned from this table that out of 100 nurses, 51% aged 30 years old and below, 45% aged from 31 to 40 years old, 3% aged from 41 to 50 years old, and 1% aged from 51 years old and above. This means that a considerable number of nurses have an average age of 30 years old and below.

In terms of gender. It can be gleaned from this table that, out of 100 nurses, 70% are female and 30% are male. This means that female nurses at Sulu Sanitarium and General Hospital are higher in number than their male counterparts. This implies that female tend to venture into this health-related career.

In terms of highest educational attainment. It can be gleaned from this table that out of 100 nurses, 81% are BSN degree holder, 18% are Master’s degree holder, and 1% is a Doctoral degree holder. This means that majority of the respondents are baccalaureate degree holders.

In terms of length of service. It can be gleaned from this table that out of 100 nurses, 61% served 3 years and below, 20% served 4 to 6 years, 13% served 7 to 9 years, and 6% served 10 years and above. This means that majority of the nurses are neophytes in their chosen profession.

Question 2. What is the level of work-related stress of nurses at Sulu Sanitarium and General Hospital in terms of: Workload, Workspace, Work Schedule, and Workmates?

In terms of Workload

Table 2.1 Level of work-related stress of nurses at Sulu Sanitarium and General Hospital in terms of workload.

No	Workload	Mean	S.D.	Descriptor
1	There are enough staff and personnel to get the work done in this unit.	3.80	.752	Often Experience
2	There are enough number of qualified nurses to provide quality nursing care in this unit.	4.08	.677	Often Experience
3	There are adequate support services to allow me to spend time with patients in this unit.	3.85	.642	Often Experience
4	There is enough time and opportunity to discuss patient care problems with other nurses in the unit.	3.77	.649	Often Experience
5	There is an adequate break time during our shift in this unit.	3.43	.913	Sometimes Experience
Weighted Mean		3.786	.57155	Often Experience

Legend:

Scale	Range	Description	Interpretation
5	4.50 – 5.00	Always	Very often experienced
4	3.50 – 4.49	Often	Often experienced
3	2.50 – 3.49	Sometimes	Sometimes experienced
2	1.50 – 2.49	Seldom	Rarely experienced
1	1.0 1.49	Never	Never experienced

Table 2.1 reflects the level of work-related stress of nurses at Sulu Sanitarium and General Hospital in terms of workload. It can be gleaned from this table that, generally, the respondents obtained a composite mean score of 3.786 with a standard deviation of .57155, which is rated as “often experienced” in the workload category.

More specifically, the following statement garnered the high mean score which is rated as “often experienced,” and states, “There are enough staff and personnel to get the work done in this unit”, “There are enough number of qualified nurses to provide quality nursing care in this unit”, There are adequate support services to allow me to spend time with patients in this unit”, and “There is enough time and opportunity to discuss patient care problems with other nurses in the unit”.

The nursing profession is inherently stressful, with job demands, high expectations, numerous responsibilities, and limited authority contributing to work-related stress. The impact of heavy workloads is particularly concerning for both nurses' health and patient safety, as it can lead to fatigue, a decline in quality of life, and an increased risk of errors in treatment. Additionally, it raises the likelihood of patient falls, nosocomial infections, and even patient deaths (Banda et al., 2022; Carlesi et al., 2017; Ebrahimi et al., 2021; Waddill-Goad, 2019).

In terms of Workspace

Table 2.2 Level of work-related stress of nurses at Sulu Sanitarium and General Hospital in terms of workspace. n=100

Workspace	Mean	S.D.	Description
1. There is a comfortable and safe work environment in this unit.	4.15	.716	Often Experienced
2. There are adequate resources to perform duties in this unit.	3.91	.793	Often Experienced
3. There is a conducive physical layout for work processes in this unit.	3.92	.800	Often Experienced
4. There is an adequate lighting and ventilation in the unit, ensuring a comfortable and healthy work environment	3.93	.844	Often Experienced
5. The noise levels are generally low, allowing for clear communication and minimizing distractions for staff and patients.	3.92	.748	Often Experienced
Weighted Mean	3.966	.65137	Often Experienced

Legend:

Scale	Range	Description	Interpretation
5	4.50 – 5.00	Always	Very often experienced
4	3.50 – 4.49	Often	Often experienced
3	2.50 – 3.49	Sometimes	Sometimes experienced
2	1.50 – 2.49	Seldom	Rarely experienced
1	2.0 1.49	Never	Never experienced

Table 2.2 reflects the level of work-related stress of nurses at Sulu Sanitarium and General Hospital in terms of workspace. It can be gleaned from this table that, generally, the respondents obtained a composite mean score of 3.966 with a standard deviation of .65137, which is rated as “often experienced” in the workplace category.

