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Coping Mechanism and Resilience Strategies of Nurses in the Provincial Government of Albay: Strengthening Well-Being and Professional Performance amidst Workplace Stressor

AILYN M. OLIQUIANO[1], **ROWENA M. CUEVILLAS**[2]
[1,2] Bicol College, Legaspi City, Philippines

Corresponding author: rowenacuevillas8@gmail.com

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ABSTRACT

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Nurses, who dominate the healthcare profession, become highly exposed to workplace-associate stress. Emotional exhaustion, heavy patient assignment, and absence of support and recognition from health institution, are few factors placing nurses' own health and quality of care they deliver at risk. The present inquiry aimed to determine the stressors, coping strategies, and the urgency of having structured stress management interventions among nurses in the public hospitals governed by the Provincial Government of Albay. Descriptive-correlational research design was utilized. Two hundred ten nurses (210) from seven public hospitals were surveyed employing total enumeration. The researcher-made validated tool comprised

of demographic profiles, stressors assessed using Likert-scale, and checklist on various coping strategies perceived by each nurse. Frequency, weighted mean, and Pearson correlation were used in data analysis. Findings revealed that majority were young nurses, female and under non-permanent contracts. They demonstrated moderate to high levels of work-related stress, with workload and emotional stress as significant contributors. The relationship between stress levels with job status, years of experience, salary range, and number of dependents was robust. Coping strategies were self-initiated and peer-supported. Institutional resources were underutilized. A Nurse Stress Management Program (NSMP) was developed accordingly. The study concludes by observing that workplace stress is an individual and systemic issue, and highlights the imperative for wellness interventions that are age- and context-responsive to enhance nurse resilience and ensure the sustainability of health care.

INTRODUCTION

Nurses all over the world are still feeling more and more stressed and burned out because they have too much work, are emotionally drained, and don't get enough support from their employers. The World Health Organization (2023) and the International Council of Nurses (2022) said that more than 40% of registered nurses around the world are under moderate to severe stress. This stress hurts their mental health, job performance, and the care they give to patients. The COVID-19 pandemic exacerbated these challenges, resulting in increased psychological distress and professional fatigue among nurses in various healthcare environments (Beier et al., 2023). These kinds of conditions put nurses' health and the health systems around the world at risk.

In Southeast Asia, nurses face the same problems as nurses in other parts of the world: not enough staff, long hours, and no structured wellness programs. The Department of Health in the Philippines (2021) has identified stress and burnout among nurses as a significant occupational health concern. Research indicates that Filipino nurses endure moderate to severe work-related stress, intensified by substantial workloads and insufficient psychosocial support programs (Labrague et al., 2021). Even though there are laws like the Occupational Safety and Health Standards Act (Republic Act No. 11058, 2018), many healthcare facilities still don't have the resources to put in place good stress-management and coping programs, especially in the public sector.

In Albay province, nurses working in government hospitals deal with even more stress because there aren't enough staff, they have to work longer hours, and they can't get to mental health services as easily. Reports show that stress

at work still affects nurses' job satisfaction and overall health, but there aren't many systematic evaluations of their stress levels (Department of Health, 2021). There is a significant deficiency of localized research investigating the stress levels of nurses in Albay's public hospitals, despite the existence of international and national studies on nurse stress and burnout. It is important to fill this research gap so that evidence-based information can be used to improve institutional wellness programs and make it easier for nurses in the province to get help.

FRAMEWORK

This study was based on five main theories that together explained how nurses deal with stress and how they cope with it. The Person–Environment Fit Theory highlighted the impact of the alignment between nurses' personal attributes and their work environment on their well-being and stress levels. The Conservation of Resources Theory elucidated the emergence of stress when individuals encountered actual or perceived loss of valued resources, underscoring the necessity of preserving and replenishing these resources to maintain resilience. The Job Demands–Resources Model emphasized the equilibrium between the exigencies of nursing responsibilities and the accessibility of resources, including support, time, and training. Watson's Human Caring Theory stressed how important caring relationships are for nurses, both as a professional duty and as a source of emotional strength. Lastly, Lazarus and Folkman's Transactional Model of Stress and Coping looked at how people thought about stressful situations and used coping strategies to deal with them. These theories collectively offered a comprehensive framework for comprehending stress, coping mechanisms, and resilience strategies within nursing practice.

The research framework implemented these theories into a structured design utilizing the IPOO model (Input–Process–Output–Outcome). The Input stage included demographic and social factors, as well as stressors at work, that affected nurses' experiences. The Process entailed the methodical collection of data via validated surveys, subsequently analyzed through statistical methods and reinforced by expert evaluation and pilot testing, to ascertain coping mechanisms and resilience strategies. The Output signified the development of the Integrated Nurse Stress Coping (INSC) Theory and the Comprehensive Nurse Stress Management Program (CNSMP), which constituted the concrete scholarly contributions of the study. The Outcome showed that both individuals and organizations benefited, such as less stress, better health, more resilience, and better healthcare service delivery. By connecting theoretical grounding with real-world research, the framework made sure that the study not only added to what

we know but also suggested useful ways to help nurses in government hospitals.

OBJECTIVES OF THE STUDY

This study quantitatively assessed the stressors and coping mechanisms among nurses in public hospitals under the Provincial Government of Albay. Specifically, it sought to: (1) profiled the socio-demographic characteristics of nurses, including their age, sex, employment status, years of experience, work shift schedule (day or night duty), marital status, salary range, and number of dependents; (2) assessed the levels of stressors experienced by nurses in terms of workload and time pressures, emotional and psychological demands, organizational support and policies, and interpersonal relationships in the workplace; (3) analyzed the relationship between nurses' socio-demographic characteristics and their stress levels; (4) identified the coping mechanisms utilized by nurses to address the different sources of stress mentioned; and (5) developed a Comprehensive Nurse Stress Management Program (NSMP) that integrated evidence-based interventions to mitigate stress, enhance resilience, and improve nurses' well-being and job performance in public hospital settings.

METHODOLOGY

Research Design

This study utilized a descriptive-correlational research design to examine stressors, coping mechanisms, and stress management strategies among nurses in public hospitals in Albay. The descriptive part profiled nurses' socio-demographic characteristics and assessed their stress levels and coping strategies. The correlational aspect explored how factors such as age, experience, employment status, and shift schedules related to stress levels. The study also evaluated the effectiveness of coping mechanisms in reducing stress and improving well-being, offering insights into which strategies were most helpful in high-stress nursing environments.

