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Work-Related Stress on Nurses' Mental Health: Basis for an Advocacy Program

BEVERLY B. MOLINA[1], APRIL G. ALAP[2]
[1]*Urdaneta City University*
[2]PhDNEd, MAN, RN, *Urdaneta City University*

Abstract- ***Work-related stress is widely recognized as a critical factor influencing nurses' mental health, affecting both their well-being and professional functioning. In response to this concern, the study employed a descriptive–correlational research design to examine the perceived effects of work-related stress across cognitive functional abilities, lifestyle and health behaviors, and social and occupational functioning, as well as nurses' coping beliefs. It also explored differences and relationships between stress effects and selected profile variables. Using a purposive–incidental sampling technique, 56 staff nurses were selected from a total population of 102 nurses in a selected hospital in Urdaneta City. Only frontline nurses directly involved in patient care were included to ensure the data's relevance. The respondents were predominantly middle-aged, female, single, and Roman Catholic, mostly Bachelor's degree holders, belonging to a lower-middle- to middle-income group, assigned mainly to ward areas, and largely early in their careers. The findings reveal that work-related stress exerts a moderate, multidimensional impact on nurses' mental health, with more pronounced effects on cognitive functioning and lifestyle behaviors. In contrast, social and occupational functioning are less affected. Despite this, nurses demonstrate strong coping beliefs, particularly in managing emotions and sustaining coping strategies, although challenges remain in maintaining optimal job performance under stress. The study concludes that stress experiences vary by professional context and level of experience rather than by general demographic factors, highlighting the vulnerability of early-career nurses and those in high-demand clinical areas. Accordingly, it is recommended that a targeted advocacy program be implemented, focusing on stress management training, mentorship, lifestyle and wellness interventions, and organizational support systems such as adequate staffing and flexible scheduling. These strategies are essential for enhancing nurses' well-being, strengthening coping capacity, and improving overall professional performance.***

Key Terms: Work-related Stress, Mental Health, Advocacy Program

I. INTRODUCTION

Background of the Study

In contemporary work environments, stress is a pervasive aspect of professional life. Prolonged exposure to demanding conditions undermines organizational productivity and poses significant risks to employees' mental health. Work-related stress typically results from excessive job demands, limited autonomy over work processes, and insufficient social or organizational support. Persistent exposure to these stressors can lead to a range of adverse mental health outcomes, increasing the risk of psychological distress among employees.

The negative effects of work-related stress on mental well-being are multifaceted, encompassing anxiety, depression, burnout, and reduced job satisfaction. Key contributors to this phenomenon include excessive workloads, lack of autonomy, strained interpersonal relationships, and job insecurity. Stressors affect not only individual well-being but also lead to broader consequences, such as decreased productivity, higher employee turnover, and increased societal health burdens.

Workplaces often impose substantial demands on individuals, and when these pressures exceed coping capacity, stress accumulates. Work-related stress is not limited to the work environment; it also affects physical health, emotional stability, and psychological well-being. Work-related stress can eventually affect an individual's cognitive, emotional, and behavioral processes, including coping with stress, dealing with people, and decision-making, and can affect emotional, psychological, and social well-being.

Several key workplace stressors have been identified, such as excessive workload characterized by overwhelming tasks, unrealistic deadlines, and insufficient resources, which often lead to chronic stress and burnout. lack of control, including limited autonomy over decision-making, work processes, and schedules, can foster feelings of helplessness and frustration. Poor relationships with colleagues and supervisors characterized by conflict, bullying, lack of support, and poor communication may also result in a toxic work environment. Moreover, difficulties with work-life balance and an organizational culture that supports longer hours, competition, and presenteeism can contribute to work-related stress.

Healthcare professions, in particular, inherently expose workers to numerous stressors that profoundly affect psychological well-being and mental health (Nwobodo et al., 2023). Recent public health crises have intensified this global concern. Even before the COVID-19 pandemic, occupational stress and its mental health consequences were already significant issues in the healthcare sector, affecting various professional groups, including physicians and nurses (Silver et al., 2022). The vulnerability of healthcare professionals to work-related stress—often resulting in burnout, anxiety, and depression—is well documented. The complexity in patient care, combined with the continuous exposure to traumatic experiences, contributes further to the mental health challenges of the population.