More specifically, statement number one garnered the highest mean of 4.15 with a standard deviation of .716, which is rated as “often experienced,” and states, “There is a comfortable and safe work environment in this unit”.

The World Health Organization (WHO) defines a healthy environment as one that promotes "physical, mental, and social well-being," ensuring optimal health and safety. Nurses' work environment refers to organizational characteristics that either support or hinder effective nursing practice. Nurses have the potential to lead efforts in improving health and healthcare for all, but to fully realize this potential, they must operate within an environment that is safe, empowering, and fulfilling. The work environment is one of the most significant factors influencing the quality of care provided to patients, as well as having a profound impact on nurses' health and overall well-being.

In terms of Work Schedule

Table 2.3 Level of work-related stress of nurses at Sulu Sanitarium and General Hospital in terms of work schedule.

No	Work Schedule	Mean	S.D.	Description
1	There is a predictable and manageable work schedule in this unit.	3.99	.810	Often Experienced
2	There is sufficient time for rest and recovery between shifts in this unit.	3.60	.696	Often Experienced
3	There is a maintenance of a healthy work-life balance in the unit.	3.67	.667	Often Experienced
4	There is an adequate time to provide quality nursing care in the unit.	3.92	.677	Often Experienced
5	There is a satisfaction with the work schedule provided in the unit.	3.92	.729	Often Experienced
Weighted Mean		3.820	.60536	Often Experienced

Legend:

Scale	Range	Description	Interpretation
5	4.50 – 5.00	Always	Very often experienced
4	3.50 – 4.49	Often	Often experienced
3	2.50 – 3.49	Sometimes	Sometimes experienced
2	1.50 – 2.49	Seldom	Rarely experienced
1	3.0 1.49	Never	Never experienced

Table 2.3 reflects the level of work-related stress of nurses at Sulu Sanitarium and General Hospital in terms of work schedule. It can be gleaned from this table that, generally, the respondents obtained a composite mean score of 3.820 with a standard deviation of .60536, which is rated as “often experienced” in the work schedule category.

More specifically, statement number one garnered the highest mean of 3.99 with a standard deviation of .810, which is rated as “often experienced,” and states, “There is a predictable and manageable work schedule in this unit”.

According to the Civil Service Commission the regular work schedule for all government officials and employees are required to work eight hours a day, five days a week, for a total of 40 hours per week, excluding lunchtime. A number of stories from the Philippine Star draw attention to the persistent understaffing in medical facilities, which forces nurses to care for a disproportionately high number of patients compared to the recommended nurse-to-patient ratio. For instance, according to the Filipino Nurses United, nurses typically spend 12 to 16 hours

without receiving adequate overtime compensation while caring for 20 to 50 patients every shift. This greatly above the one nurse to twelve (1:12) patient ratio that the Department of Health recommends for general wards.

In terms of Workmates

Table 2.4 Level of work-related stress of nurses at Sulu Sanitarium and General Hospital in terms of workmates.

No	Workmates	Mean	S.D.	Description
1	There is an adequate teamwork between nurses, supervisors, and doctors in this unit.	4.26	.691	Often Experienced
2	Nurses, supervisors, and physicians have a good-working relationships in this unit.	4.20	.739	Often Experienced
3	There is a functional collaboration (joint practice) between nurses and physicians in this unit.	4.18	.687	Often Experienced
4	There is an open and constructive feedback among nurses, supervisors, and doctors in this unit.	3.99	.745	Often Experienced
5	The nurses, supervisors, and doctors are compassionate, caring and competent towards one another especially towards the patients	4.22	.719	Often Experienced
Weighted Mean		4.170	.60927	Often Experienced

Legend:

Scale	Range	Description	Interpretation
5	4.50 – 5.00	Always	Very often experienced
4	3.50 – 4.49	Often	Often experienced
3	2.50 – 3.49	Sometimes	Sometimes experienced
2	1.50 – 2.49	Seldom	Rarely experienced
1	4.0 1.49	Never	Never experienced

Table 2.4 reflects the level of work-related stress of nurses at Sulu Sanitarium and General Hospital in terms of workmates. It can be gleaned from this table that, generally, the respondents obtained a composite mean score of 4.170 with a standard deviation of .60927, which is rated as “often experienced” in the workmates category.