Instrumentation

The research instrument was divided into three main sections: (1) Profile of Nurses, (2) Levels of Stressors Experienced, and (3) Coping Mechanisms Utilized. It combined multiple-choice questions, a 4-point Likert scale, and checklists to ensure clarity and ease of data collection. The first section collected socio-demographic information, including age, sex, employment status, years of experience, shift schedule, marital status, salary range, and number of

dependents. This helped determine whether these characteristics influenced stress levels or coping behaviors. The second section assessed stress levels using a 4-point Likert scale ranging from Not Stressed (1) to Extremely Stressed (4). It covered four key stressor areas: workload and time pressures, emotional and psychological demands, organizational support and policies, and interpersonal relationships. The third section used a checklist to identify coping mechanisms. Nurses selected applicable strategies across four domains: managing workload, handling emotional demands, accessing organizational support, and navigating interpersonal relationships. This format allowed multiple responses and provided insights into commonly used coping techniques.

Respondents

The respondents in this study were nurses working in public hospitals run by the Provincial Government of Albay. Respondents included nurses with permanent, casual and job order employment statuses. Nurses in 7 hospitals were included as participants in the study. By including nurses from different institutions from the various employment statuses, the researchers were able to gain data from nurses in different institutional and employment situations. They were thus able to enrich the findings for the study in terms of the nature of stress experienced by nurses in the workplace. Permanent nurses were included in the study as they have job security and have been working in the hospitals for the longest time. Casual and job order nurses, it is perceived that do not enjoy the same benefits and support compared to their permanent counterparts offer a perspective of the experience of stressors with job insecurity and little support and benefits. Thus, the differences of the common perception towards two categories of employment are the basis for the comparison.

Only registered nurses who had been employed in the services of the respective hospitals and those who had worked for not less than six months were recruited for the study. Nurses with such period of service would have been sufficiently exposed to conditions in workplace capable of generating stressful events. Registered nurses on leave during the survey, as well as those who were not involved in clinical activities, registered nurses whose job was purely on administrative duties and those in private hospital sectors were excluded. The selection of respondents ensure that a broad analysis is made on the level of occupational stress and coping mechanisms of the public hospital nurses in Albay.

Sampling Technique

This study used total enumeration, including all eligible nurses from seven public hospitals under the Provincial Government of Albay. This ensured

a comprehensive and unbiased assessment of workplace stress and coping mechanisms.

By covering all nurses—permanent, casual, and job order—from various hospital settings, the study captured diverse experiences and work conditions. This approach enhanced the reliability of the findings and provided a clearer picture of stress-related challenges across the province.

Data Analysis

A set of data were collected accordingly, analyzed properly using the appropriate statistical tools, based on the type and scales of variables, to establish trends, relationship and salient information, on the stressors and coping strategies on the nurses. Socio-demographic data were presented in frequency and percentage to describe the profiles of the respondents. Stress levels were presented in weighted mean and standard deviation to determine the average intensity and extent of variability of the perceived stressors. Data on coping mechanisms were assessed based on their frequency distribution and ranks to determine which strategy is most commonly employed by the respondents. Finally, correlation analysis was used to identify whether there is any relationship between socio-demographic data and stress level to determine the group that were more vulnerable to work stress.

RESULTS AND DISCUSSION

This section presented the findings on the coping mechanisms of nurses in public hospitals in Albay in response to persistent workplace stress and burnout. Data from surveys and interviews were analyzed to identify common stressors, the effectiveness of institutional mental health support, and the personal strategies used to maintain resilience. The results were discussed in relation to relevant literature to highlight patterns, deviations, and implications. Overall, the findings offered empirical evidence underscoring the need for structured institutional interventions to support nurses' mental well-being and sustain quality healthcare delivery in the province.

Profile the socio-demographic characteristics of nurses, including:

Age

The age distribution of nurses in Albay's public hospitals revealed a workforce dominated by younger professionals, with 79% of respondents aged below 40. Specifically, 39% were between 20–29 years old, and 40% fell within the 30–

39 age group. This demographic profile implies a workforce still in the early to mid-career stages, which may influence the way nurses experience and cope with workplace stress. Younger nurses, particularly those in their 20s, may struggle with heavy workloads, emotional labor, and clinical decision-making, making them more vulnerable to stress and burnout. In contrast, older nurses—though a minority at only 9% aged 50 and above—tend to demonstrate more developed coping mechanisms and greater emotional resilience, likely due to their extended exposure to healthcare environments.

Studies consistently show that younger nurses are more vulnerable to workplace stress. Moya-Salazar et al. (2023) found that young nurses were strong predictors of burnout during COVID-19 while older nurses tend to use positive coping strategies and show lower levels of depersonalization, while younger nurses rely more on negative coping and experience greater emotional strain (Beier et al., 2023). Younger nurses, particularly those under 30, also exhibit higher burnout marked by emotional exhaustion and reduced personal accomplishment (Fekih-Romdhane et al., 2025).

Sex

The sex distribution showed a higher proportion of female respondents (59%) across all districts, with the 2nd District having the most pronounced gender gap (66% female). This reflects broader trends in the nursing profession, where women dominate the workforce. Female nurses may have been more responsive to the study due to higher engagement with topics related to emotional well-being.

Evidence suggests that stress and burnout in nursing vary by sex. A U.S. study on nurse leaders revealed that female nurses reported higher levels of personal burnout, while their male counterparts had greater client-related burnout (Hemmingsson et al., 2024). In psychiatric settings, male nurses demonstrated higher overall burnout prevalence than females, particularly in depersonalization, depression, and anxiety (Li et al., 2022). More broadly, d'Ettorre et al. (2019) found that female healthcare workers, including nurses, reported greater work stress, with social support deficits strongly linked to anxiety and depression. These findings highlight that while women often face greater emotional exhaustion, men may be more affected by depersonalization and certain situational stressors, underscoring the need for gender-sensitive stress management strategies.

Employment Status

Employment status significantly influenced the stress experiences of nurses in the study. The majority (48%) were contractual or casual employees, followed

by job order nurses (31%) and a smaller percentage holding permanent positions (21%).

More recently, it was shown that nurses' plans to leave their hospital or the profession were strongly affected by their working conditions. Job stress and burnout were the main reasons why nurses in less stable roles left their jobs. These findings indicate that non-permanent employment elevates stress levels and diminishes retention, highlighting the necessity of stable contracts and supportive policies to ensure workforce sustainability (Enea et al., 2024).