Nurses, as members of the healthcare workforce, consistently report high levels of burnout, anxiety, and depression due to the intense demands and systemic pressures of modern healthcare systems. Moreover, prolonged exposure to critical situations and the emotional labor inherent in patient care can significantly deplete psychological resources, leading to chronic stress and diminished coping capacity.

Chronic exposure to work-related stress has far-reaching consequences for mental health. too much worrying, restlessness, difficulty concentrating, and physical symptoms such as muscle tension and headaches. Likewise, the characteristics of depression include persistent sadness, lack of interest, feeling of tiredness, and hopelessness. Burnout was an emotional, physical, and mental exhaustion resulting from prolonged stress, mostly a manifestation of work stress. Decreased job satisfaction often leads to reduced motivation, absenteeism, and employee turnover. Stress may also impair cognitive functioning, affecting memory, attention, and decision-making, thereby diminishing performance. Some individuals resort to substance use as a coping mechanism, increasing the risk of addiction and related health problems. Furthermore, chronic stress contributes to physical health conditions such as cardiovascular disease, musculoskeletal disorders, weakened immune function, and sleep disturbances, which further exacerbate psychological symptoms.

Stengård et al. (2021) reported that in 2019, approximately 38% of workers worldwide experienced high levels of daily stress. Occupational stress was strongly associated with absenteeism, presenteeism, reduced productivity, and early workforce exit. In Europe, Australia, and North America, the estimated annual economic cost of work-related stress ranges from USD 221 million to USD 187 billion, with productivity losses of 70% to 90% (Hassard et al., 2020). Beyond physical workload, psychosocial factors remain a substantial source of workplace stress.

Workplace stress is a critical global issue affecting individuals across industries and regions. A study by De Jager (2024) revealed that approximately 43% of workers in the United States reported experiencing tension or stress during their workdays. Additionally, 15% described their workplace as toxic, while 44% of younger workers reported leaving their jobs due to burnout. Notably, 59% of employees under the age of 35 experienced work-related stress, with women being disproportionately affected.

Work-related stress and mental health share a complex, bidirectional relationship. While moderate stress may serve as a motivator, chronic or excessive stress significantly impairs mental well-being, increasing vulnerability to anxiety, depression, and burnout. Stress can function both as a risk factor and a symptom of mental health challenges, negatively affecting productivity, safety, and work–life balance. Conversely, supportive work environments and strong interpersonal connections can serve as

protective buffers, fostering resilience and promoting better mental health outcomes.

Similar patterns are evident in the Philippines. A study by Deloitte (2025) revealed that a substantial proportion of Filipino Generation Z and millennial workers experience high levels of work-related stress and anxiety, with Gen Z reporting higher rates than their older counterparts. Specifically, 68% of Filipino Gen Z workers and 48% of millennials reported feeling anxious or stressed all or most of the time—figures that exceed global averages. Additionally, 70% of Gen Z and 63% of millennials reported experiencing burnout due to workload demands (Deloitte, 2025). A separate Gallup survey found that 50% of Filipino workers' experience stress throughout the day, the highest rate in Southeast Asia (Royandoyan, 2022). These literature and studies highlight the pervasive nature of workplace stress among Filipino employees, particularly among younger workers, and underscore its potential long-term implications for well-being, productivity, and career development. It is for this caused that the researcher sought to determine the perceived effects of work-related stress on nurses' mental health.

Conceptual/Theoretical Framework

This study examines how perceived work-related stress influences nurses' mental health, with an emphasis on the interactions among key study variables. The independent variables include respondents' demographic and professional characteristics, age, sex, civil status, religion, highest educational attainment, monthly family income, area of assignment, years of service, and their perceived level of work-related stress. These factors are considered conditions that may shape how nurses experience and respond to workplace stress.