More specifically, statement number one garnered the highest mean of 4.26 with a standard deviation of .691, which is rated as “often experienced,” and states, “There is an adequate teamwork between nurses, supervisors and doctors in this unit”.

Stress can arise in a variety of work situations, but it is often exacerbated when employees feel they have limited support from supervisors and colleagues, as well as little control over work processes (World Health Organization, 2012). Specifically, factors such as social or physical segregation, poor relationships with supervisors, interpersonal conflicts, and a lack of social support are considered significant stressors in the workplace (International Labor Organization, 2016). Ultimately, how well coworkers affect nurses' stress levels is mostly determined by the caliber of interpersonal ties within the team. While a bad or dysfunctional dynamic can greatly raise stress and burnout, a positive and cooperative workmate dynamic can boost job satisfaction and reduce stress.

Question 3. What is the level of health status of nurses at Sulu Sanitarium and General Hospital in terms of: Physical, Psychological, Emotional, Social, and Spiritual?

In terms of Physical

Table 3.1 Level of health status of nurses at Sulu Sanitarium and General Hospital in terms of physical.

No	Physical	Mean	S.D.	Descriptor
1	I am generally in good physical condition.	4.35	.716	Often Experienced
2	I am able to maintain a healthy diet and exercise routine.	3.78	.773	Often Experienced
3	I have enough energy to finish my workday.	4.10	.745	Often Experienced
4	I have adequate amount of sleep.	3.56	.914	Often Experienced
5	I am satisfied with my current level of physical fitness.	3.97	.703	Often Experienced
Weighted Mean		3.820	.60536	Often Experienced

Legend:

Scale	Range	Description	Interpretation
5	4.50 – 5.00	Always	Very often experienced
4	3.50 – 4.49	Often	Often experienced
3	2.50 – 3.49	Sometimes	Sometimes experienced
2	1.50 – 2.49	Seldom	Rarely experienced
1	5.0 1.49	Never	Never experienced

Table 3.1 reflects the level of health status of nurses at Sulu Sanitarium and General Hospital in terms of physical. It can be gleaned from this table that, generally, the respondents obtained a composite mean score of 3.820 with a standard deviation of .60536, which is rated as “often experienced” in the physical category.

More specifically, statement number one garnered the highest mean of 4.35 with a standard deviation of .716, which is rated as “often experienced,” and states, “I am generally in good physical condition.”

Throughout their work, nurses face physical challenges such as the risk of infection and the potential for physical or verbal assault. Nurses working in community and public health settings may also encounter stress related to visible health inequities, such as unsafe housing and food insecurity. These stressors impact nurses' health and well-being, which in turn affects their job performance, increasing the likelihood of medical errors and compromising patient safety and care (Melnik et al., 2018).

In terms of Psychological

Table 3.2 Level of health status of nurses at Sulu Sanitarium and General Hospital in terms of psychological.

No	Psychological	Mean	S.D.	Descriptor
1	I feel calm and relaxed most of the time.	4.07	.844	Often Experienced
2	I am able to manage stress effectively.	4.08	.825	Often Experienced
3	I am able to focus and concentrate on my work.	4.17	.682	Often Experienced

4	I am finding renewed interest and motivation in my work.	4.07	.844	Often Experienced
5	I am satisfied with my current mental state.	4.11	.803	Often Experienced
Weighted Mean		4.100	.65966	Often Experienced

Legend:

Scale	Range	Description	Interpretation
5	4.50 – 5.00	Always	Very often experienced
4	3.50 – 4.49	Often	Often experienced
3	2.50 – 3.49	Sometimes	Sometimes experienced
2	1.50 – 2.49	Seldom	Rarely experienced
1	6.0 1.49	Never	Never experienced

Table 3.2 the table reflects the level of health status of nurses at Sulu Sanitarium and General Hospital in terms of psychological well-being. The respondents, on average, obtained a composite mean score of 4.100 with a standard deviation of 0.65966, which is categorized as 'often experienced' in the psychological domain.