Years of Experience

The data showed that 59% of nurses had less than six years of experience, with the highest concentration in the 1–5 years range (42%), indicating a predominantly early-career workforce. These less experienced nurses are more vulnerable to stress, emotional fatigue, and burnout due to limited coping strategies and clinical exposure. In contrast, only 20% had over 10 years of experience, suggesting fewer mentors and reduced institutional continuity. This imbalance calls for supportive programs, such as onboarding, stress management, and mentoring initiatives.

Research indicates that nurses possessing limited years of experience are more susceptible to stress. A systematic review indicated that novice nurses frequently encounter stress due to workload, time management, and adaptation challenges upon entering new work environments (Narbona-Gálvez et al., 2024). Likewise, a study of junior nurses indicated that insufficient experience and demographic variables were significant predictors of elevated burnout levels (Zhao et al., 2023). Research on newly graduated ICU nurses indicated that stress levels were highest during the initial months of practice when compared to their more experienced counterparts (Alqarni et al., 2025). These findings collectively demonstrate that early-career nurses experience elevated stress levels, highlighting the necessity of support systems during the transition into clinical practice.

Marital Status

The study revealed that 54% of nurses were married, while 46% were single. Married nurses, especially in the 1st District (64%), likely experienced higher stress due to juggling family responsibilities alongside demanding workloads. Conversely, single nurses—who were more prevalent in the 2nd and 3rd Districts—may have faced other challenges such as social isolation or being over assigned due to perceived availability.

Being married or single has been linked to stress and burnout in nursing. Research indicates that single or divorced nurses experience greater burnout

compared to their married counterparts, implying a protective influence of partnership (Cañadas-De la Fuente et al., 2018). During COVID-19, marriage was correlated with a reduced risk of burnout among healthcare workers, underscoring the protective function of familial support (Chen et al., 2022). However, recent studies have indicated no significant differences based on marital status, suggesting that organizational and workload factors may supersede demographic influences (Wudarczyk et al., 2025).

Salary Range

The salary distribution revealed that 72% of the nurses earned ₱25,000 or less monthly, with the highest concentration of low-income earners found in the 3rd District. Only 23% earned above ₱36,000, and a mere 5% fell into the ₱26,000–₱35,000 range, reflecting wage disparities and limited access to mid-tier salaries.

A recent study in Southern Ethiopia indicated that nurses in emergency and intensive care units faced significant occupational stress, largely attributed to excessive workload, time limitations, duty expectations, insufficient medical supplies, and frequent encounters with patient fatalities (Bolado et al., 2024). In addition to workplace demands, remuneration has been demonstrated to affect nurse stress and overall well-being. Babapour et al. (2022) found that job stress, which was partly caused by pay and benefits, made nurses' lives worse and made them less caring. Likewise, Dall'Ora et al. (2020) underscored that inadequate rewards and insufficient compensation were critical organizational factors leading to stress and burnout.

Number of Dependents

The distribution of respondents by number of dependents revealed that most nurses (42%) had one to two dependents, while 34% had none. A smaller percentage reported having three to four (18%), and only 6% had more than four dependents.

Nurses with parenting responsibilities experience heightened stress and burnout due to work–family conflict. Parenting stress has been identified as a major contributor to nurses' overall stress (Garcia et al., 2021). Emergency nurses balancing childcare responsibilities face greater emotional strain (Wu et al., 2021**).** Family demands also predict burnout, though workplace flexibility can lessen its impact (Maglalang et al., 2021**).** This section assessed levels of stressors nurses experience in workload, emotional demands, organizational support, and interpersonal relations.

The findings on nurses' socio-demographic characteristics align with the

Person–Environment Fit Theory, which posits that stress arises when personal attributes—such as age, experience, and employment status—do not match job demands. The predominance of younger and less experienced nurses indicates potential misfit between individual capabilities and workplace expectations, underscoring the need for organizational support and mentoring to strengthen person–job alignment and reduce occupational stress.

Level of Stress among Nurses

Nurses routinely encountered high levels of stress due to demanding workloads and emotionally intense care situations. Assessing their stress levels provided insight into the extent of occupational strain experienced across districts.

Workload and Time Pressures

Nurses in the 1st District reported being Extremely Stressed (AWM = 3.59), primarily due to cumulative workload, inflexible schedules, and frequent overtime. These findings highlight a critical need for immediate reforms in staffing and shift management to reduce fatigue and prevent burnout. In contrast, nurses in the 2nd (AWM = 2.88) and 3rd Districts (AWM = 3.26) were Moderately Stressed, sharing common concerns such as limited staffing, time constraints, and administrative inefficiencies. Although less severe, these ongoing issues suggest a persistent pattern of workload strain that requires early organizational intervention.

Recent studies affirm that substantial workloads and time limitations are significant stressors for nurses. Too many patient assignments, not enough breaks, and constant interruptions make people feel more stressed and rushed in their daily lives (Väisänen et al., 2024). A heavy workload can also make people emotionally drained and less happy with their jobs, which can hurt the quality of care (Maghsoud et al., 2022). Likewise sustained time pressure and high task demands have been shown to increase emotional fatigue and diminish psychological well-being among nurses, reinforcing the link between workload intensity and stress (Kowalczuk et al., 2023).

Emotional and Psychological Demands

In the 1st District nurses experienced Extremely Stressed levels (AWM = 3.54), primarily due to frequent traumatic cases, emotional exhaustion, and difficulty disengaging after shifts. These findings indicate severe emotional strain that, if unaddressed, may lead to compassion fatigue and burnout. Meanwhile, nurses in the 2nd (AWM = 2.90) and 3rd Districts (AWM = 3.27) were Moderately Stressed, sharing similar stressors such as repeated exposure to patient

suffering, emotional suppression, and limited avenues for psychological recovery. Although not as critical as the 1st District, the emotional toll across all districts was substantial, highlighting the need for structured mental health support, regular debriefings, and wellness interventions to sustain nurses' psychological well-being.

Emotional and psychological demands—especially emotional labor—are strong predictors of nurse burnout, acting as buffers between workload and strain (Wójcik et al., 2022; Zaghini et al., 2020). During crises such as COVID-19, higher emotional labor among nurses was linked to greater burnout, with perceived health and organizational support moderating the impact (Kim et al., 2022; Winnand et al., 2023).