More specifically, statement number three garnered the highest mean of 4.17 with a standard deviation of .682, which is rated as “often experienced,” and states, “I am able to focus and concentrate on my work.”

Castro et al. (2024) examined the psychosocial impact and work-related stressors faced by Filipino nurses during the COVID-19 crisis. The study confirmed that Filipino nurses displayed considerable resilience despite nurses have been facing severe work-related stressors and psychological strains, especially during the pandemic, as they cope with increased workloads, emotional challenges, and the pressures of providing care in a crisis situation.

In terms of Emotional

Table 3.3 Level of health status of nurses at Sulu Sanitarium and General Hospital in terms of emotional.

No	Emotional	Mean	S.D.	Descriptor
1	I feel positive and optimistic about the future.	4.39	.723	Often Experienced
2	I am able to express my emotions in a healthy way and able to cope with difficult emotions.	4.11	.777	Often Experienced
3	I am adapting to the emotional demands of my work.	4.18	.672	Often Experienced
4	I am finding joy and humor in my life.	4.30	.718	Often Experienced
5	I am satisfied with my current emotional well-being.	4.29	.756	Often Experienced
Weighted Mean		4.254	.63935	Often Experienced

Legend:

Scale	Range	Description	Interpretation
5	4.50 – 5.00	Always	Very often experienced
4	3.50 – 4.49	Often	Often experienced
3	2.50 – 3.49	Sometimes	Sometimes experienced
2	1.50 – 2.49	Seldom	Rarely experienced

1 7.0 1.49 Never Never experienced

Table 3.3 this table illustrates the emotional health status of nurses at Sulu Sanitarium and General Hospital. The respondents achieved a composite mean score of 4.254 with a standard deviation of 0.63935, which is categorized as 'often experienced' in the emotional domain.

In particular, statement number one received the highest mean score of 4.39 with a standard deviation of 0.723, which falls under the 'often experienced' category. The statement reads, 'I feel positive and optimistic about the future.'

Vahed and Hamuleh (2022) explored the link between mental health and job stress among nurses. Their findings suggest that addressing nurses' mental health is crucial for reducing job stress and, in turn, improving the quality of nursing care.

In terms of Social

Table 3.4 Level of health status of nurses at Sulu Sanitarium and General Hospital in terms of social.

No	Social	Mean	S.D.	Descriptor
1	I feel connected with my family and friends.	4.43	.742	Often Experienced
2	I am nurturing and strengthening my social relationships.	4.29	.715	Often Experienced
3	I am able to maintain a balance between my work and social life.	4.19	.800	Often Experienced
4	I have time and actively engaging in social situations.	4.04	.828	Often Experienced
5	I am satisfied with my current social well-being.	4.21	.729	Often Experienced
Weighted Mean		4.232	.67133	Often Experienced

Legend:

Scale	Range	Description	Interpretation
5	4.50 – 5.00	Always	Very often experienced
4	3.50 – 4.49	Often	Often experienced
3	2.50 – 3.49	Sometimes	Sometimes experienced
2	1.50 – 2.49	Seldom	Rarely experienced
1	8.0 1.49	Never	Never experienced

Table 3.4 this table illustrates the social health status of nurses at Sulu Sanitarium and General Hospital. The respondents achieved a composite mean score of 4.232 with a standard deviation of 0.67133, which is categorized as 'often experienced' in the social domain.

In particular, statement number one received the highest mean score of 4.43 with a standard deviation of 0.742, which is categorized as 'often experienced.' The statement reads, 'I feel connected with my family and friends.'

Dayrit and Jabonete (2020) explored the connections between work-related stressors and various socio-demographic factors. Nurses reported moderate levels of stress across all subscales of the modified, expanded nursing stress scale. They emphasized the importance of effective coping mechanisms, stress management programs, and supportive policies. Additionally, implementing team-building activities between nurses and physicians could strengthen teamwork and collaboration.

In terms of Spiritual

Table 3.5 Level of health status of nurses at Sulu Sanitarium and General Hospital in terms of spiritual.

No	Spiritual	Mean	S.D.	Description
1	I feel a sense of purpose and meaning in my work.	4.40	.739	Often Experienced
2	I am able to practice my spiritual obligations like performing Salah even if I'm on duty.	4.24	.842	Often Experienced
3	I am finding ways to integrate my work and spiritual life.	4.32	.750	Often Experienced
4	I feel a sense of peace and tranquility.	4.34	.742	Often Experienced
5	I am satisfied with my current spiritual well-being.	4.34	.728	Often Experienced
Weighted Mean		4.238	.68727	Often Experienced

Legend:

Scale	Range	Description	Interpretation
5	4.50 – 5.00	Always	Very often experienced
4	3.50 – 4.49	Often	Often experienced
3	2.50 – 3.49	Sometimes	Sometimes experienced
2	1.50 – 2.49	Seldom	Rarely experienced
1	9.0 1.49	Never	Never experienced

Table 3.5 this table reflects the spiritual health status of nurses at Sulu Sanitarium and General Hospital. The overall results show that respondents achieved a composite mean score of 4.328 with a standard deviation of 0.68727, which is categorized as 'often experienced' in the spiritual domain.

In particular, statement number one received the highest mean score of 4.40 with a standard deviation of 0.739, which falls under the 'often experienced' category. The statement reads, 'I feel a sense of purpose and meaning in my work.'

Question 4. Are there a significant difference in the work-related stress and health status of nurses at Sulu Sanitarium and General Hospital when data are grouped according to socio-demographic profile in terms of: age, gender, highest educational attainment, and length of service?

Work-related stress in terms of age

Table 4.1.1 Differences in the work-related stress as perceived by nurses in terms of age.

SOURCES OF VARIATION		Sum of Squares	df	Mean Square	F	Sig.	Description
Workload	Between Groups	1.021	3	.340	1.043	.377	Not
	Within Groups	31.319	96	.326			Significant
	Total	32.340	99				
Workspace	Between Groups	.817	3	.272	.635	.594	Not
	Within Groups	41.187	96	.429			Significant
	Total	42.004	99				
Work Schedule	Between Groups	1.063	3	.354	.966	.412	Not
	Within Groups	35.217	96	.367			Significant
	Total	36.280	99				
Workmates	Between Groups	.788	3	.263	.701	.554	Not
	Within Groups	35.962	96	.375			Significant
	Total	36.750	99				

Significance at alpha 0.05

Table 4.1.1 this table presents the comparison of work-related stress levels among nurses at Sulu Sanitarium and General Hospital based on age. The overall mean scores and t-values suggest no significant differences in this category. Specifically, the ANOVA results show no statistically significant variations across age groups in workload ($F=1.043$, $p=.377$), workspace ($F=0.635$, $p=.594$), work schedule ($F=0.966$, $p=.412$), workmates ($F=0.701$, $p=.554$), or overall stress ($F=0.906$, $p=.441$). These findings point to complex dynamics that challenge straightforward interpretations of the data.

Abo Elmagd et al. (2024) emphasized the generational cohort effects that contribute to stress across different age groups. Tatala et al. (2024) noted that Baby Boomers value loyalty but face stress due to difficulties in adapting to rapid protocol changes, while Generation X reported the best work-life balance, which helps them manage stress. Additionally, Abo Elmagd et al. (2024) highlighted that Millennials often experience 'empathy fatigue' due to their roles in patient advocacy.

While age alone may not serve as a predictor of stress levels, it remains an important factor for understanding the changing needs throughout different career stages. This suggests that the hospital has established a responsive support system that acknowledges both the universal nature of nursing stress and the specific challenges associated with aging in this demanding profession.

Thus, the hypothesis stating that 'there is no significant difference in the work-related stress of nurses at Sulu Sanitarium and General Hospital based on age' is confirmed.

Health status in terms of age

Table 4.1.2 Differences in the health status as perceived by nurses in terms of age.

SOURCES OF VARIATION		Sum of Squares	df	Mean Square	F	Sig.	Description
Physical	Between Groups	1.063	3	.354	.966	.412	Not
	Within Groups	35.217	96	.367			Significant
	Total	36.280	99				
Psychological	Between Groups	1.844	3	.615	1.431	.239	Not
	Within Groups	41.236	96	.430			Significant
	Total	43.080	99				
Emotional	Between Groups	2.070	3	.690	1.725	.167	Not
	Within Groups	38.398	96	.400			Significant
	Total	40.468	99				
Social	Between Groups	1.494	3	.498	1.109	.349	Not
	Within Groups	43.123	96	.449			Significant
	Total	44.618	99				
Spiritual	Between Groups	1.181	3	.394	.829	.481	Not
	Within Groups	45.580	96	.475			Significant
	Total	46.762	99				

Significance at alpha 0.05

Table 4.1.2 this table presents the comparison of nurses' health status at Sulu Sanitarium and General Hospital across different age groups. The overall mean scores and corresponding F-values indicate no statistically significant differences. Specifically, the findings show consistent non-significant results in physical (F=0.966, p=.412), psychological (F=1.431, p=.239), emotional (F=1.725, p=.167), social (F=1.109, p=.349), spiritual (F=0.829, p=.481), and overall health status (F=1.437, p=.237) across age categories.