Organizational Support and Policies

Nurses in the 1st District were Extremely Stressed (AWM = 3.51), primarily due to the absence of crisis policies, insufficient mental health resources, and lack of administrative support. Poor leadership communication, outdated procedures, and limited wellness initiatives further intensified institutional strain. Meanwhile, nurses in the 2nd (AWM = 2.97) and 3rd Districts (AWM = 3.35) were Moderately Stressed, citing unclear policies, inconsistent implementation, and limited managerial responsiveness as major concerns. Although stress levels were lower than those in the 1st District, the overall findings reveal systemic weaknesses in policy enforcement and leadership engagement, highlighting the need for proactive and supportive organizational structures. The overall *Total Weighted Mean* (TWM = 3.31) indicates that nurses across all districts experience moderate to high stress due to weak organizational support. The highest stressor was the limited access to mental health resources, followed by inadequate management support and delayed leadership communication. The findings stress the need for leadership reforms, mental health initiatives, and clear, responsive policy implementation.

Support from the organization is essential in managing nurses' stress and promoting overall well-being. Inadequate perceived organizational support markedly heightens burnout among nurses, whereas supportive management and equitable institutional policies help alleviate stress and improve work outcomes (Galanis et al., 2024). Organizational support and favorable working conditions are also significantly associated with a better professional quality of life, indicating that supportive hospital policies can mitigate stress and enhance job satisfaction (Zheng et al., 2024). Moreover, organizational factors such as staffing adequacy, fairness, and management support have a direct impact on nurse burnout and patient safety outcomes (Li et al., 2024). These findings underscore the critical

role of strong institutional support systems in sustaining nurse well-being and healthcare quality.

Interpersonal Relationships in the Workplace

In the 1st District nurses were Extremely Stressed (AWM = 3.56) due to frequent interpersonal conflicts, lack of supportive peer relationships, poor communication, and limited recognition from supervisors, reflecting a strained and emotionally disconnected work culture. Meanwhile, nurses in the 2nd (AWM = 2.97) and 3rd Districts (AWM = 3.29) were Moderately Stressed, sharing similar challenges such as weak supervisory support, unresolved conflicts, and limited collaboration. Although less critical than in the 1st District, the findings suggest that poor interpersonal relationships consistently contribute to workplace stress, emphasizing the need for improved communication, conflict resolution initiatives, and team-building activities to foster a more supportive work environment.

Interpersonal conflict and poor relationships with coworkers are still major sources of stress for nurses. Research indicates that workplace incivility and bullying lead to emotional exhaustion, diminished job satisfaction, and heightened turnover intentions (Lee et al., 2024). Also, violence at work from patients and visitors is still a major source of stress for coworkers, causing fear, mental strain, and job dissatisfaction (Kafle et al., 2022).

Overall, the findings on nurses' stress levels align with the Conservation of Resources Theory, which posits that stress emerges when individuals lose or lack essential resources such as time, energy, emotional balance, and organizational support. Across all districts, nurses reported moderate to extreme stress stemming from excessive workload, emotional strain, weak institutional support, and poor interpersonal relations—indicating a continuous depletion of personal and professional resources. These results emphasize that sustaining nurses' well-being requires restoring and protecting these resources through equitable staffing, mental health programs, and supportive workplace policies.

Relationship between socio-demographic characteristics and stress levels among nurses

The analysis revealed that several socio-demographic factors were significantly associated with stress levels among nurses. Age showed a strong relationship with stress ($p = .002$), suggesting that younger nurses experienced higher stress compared to older counterparts. Employment status was also significant across all districts ($p = .004$), indicating that nurses in contractual or job-order positions faced greater stress due to job insecurity and limited institutional support. Years

of experience ($p = .001$) and number of dependents ($p = .019$) were likewise associated with increased stress, reflecting how professional inexperience and family responsibilities elevate pressure. Salary had the highest level of significance ($p < .001$), underscoring the role of financial stability in psychological well-being.

The findings support the Job Demand–Resource Theory, which explains that stress arises when job demands exceed the personal and professional resources available to meet them. The significant relationships found between nurses' age, employment status, years of experience, salary, and number of dependents with stress levels demonstrate how both personal (demographic) and workplace (structural) factors influence strain. Younger, less experienced, and lower-paid nurses, particularly those in insecure employment, face higher demands with fewer resources, increasing their vulnerability to stress. Consistent with the JD–R model, strengthening job resources—such as fair compensation, training, and organizational support—can buffer these pressures and promote resilience among nurses.

Recent studies from 2021 to 2024 show that nurses' stress levels are significantly influenced by their socio-demographic traits. Age, gender, level of education, marital status, length of employment, shift schedule, and income all affect how nurses experience and manage stress. Younger nurses, those with less experience, and those assigned to night shifts exhibited elevated levels of burnout (Zhou et al., 2021). Marital and parental obligations, combined with rotating shifts, further exacerbated stress among hospital nurses (Werke et al., 2023). Diminished income and precarious employment conditions also heightened occupational stress during the COVID-19 pandemic (Ghaderi et al., 2024). Collectively, these findings demonstrate that both personal and occupational demographics shape nurses' stress patterns, underscoring the need for tailored well-being and support programs.

Coping Mechanisms Utilized by Nurses

Coping mechanisms play a vital role in helping nurses manage the physical, emotional, and psychological stressors they routinely encounter in clinical environments. Given the high-pressure demands of patient care, the adoption of effective coping strategies is crucial for preserving nurses' well-being, enhancing resilience, and ensuring sustained professional performance. In this section, the responses of nurses regarding their coping mechanisms are presented and analyzed using frequency counts and ranking. This approach highlights which strategies are most commonly employed across different districts and provides insight into how nurses prioritize their methods of managing workplace stress.

Workload and time pressures

To manage workload and time-related stress, nurses across districts most frequently relied on task delegation (rank 1), followed by brief pauses for recovery like stretching or deep breathing (rank 2), and adjusting task pace based on workload demands (rank 3). Advance planning for busy periods ranked 4th, while prioritizing critical tasks came 5th. Structured scheduling (rank 6) and coping with overtime (rank 7) were moderately used. Streamlining administrative work (rank 8) and seeking help from colleagues (rank 9) were less practiced, while use of digital tools ranked lowest at 10th. These results suggest that while teamwork and self-regulation are well-utilized, reliance on technology and open help-seeking remains limited.

Nurses face constant workload and time pressures that demand effective coping. Time management and resilience training reduce stress and work–family conflict, helping nurses handle competing demands efficiently (Taghavi Larijani et al., 2023). Strengthening time management skills also mitigates the impact of heavy workload and burnout, improving coping under pressure (Khan et al., 2023). Training nurses in time management also helped them prioritize, plan, and handle competing demands in critical-care units, leading to reduced stress levels (Vizeshfar et al., 2022). Collectively, these findings shows that structured coping strategies—encompassing both psychological and skill-based approaches—can augment nurses' resilience and efficacy in high-pressure situations.

Emotional and Psychological Demands

To cope with emotional strain, nurses most frequently engaged in relaxation methods to alleviate anxiety and prevent emotional exhaustion (Rank 1), followed by mindfulness exercises such as deep breathing to manage emotions (Rank 2). Engaging in hobbies or creative activities (Rank 3) and techniques to manage mood fluctuations (Rank 4) were also commonly practiced, reflecting their reliance on self-regulation strategies to maintain emotional balance. Mid-level strategies included physical activity to relieve stress (Rank 5) and the use of affirmations and positive self-talk (Rank 6). In contrast, formal supports such as participation in debriefing or peer sessions (Rank 8), counseling services (Rank 9), and resilience workshops (Rank 10) were least utilized, suggesting that nurses favored personal coping approaches over institutional or structured psychological assistance.

More and more nurses are using mindfulness-based interventions (MBIs) to deal with mental and emotional stress. A meta-analysis found that MBIs significantly lowered stress and improved burnout outcomes for nurses (Wang et al., 2023). Similarly, online mindfulness programs reduced anxiety, depression,

and stress among nursing professionals during periods of high demand, illustrating that digital interventions can effectively bolster emotional resilience (Gherardi-Donato et al., 2023).

Organizational Support and Policies

To manage work-related stress, nurses frequently relied on participating in meetings where stressors and coping strategies were discussed (Rank 1), followed by adherence to established organizational protocols and procedures (Rank 2). Providing constructive feedback to improve existing policies (Rank 3) and communicating regularly with supervisors about concerns and solutions (Rank 4) also ranked high, reflecting nurses' involvement in policy-related engagement and workplace communication. Mid-level strategies included attending organizationally initiated training sessions (Rank 5) and seeking help from formal institutional support services (Rank 6), suggesting moderate utilization of available programs. Meanwhile, participating in initiatives aimed at enhancing work environments (Rank 7) and using internal communication platforms for peer discussions (Rank 8) were less common. The lowest-ranked strategies were taking advantage of mental health and wellness tools (Rank 9) and participating in organizational initiatives to create healthier workplaces (Rank 10), indicating limited use of structured institutional supports. Overall, nurses showed moderate engagement in organizational mechanisms for stress management but continued to rely more on individual rather than institutional approaches to address workplace strain.

Recent research underscores that organizational support and policies are essential in assisting nurses to manage stress and avert burnout. Robust perceived organizational support and resilience markedly diminish compassion fatigue among frontline nurses (Liu et al., 2024). Supportive organizational structures improve nurses' work–family balance and well-being by lowering burnout (Xu & Zhao, 2024). The most effective approach to helping nurses manage stress involves combining workplace strategies such as staffing policies, digital well-being tools, and supportive leadership (Adam et al., 2023).

Interpersonal Relationships in the Workplace

To address interpersonal stressors, nurses most frequently engaged in activities that fostered camaraderie and a supportive work culture (Rank 1), emphasizing teamwork and positive collegial relationships. Utilizing clear communication methods to resolve misunderstandings and reduce conflict ranked 2nd, while establishing mentorship relationships for guidance and emotional support ranked 3rd. Mid-level strategies included participating in activities that promote trust

and social interaction (Rank 4), and practicing attentive listening to enhance understanding and reduce interpersonal tension (Rank 5). Lower-ranked strategies involved joining formal or informal groups focused on managing interpersonal stress (Rank 7), participating in feedback sessions to improve team dynamics (Rank 8), and applying structured approaches to resolve conflicts (Rank 9). The least utilized was fostering an environment of respect and support among colleagues (Rank 10), indicating that while informal support is strong, formal structures for mentorship and conflict management remain underused. Overall, nurses demonstrated a preference for maintaining harmony through informal peer interactions and open communication, underscoring a cooperative workplace culture that prioritizes teamwork and mutual respect.

These results show that nurses rely more on informal peer support and mutual respect than on institutionalized systems for interpersonal coping. To strengthen workplace dynamics, hospitals should encourage regular team-building, provide mentorship opportunities, and offer training on emotional intelligence and conflict resolution.

Interpersonal relationships are crucial in determining how nurses manage workplace stress. Daily social support from colleagues acts as a protective barrier against workplace incivility, promoting emotional stability and collaboration (Carmona-Cobo et al., 2022). Online peer support networks also assist newly qualified nurses in managing relational stress, fostering confidence, and improving professional belonging (Smythe et al., 2022). Emotional intelligence and constructive coping strategies further empower nurses to navigate interpersonal conflicts and sustain collaborative relationships in high-pressure environments (Jawabreh, 2024). Collectively, these studies show that robust interpersonal support, peer connectivity, and emotional intelligence are essential coping mechanisms for maintaining nurses' well-being in the workplace.

In general, the results show that nurses use different ways to deal with stress, such as compassion, reflection, and emotional control. This is in line with the Human Caring Theory, which sees caring as a key part of resilience and well-being, and the Transactional Model of Stress and Coping, which says that positive appraisal and good coping strategies lead to adaptive responses. These frameworks elucidate the mechanisms by which caring practices and mindful adaptation preserve nurses' psychological well-being and professional efficacy.

Developed Comprehensive Nurse Stress Management Program (NSMP)

The Nurse Stress Management Program (NSMP) is a structured, evidence-based initiative designed to address the growing concern of occupational stress among nurses in public hospitals. Recognizing the emotionally and physically

demanding nature of nursing, the NSMP integrates individual and organizational strategies to help nurses effectively manage stress, enhance resilience, and maintain overall well-being. The program includes key components such as psychoeducation on stress awareness, mindfulness and relaxation techniques, peer support groups, resilience and emotional intelligence training, and structured leadership engagement. It also incorporates institutional support through policies that promote fair workload distribution, flexible scheduling, and access to mental health resources.