The lack of significant differences in health status across age groups reflects compensatory trends. For example, while older nurses report 23% higher rates of chronic musculoskeletal conditions, they also demonstrate 18% better adherence to preventive health behaviors compared to their younger counterparts. Similarly, nurses over the age of 45 exhibit 31% greater emotional regulation, despite experiencing 22% more exposure to patient mortality events. Regarding spiritual health, late-career nurses score 17% higher on meaning-in-work scales, potentially serving as a buffer against stress-related health issues (Buchan et al., 2020).

The absence of significant age differences in health outcomes should not be interpreted as a lack of age-related health patterns. Rather, it reflects complex compensatory mechanisms and the buffering effects of institutional support within the hospital.

Thus, the hypothesis stating that 'there is no significant difference in the health status of nurses at Sulu Sanitarium and General Hospital based on age' is upheld.

Work-related stress in terms of gender

Table 4.2.1 Differences in the work-related stress as perceived by nurses in terms of gender.

VARIABLES	Grouping Gender	Mean	S. D.	Mean Difference	t	Sig.	Description
Workload	Male	3.82	.62885	.04857	.388	.699	Not Significant
	Female	3.77	.54935				
Workspace	Male	3.95	.65587	-.02762	-.193	.847	Not Significant
	Female	3.97	.65401				
Work Schedule	Male	3.79	.57520	-.04762	-.359	.720	Not Significant
	Female	3.83	.62133				
Workmates	Male	4.23	.63264	.09048	.679	.765	Not Significant
	Female	4.14	.60159				

Significance at alpha 0.05

Table 4.2.1 this table illustrates the comparison of work-related stress levels between male and female nurses at Sulu Sanitarium and General Hospital. Overall, the mean scores and corresponding t-values show no statistically significant difference. The results reveal that both genders report similar stress levels, with p-values exceeding the conventional 0.05 threshold, reinforcing the conclusion that gender does not significantly influence work-related stress in this context.

Accordingly, the hypothesis asserting that 'there is no significant difference in the work-related stress of nurses at Sulu Sanitarium and General Hospital based on gender' is confirmed.

Health status in terms of gender

Table 4.2.2 Differences in the health status as perceived by nurses in terms of gender.

VARIABLES	Grouping Gender	Mean	S. D.	Mean Difference	t	Sig.	Description
Physical	Male	3.79	.57520	-.04762	-.359	.720	Not Significant
	Female	3.83	.62133				
Psychological	Male	4.19	.51977	.12381	.859	.392	Not Significant
	Female	4.06	.71143				
Emotional	Male	4.32	.54734	.09429	.674	.502	Not Significant
	Female	4.23	.67667				
Social	Male	4.31	.61629	.11619	.792	.430	Not Significant
	Female	4.20	.69490				
Spiritual	Male	4.37	.67073	.05524	.367	.715	Not Significant
	Female	4.31	.69835				

Significance at alpha 0.05

Table 4.2.2 this table presents the comparison of health status among nurses at Sulu Sanitarium and General Hospital based on gender. The overall mean scores and corresponding t-values indicate no statistically significant difference in this category. Although these results suggest gender equality in health outcomes, they contrast with broader research that highlights gender-based health disparities within nursing populations.

Romem and Rozani (2024) highlighted that boosting team morale and implementing strategic scheduling can lower gender-specific injury risks by 37%. Additionally, the International Council of Nurses reported that mandatory debriefing sessions have helped reduce the emotional exhaustion gap among female nurses from 19% to 7%.

The lack of significant gender differences in nurses' health status may indicate that organizational interventions effectively buffer biological vulnerabilities. Additionally, it suggests that varying coping strategies across genders may lead to comparable health outcomes through compensatory adaptation.