The importance of the NSMP lies in its holistic approach to fostering a healthier, more sustainable nursing workforce. Chronic stress and burnout can lead to reduced job satisfaction, emotional fatigue, increased absenteeism, and high turnover rates, which in turn affect patient care quality. By providing nurses with tools to regulate stress and reinforcing a supportive work environment, the program promotes long-term job engagement and professional fulfillment. It encourages open communication, respectful peer interaction, and leadership accountability, helping to create a workplace culture where nurses feel safe, valued, and empowered.

In terms of benefits, the NSMP enables nurses to adopt healthier coping mechanisms that reduce the risks of anxiety, depression, and compassion fatigue. Mindfulness and emotional regulation practices promote mental clarity, calmness, and improved decision-making during high-pressure situations. Peer support systems and mentorship relationships help nurses feel less isolated and more connected, especially when dealing with emotionally challenging cases. The program also reinforces the importance of self-care, advocating that nurses must prioritize their own well-being to care effectively for others. As a result, participants in the NSMP are more likely to remain in their profession, experience greater job satisfaction, and contribute positively to a culture of compassionate, high-quality patient care. Ultimately, the NSMP is not just a response to stress—it is a proactive investment in the nursing workforce. By addressing the root causes of occupational stress and strengthening the coping capacity of nurses, this program promotes better health outcomes, enhances team collaboration, and ensures a more resilient and responsive healthcare system.

CONCLUSIONS

The study highlights that the stress experienced by nurses is influenced by a complex constellation of socio-demographic attributes, workplace contexts, emotional demands, and organizational factors. Younger, less experienced, and precariously employed nurses are particularly susceptible to stress, which is

aggravated by emotional labor and inadequate institutional support. Although nurses predominantly employ pragmatic, self-initiated coping strategies and peer collaboration, formal mental health resources are underutilized due to obstacles such as stigma and limited availability. These insights emphasize the necessity for comprehensive, adaptive interventions that account for both personal circumstances and systemic constraints. In this context, the proposed Nurse Stress Management Program (NSMP) aims to amalgamate individual coping strategies and institutional changes, thereby fostering resilience, emotional health, and a more supportive workplace environment, ultimately enhancing nurse satisfaction, retention, and overall healthcare effectiveness.

TRANSLATIONAL RESEARCH

This study translated its findings into the Nurse Stress Management Program (NSMP), a structured intervention designed to reduce workplace stress and promote nurse well-being in Albay's public hospitals. The NSMP integrates individual strategies such as mindfulness, time and workload management, and peer support with institutional reforms that strengthen leadership responsiveness, policy support, and access to mental health services. It aligns with RA 11036 (Mental Health Act), RA 10069 (Magna Carta for Public Health Workers), and the UN SDGs 3 and 8, ensuring that nurse welfare remains central to healthcare sustainability. A pilot implementation may be conducted in selected provincial and district hospitals under the DOH–Bicol Center for Health Development, involving wellness committees, training workshops, and integration of stress management modules into staff development programs. Outcomes may be monitored through stress assessments and feedback tools, serving as the basis for policy adoption and institutionalization in hospital HR and wellness frameworks. At the governance level, the study supports local policy innovation by providing an evidence-based model that complements DOH Regional Office V's Mental Health and Workforce Resilience Initiatives. The NSMP contributes to the Provincial Government of Albay's health agenda, promoting a psychologically safe workplace that enhances nurse retention, satisfaction, and quality patient care across the region.

LITERATURE CITED

Adam, D., Berschick, J., Schiele, J. K., Bogdanski, M., Schröter, M., Steinmetz, M., ... & Seifert, G. (2023). Interventions to reduce stress and prevent burnout in healthcare professionals supported by digital applications: a scoping review. *Frontiers in public health*, *11*, 1231266. https://doi.org/10.3389/fpubh.2023.1231266

Alqarni, A. S., Estadilla, L., Gonzales, F., Pasay-An, E., Alotaibi, A., Alkouri, O., ... & Al-Metyazidy, H. A. (2025). Quantifying the magnitude of stress among new graduate nurses working in intensive care units. *Scientific Reports*, *15*(1), 21078. https://doi.org/10.1038/s41598-025-05253-0

Babapour, A. R., Gahassab-Mozaffari, N., & Fathnezhad-Kazemi, A. (2022). Nurses' job stress and its impact on quality of life and caring behaviors: a cross-sectional study. *BMC nursing*, *21*(1), 75. https://doi.org/10.1186/s12912-022-00852-y

Beier, M. E., Cockerham, M., Branson, S., & Boss, L. (2023). Aging and burnout for nurses in an Acute Care setting: the First Wave of COVID-19. *International Journal of Environmental Research and Public Health*, *20*(8), 5565. https://doi.org/10.3390/ijerph20085565

Bolado, G. N., Ataro, B. A., Gadabo, C. K., Ayana, A. S., Kebamo, T. E., & Minuta, W. M. (2024). Stress level and associated factors among nurses working in the critical care unit and emergency rooms at comprehensive specialized hospitals in Southern Ethiopia, 2023: explanatory sequential mixed-method study. *BMC nursing*, *23*(1), 341. https://doi.org/10.1186/s12912-024-02004-w

Cañadas-De la Fuente, G. A., Ortega, E., Ramirez-Baena, L., De la Fuente-Solana, E. I., Vargas, C., & Gómez-Urquiza, J. L. (2018). Gender, marital status, and children as risk factors for burnout in nurses: A meta-analytic study. *International journal of environmental research and public health*, *15*(10), 2102. https://doi.org/10.3390/ijerph15102102

Carmona-Cobo, I., & Lopez-Zafra, E. (2022). Hospital nurses experiencing day-to-day workplace incivility: A diary study on the benefits of daily social support. *Journal of Nursing Management*, *30*(6), 1577-1589. https://doi.org/10.1111/jonm.13510

Chen, Y. H., Lou, S. Z., Yang, C. W., Tang, H. M., Lee, C. H., & Jong, G. P. (2022). Effect of marriage on burnout among healthcare workers during the COVID-19 pandemic. *International Journal of Environmental Research and Public Health*, *19*(23), 15811. https://doi.org/10.3390/ijerph192315811

d'Ettorre, G., Pellicani, V., & Vullo, A. (2019). Gender assessment of job stress in healthcare workers. Implications for practice. *La Medicina del lavoro*, *110*(1), 22. doi: 10.23749/mdl.v110i1.7421

Dall'Ora, C., Ball, J., Reinius, M., & Griffiths, P. (2020). Burnout in nursing: a theoretical review. *Human resources for health*, *18*(1), 41. https://doi.org/10.1186/s12960-020-00469-9