Hence, the hypothesis stating that 'there is no significant difference in the health status of nurses at Sulu Sanitarium and General Hospital when categorized by gender' is upheld.

Work-related stress in terms of highest educational attainment

Table 4.3.1 Differences in the work-related stress as perceived by nurses in terms of highest educational attainment.

SOURCES OF VARIATION		Sum of Squares	df	Mean Square	F	Sig.	Description
Workload	Between Groups	.733	2	.367	1.126	.329	Not Significant
	Within Groups	31.607	97	.326			
	Total	32.340	99				
Workspace	Between Groups	1.047	2	.524	1.240	.294	Not Significant
	Within Groups	40.957	97	.422			
	Total	42.004	99				
Work Schedule	Between Groups	.626	2	.313	.852	.430	Not Significant
	Within Groups	35.654	97	.368			
	Total	36.280	99				
Workmates	Between Groups	.187	2	.093	.248	.781	Not Significant
	Within Groups	36.563	97	.377			
	Total	36.750	99				

Significance at alpha 0.05

Table 4.3.1 this table illustrates the variation in work-related stress levels among nurses at Sulu Sanitarium and General Hospital based on their highest educational attainment. Overall, the mean scores and corresponding t-values suggest that there is no statistically significant difference under this category.

The absence of significant differences in work-related stress among nurses at Sulu Sanitarium and General Hospital may be linked to the implementation of standardized training programs. According to Harrison et al. (2019), approximately 78% of hospitals now require competency-based orientation programs, which help bridge skill disparities regardless of educational background.

Therefore, the hypothesis asserting that 'no significant difference exists in the work-related stress of nurses at Sulu Sanitarium and General Hospital based on their highest educational attainment' is accepted.

Health status in terms of highest educational attainment

Table 4.3.2 Differences in the health status in terms of highest educational attainment.

SOURCES OF VARIATION		Sum of Squares	df	Mean Square	F	Sig.	Description
Physical	Between Groups	.626	2	.313	.852	.430	Not Significant
	Within Groups	35.654	97	.368			
	Total	36.280	99				
Psychological	Between Groups	.214	2	.107	.242	.786	Not Significant
	Within Groups	42.866	97	.442			
	Total	43.080	99				
Emotional	Between Groups	1.034	2	.517	1.272	.285	Not Significant
	Within Groups	39.434	97	.407			
	Total	40.468	99				
Social	Between Groups	.024	2	.012	.026	.974	Not Significant
	Within Groups	44.594	97	.460			
	Total	44.618	99				
Spiritual	Between Groups	1.233	2	.616	1.313	.274	Not Significant
	Within Groups	45.529	97	.469			
	Total	46.762	99				

Significance at alpha 0.05

Table 4.3.2 the analysis of the health status of nurses at Sulu Sanitarium and General Hospital based on their highest educational attainment indicates no significant difference, as evidenced by the overall mean differences and t-values. This result is consistent with the findings of Harrison et al. (2019), which show that nurses with higher educational backgrounds tend to adapt 33% faster to evolving guidelines, thus reducing stress related to role ambiguity. Based on these findings, the hypothesis stating that "there is no significant difference in the health status of nurses at Sulu Sanitarium and General Hospital when grouped according to highest educational attainment" is accepted.

Work-related stress in terms of length of service

Table 4.4.1 Differences in the work-related stress as perceived by nurses in terms of length of service.

SOURCES OF VARIATION		Sum of Squares	df	Mean Square	F	Sig.	Description
Workload	Between Groups	.654	3	.218	.660	.578	Not Significant
	Within Groups	31.687	96	.330			
	Total	32.340	99				
Workspace	Between Groups	1.487	3	.496	1.175	.324	Not Significant
	Within Groups	40.517	96	.422			
	Total	42.004	99				
Work Schedule	Between Groups	1.340	3	.447	1.228	.304	Not Significant
	Within Groups	34.940	96	.364			
	Total	36.280	99				
Workmates	Between Groups	.700	3	.233	.621	.603	Not Significant
	Within Groups	36.050	96	.376			
	Total	36.750	99				

Significance at alpha 0.05

Table 4.4.1 the comparison of work-related stress among nurses at Sulu Sanitarium and General Hospital in relation to their length of service reveals no significant difference. This is indicated by the overall mean differences and t-values, which show no statistically significant variations in stress levels based on length of service. This finding is consistent with the study by Martinez and Tapia (2024), which suggests that nurses with less than 5 years of service report 41% higher participation in mentorship programs, helping to balance the stress differences between novice and expert levels. Therefore, the hypothesis stating that "there is no significant difference in the work-related stress of nurses at Sulu Sanitarium and General Hospital when grouped according to length of service" is accepted.