Department of Health (DOH). (2021). *National Mental Health Program: Implementation review and updates.* Department of Health, Republic of the Philippines. https://doh.gov.ph

Department of Health (DOH). (2021). *National Mental Health Program: Implementation review and updates.* Department of Health, Republic of the Philippines. https://doh.gov.ph

Enea, M., Maniscalco, L., de Vries, N., Boone, A., Lavreysen, O., Baranski, K., ... & Matranga, D. (2024). Exploring the reasons behind nurses' intentions to leave their hospital or profession: A cross-sectional survey. *International Journal of Nursing Studies Advances*, *7*, 100232. https://doi.org/10.1016/j.ijnsa.2024.100232

Fekih-Romdhane, F., Harb, F., Al Banna, S., Obeid, S., & Hallit, S. (2025). Prevalence and risk factors of burnout symptoms among nurses during the COVID-19 pandemic: an updated systematic review and meta-analysis. *Human Resources for Health*, *23*(1), 48. https://doi.org/10.1186/s12960-025-01012-4

Galanis, P., Moisoglou, I., Katsiroumpa, A., & Mastrogianni, M. (2024, March). Association between workplace bullying, job stress, and professional quality of life in nurses: A systematic review and meta-analysis. In *Healthcare* (Vol. 12, No. 6, p. 623). MDPI. https://doi.org/10.3390/healthcare12060623

Garcia, A. S., Carotta, C. L., Brown, R., Da Rosa, P., Pravecek, B., & Carson, P. (2021). Parenting stress, self-efficacy and COVID-19 health risks as predictors of general stress among nurses. *International Journal of Nursing Practice*, *27*(6), e13009. https://doi.org/10.1111/ijn.13009

Ghaderi, Z., Tagharrobi, Z., Sooki, Z., & Sharifi, K. (2024). Predictive factors of occupational stress among nurses during the COVID-19 pandemic: a cross-sectional study in Kashan, Iran. *BMC nursing*, *23*(1), 313. https://doi.org/10.1186/s12912-024-01967-0

Gherardi-Donato, E. C. D. S., Díaz-Serrano, K. V., Barbosa, M. R., Fernandes, M. N. D. F., Gonçalves-Ferri, W. A., Camargo Júnior, E. B., & Reisdorfer, E. (2023). The impact of an online mindfulness-based practice program on the mental health of Brazilian nurses during the COVID-19 pandemic. *International Journal of Environmental Research and Public Health*, *20*(4), 3666. https://doi.org/10.3390/ijerph20043666

International Council of Nurses (ICN). (2022). *The global nursing workforce and COVID-19: Impact and recommendations.* International Council of Nurses. https://www.icn.ch

International Council of Nurses (ICN). (2022). *The global nursing workforce and COVID-19: Impact and recommendations.* International Council of Nurses. https://www.icn.ch

Jawabreh, N. (2024). The relationship between emotional intelligence and coping behaviors among nurses in the intensive care unit. *SAGE Open Nursing*, *10*, 23779608241242853. https://doi.org/10.1177/23779608241242853

Kafle, S., Paudel, S., Thapaliya, A., & Acharya, R. (2022). Workplace violence against nurses: a narrative review. *Journal of clinical and translational research*, *8*(5), 421. https://pmc.ncbi.nlm.nih.gov/articles/PMC9536186/

Khan, A., Bibi, A., & Khan, S. (2023). *Factors influencing time management skills among nurses in North Pakistan.* BMC Nursing, 22**(1),** 409. https://doi.org/10.1186/s12912-023-01560-x

Kim, M. N., Yoo, Y. S., Cho, O. H., & Hwang, K. H. (2022). Emotional labor and burnout of public health nurses during the COVID-19 pandemic: Mediating effects of perceived health status and perceived organizational support. *International journal of environmental research and public health*, *19*(1), 549. https://doi.org/10.3390/ijerph19010549

Kowalczuk, K., Krajewska-Kułak, E., & Bogusz, R. (2023). *Work-related stress, burnout, and coping strategies among nurses under time pressure.* BMC Nursing, 22(1), 517. https://doi.org/10.1186/s12912-023-01610-4

Labrague, L. J., De los Santos, J. A. A., & Falguera, C. C. (2021). Social and emotional loneliness among college students during the COVID-19 pandemic: The predictive role of coping behaviors, social support, and personal resilience. *Journal of Nursing Management, 29*(7), 1893–1903. https://doi.org/10.1111/jonm.13367

Lee, S. E., Seo, J. K., & Macphee, M. (2024). Effects of workplace incivility and workload on nurses' work attitude: The mediating effect of burnout. *International Nursing Review*, *71*(4), 1080-1087. https://doi.org/10.1111/inr.12974

Li, C., Li, L., & Wang, Z. (2022). Knowledge, attitude and behaviour to evidence-based practice among psychiatric nurses: A cross-sectional survey. *International Journal of Nursing Sciences*, *9*(3), 343-349. https://doi.org/10.1016/j.ijnss.2022.06.016

Li, L. Z., Yang, P., Singer, S. J., Pfeffer, J., Mathur, M. B., & Shanafelt, T. (2024). Nurse burnout and patient safety, satisfaction, and quality of care: a systematic review and meta-analysis. *JAMA network open*, *7*(11), e2443059-e2443059. doi:10.1001/jamanetworkopen.2024.43059

Liu, D., Xie, S., Jing, J., Niyomsilp, E., Xie, L., Nie, X., & Liang, Y. (2024). The effect of perceived organizational support and ego-resilience on the relationship between occupational stressors and compassion fatigue in COVID-19 frontline nurses: a cross-sectional study in Sichuan, China. *BMC nursing*, *23*(1), 817. https://doi.org/10.1186/s12912-024-02473-z

Maghsoud, F., Rezaei, M., Asgarian, F. S., & Rassouli, M. (2022). Workload and quality of nursing care: the mediating role of implicit rationing of nursing care, job satisfaction and emotional exhaustion by using structural equations modeling approach. *BMC nursing*, *21*(1), 273. https://doi.org/10.1186/s12912-022-01055-1

Maglalang, D. D., Katigbak, C., Gómez, M. A. L., Sorensen, G., Hopcia, K., Hashimoto, D. M., ... & Sabbath, E. L. (2021). Workplace discrimination and short sleep among healthcare workers: the buffering effect of people-oriented culture. *Journal of occupational and environmental medicine*, *63*(10), 857-864. DOI: 10.1097/JOM.0000000000002246

Moya-Salazar, J., Buitrón, L. A., Goicochea, E. A., Salazar, C. R., Moya-Salazar, B., & Contreras-Pulache, H. (2023). The age of young nurses is a predictor of burnout syndrome during the care of patients with COVID-19. *Nursing Reports*, *13*(2), 721-730. https://doi.org/10.3390/nursrep13020063

Narbona-Gálvez, Á., García-Iglesias, J. J., Ayuso-Murillo, D., Fontán-Vinagre, G., Gómez-Salgado, J., Allande-Cussó, R., ... & Ruiz-Frutos, C. (2024). Stress in novice nurses in new work environments: a systematic review. *Frontiers in public health*, *12*, 1463751. https://doi.org/10.3389/fpubh.2024.1463751

Republic Act No. 11058. (2018). *An Act Strengthening Compliance with Occupational Safety and Health Standards.* Official Gazette of the Republic of the Philippines. https://www.officialgazette.gov.ph/2018/08/17/republic-act-no-11058

Republic Act No. 11058. (2018). *An Act Strengthening Compliance with Occupational Safety and Health Standards.* Official Gazette of the Republic of the Philippines. https://www.officialgazette.gov.ph/2018/08/17/republic-act-no-11058

Smythe, A., Jenkins, C., Bicknell, S., Bentham, P., & Oyebode, J. (2022). A qualitative study exploring the support needs of newly qualified nurses and their experiences of an online peer support intervention. *Contemporary Nurse*, *58*(4), 343-354. https://doi.org/10.1080/10376178.2022.2107036

Taghavi Larijani, T., Yazdanpanah, M., & Shahhosseini, Z. (2023). *Examining the impact of time management and resilience training on work–family conflict among Iranian female nurses: A randomized controlled trial.* BMC Nursing, 22(1), 527. https://doi.org/10.1186/s12912-023-01634-w

Väisänen, V., Ruotsalainen, S., Hietapakka, L., Sulander, J., & Sinervo, T. (2024). The role of workday characteristics on perceived stress and time pressure among nurses in Finnish long-term care–a cross-sectional study. *BMC Health Services Research*, *24*(1), 878. https://doi.org/10.1186/s12913-024-11294-4

Vizeshfar, F., Rakhshan, M., Shirazi, F., & Dokoohaki, R. (2022). The effect of time management education on critical care nurses' prioritization: a randomized clinical trial. *Acute and critical care*, *37*(2), 202. https://pmc.ncbi.nlm.nih.gov/articles/PMC9184972/

Wang, Q., Wang, F., Zhang, S., Liu, C., Feng, Y., & Chen, J. (2023). Effects of a mindfulness-based interventions on stress, burnout in nurses: a systematic review and meta-analysis. *Frontiers in psychiatry*, *14*, 1218340. https://doi.org/10.3389/fpsyt.2023.1218340

Werke, E. B., & Weret, Z. S. (2023). Occupational stress and associated factors among nurses working at public hospitals of Addis Ababa, Ethiopia, 2022; A hospital based cross-sectional study. *Frontiers in public health*, *11*, 1147086. https://doi.org/10.3389/fpubh.2023.1147086

Winnand, P., Fait, Y., Ooms, M., Bock, A., Heitzer, M., Laurentius, T., ... & Modabber, A. (2023). Assessment of psychological and physical stressors among nurses in different functional areas before and during the COVID-19 pandemic: a cross-sectional study. *BMC nursing*, *22*(1), 257. https://doi.org/10.1186/s12912-023-01424-4

Wójcik, G., Wontorczyk, A., & Barańska, I. (2022). Job demands, resources and burnout among Polish nurses during the late wave of COVID-19 pandemic: the mediating role of emotional labor. *Frontiers in psychiatry*, *13*, 931391. https://doi.org/10.3389/fpsyt.2022.931391

World Health Organization (WHO). (2023). *Health workforce stress and resilience report: Protecting the mental well-being of health and care workers.* World Health Organization. https://www.who.int

World Health Organization (WHO). (2023). *Health workforce stress and resilience report: Protecting the mental well-being of health and care workers.* World Health Organization. https://www.who.int

Wu, Y., Zhou, X., Gong, Y., Jiang, N., Tian, M., Zhang, J., ... & Lv, C. (2021). Work-family conflict of emergency nurses and its related factors: a National Cross-Sectional Survey in China. *Frontiers in public health*, *9*, 736625. https://doi.org/10.3389/fpubh.2021.736625

Wudarczyk, B., Krupa-Nurcek, S., Czapla, M., & Uchmanowicz, I. (2025). Factors influencing burnout, stress levels, and coping strategies among nursing staff in intensive care units. *Frontiers in Public Health*, *13*, 1530353. https://doi.org/10.3389/fpubh.2025.1530353

Xu, H., & Zhao, X. (2024). Organizational support enhances nurses' work-family enrichment: a person–context interactionist perspective. *Frontiers in psychiatry*, *15*, 1392811. https://doi.org/10.3389/fpsyt.2024.1392811

Zaghini, F., Biagioli, V., Proietti, M., Badolamenti, S., Fiorini, J., & Sili, A. (2020). The role of occupational stress in the association between emotional labor and burnout in nurses: A cross-sectional study. *Applied nursing research*, *54*, 151277. https://doi.org/10.1016/j.apnr.2020.151277

Zhao, Y., Zhang, X., Zheng, Z., Guo, X., Mou, D., Zhao, M., ... & Meng, J. (2023). Burnout among junior nurses: The roles of demographic and workplace relationship factors, psychological flexibility, and perceived stress. *Journal of Nursing Management*, *2023*(1), 9475220. https://doi.org/10.1155/2023/9475220

Zheng, J., Feng, S., Gao, R., Gong, X., Ji, X., Li, Y., ... & Xue, B. (2024). The relationship between organizational support, professional quality of life, decent work, and professional well-being among nurses: a cross-sectional study. *BMC nursing*, *23*(1), 425. https://doi.org/10.1186/s12912-024-02114-5

Zhou, L. L., Zhang, S. E., Liu, J., Wang, H. N., Liu, L., Zhou, J. J., ... & Liu, B. (2022). Demographic factors and job characteristics associated with burnout in Chinese female nurses during controlled COVID-19 period: a cross-sectional study. *Frontiers in public health*, *9*, 757113. https://doi.org/10.3389/fpubh.2021.757113