Health status in terms of length of service

Table 4.4.2 Differences in the health status in terms of length of service.

SOURCES OF VARIATION		Sum of Squares	df	Mean Square	F	Sig.	Description
Physical	Between Groups	1.340	3	.447	1.228	.304	Not Significant
	Within Groups	34.940	96	.364			
	Total	36.280	99				
Psychological	Between Groups	1.496	3	.499	1.151	.333	Not Significant
	Within Groups	41.584	96	.433			
	Total	43.080	99				
Emotional	Between Groups	.341	3	.114	.272	.846	Not Significant
	Within Groups	40.127	96	.418			
	Total	40.468	99				
Social	Between Groups	1.698	3	.566	1.266	.290	Not Significant
	Within Groups	42.919	96	.447			
	Total	44.618	99				
Spiritual	Between Groups	.411	3	.137	.284	.837	Not Significant
	Within Groups	46.350	96	.483			
	Total	46.762	99				

Significance at alpha 0.05

Table 4.4.2 the comparison of health status among nurses at Sulu Sanitarium and General Hospital in relation to their length of service reveals no significant difference. This is evident from the overall mean differences and t-values, which show no statistically significant variations. Martinez and Tapia (2024) note that nurses with 1-3 years of experience tend to experience peak stress levels due to the demands of skill acquisition. In contrast, those with more than 8 years of experience are more likely to experience stress related to the loss of institutional trust, leading to increased frustration. This aligns with the findings of the current study, which shows no substantial difference in the health status of nurses across different lengths of service. Therefore, the hypothesis stating that "there is no significant difference in the health status of nurses at Sulu Sanitarium and General Hospital when grouped according to length of service" is accepted.

Question 5. Is there a significant correlation between work-related stress and the health status of nurses at Sulu Sanitarium and General Hospital?

Correlation between work-related stress and the health status

Table 5.1 Correlation between work-related stress and the nurses' health status.

Variables	Pearson <i>r</i>	Sig.	N	Description
Work-related Stress				
Health Status	.653**	.000	100	High

Legend: ** Correlation Coefficient is significant at alpha .05

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; .7-0.9= Very High; 0.9-1=Nearly Perfect

Table 5.1 shows the correlation between work-related stress and the health status of nurses at Sulu Sanitarium and General Hospital. It can be gleaned from this table that, there is a highly positive and significantly correlated between work-related stress on health status of nurses ($r=.653$; $p=.000$).

The stress-health relationship intensified in the study of Wright and Collins (2021) that stated 71% of stressed nurses work through illness, worsening chronic conditions.

Therefore, the hypothesis which states that: “There is no significant relationship between work-related stress and the health status of nurses at Sulu Sanitarium and General Hospital,” is hereby rejected.

Conclusion

Several conclusions were drawn from the findings of this study, specifically regarding the nurse-respondents at Sulu Sanitarium and General Hospital. First, the respondents were appropriately represented in terms of age, gender, educational background, and length of service, ensuring a well-rounded demographic. Second, the nurses, on average, reported experiencing a predominantly positive and healthy work environment. Third, no significant differences were found in the work-related stress and health status of nurses when examined in relation to their age, gender, educational attainment, or length of service. These non-significant results suggest that the hospital has a strong support system, effective compensation strategies, and organizational buffers in place to alleviate stress. This is consistent with Maslow’s Hierarchy of Needs, which underscores the importance of addressing stressors that may prevent nurses from fulfilling their basic and psychological needs. Furthermore, the Roy Adaptation Model serves as a useful framework to analyze how nurses manage stress and its impact on their overall health. Although demographic factors such as age and length of service did not emerge as predictors of variations in work-related stress and health, it does not mean that they lack broader significance. Rather, this highlights the need for deeper exploration to better comprehend these factors. Lastly, a moderately strong positive correlation was observed between work-related stress and nurses' health status, highlighting the necessity for continuous organizational strategies to manage stress and support nurses' well-being.

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