The dependent variables capture the effects of work-related stress on nurses' mental health across four domains. These include cognitive functional abilities, such as attention and decision-making; lifestyle and health behaviors, including sleep and self-care practices; social and occupational functioning, which involve relationships and work performance; and coping beliefs and perceptions, which indicate the level of confidence nurses have in managing stress. Coping beliefs also provide insight into how individuals evaluate their capacity to handle workplace challenges.

The Transactional Theory of Stress and Coping views stress as the result of continuous interaction between the individual and the environment. In this context, perceived work-related stress reflects how nurses evaluate workplace demands. Their coping beliefs and mental health outcomes illustrate how they assess available resources and apply coping strategies. This perspective highlights the importance of individual interpretation in shaping the impact of stress.

At the same time, the Job Demands–Resources (JD-R) Model explains the role of workplace conditions in the stress process. Job demands, such as heavy workload, time pressure, and emotional strain, contribute to increased stress levels. In contrast, job resources, including social support, autonomy, and organizational assistance, help lessen these pressures and support well-being. The respondents' profile characteristics may influence both exposure to job demands and access to resources, thereby affecting stress levels and mental health outcomes.

The study follows the Independent–Dependent–Emergent Output (I–D–E) framework to organize the relationships among variables. The independent variables, consisting of profile characteristics and perceived stress, influence the dependent variables, which are the four dimensions of mental health. The interaction among these variables produces an emergent output: a comprehensive understanding of how work-related stress affects nurses' mental well-being. This outcome may serve as a basis for developing targeted interventions and support programs.

Overall, perceived work-related stress is a central factor that connects workplace conditions and individual characteristics to mental health outcomes, while emphasizing the role of cognitive appraisal and coping processes in shaping these effects.

Statement of the Problem

This study determined the perceived effects of work-related stress on nurses' mental health. Specifically, the study sought to address the following research questions:

1. What is the profile of the respondents along;
   a. age;
   b. sex;
   c. civil status;
   d. religion;
   e. highest educational attainment;
   f. monthly family income;
   g. area of assignment; and,
   h. number of years in service?

2. What are the perceived effects of work-related stress on nurses' mental health in terms of;
   a. cognitive functional abilities;
   b. lifestyle and health behaviors; and,
   c. social and occupational functioning?

3. What is the respondents' perception of coping beliefs regarding work-related stress?
4. Is there a significant difference in the perceived effects of work-related stress on nurses' mental health across their selected profile variables?
5. Is there a significant relationship between the extent of the perceived effects of work-related stress on nurses' mental health and their selected profile variables?
6. Based on findings, what proposed advocacy program would enhance the mental well-being of nurses?

Null Hypotheses

The hypotheses were tested at a 0.05 level of significance and were stated as:

1. There is no significant difference in the extent of perceived work-related stress effects on nurses' mental health across their profile variables.
2. There is no significant relationship between the extent of perceived work-related stress effects on nurses' mental health and their profile variables

II. METHODOLOGY

Research Method and Design

This study employed a descriptive–correlational research design to examine the perceived effects of work-related stress on nurses' mental health. The descriptive aspect of the design systematically identifies and presents respondents' demographic and professional profiles, as well as the levels of perceived stress across key mental health domains, including cognitive functioning, lifestyle and health behaviors, coping beliefs and perceptions, and social and occupational functioning. By observing variables in their natural setting without manipulation, the design provides an accurate representation of current conditions among nurses, enabling an objective assessment of how work-related stress within the population. The approach was aligned to describe phenomena as they exist in real-world contexts, thereby ensuring that the findings reflect actual workplace conditions in nursing practice.

In addition, to examine the relationship between work-related stress and the identified mental health variables, as well as the influence of selected demographic and professional characteristics, the researcher used a correlational design. Statistical techniques, such as Pearson correlation analysis, were applied to measure the direction and strength of associations among variables without inferring causality. This strategy enabled the identification of significant patterns, such as which groups of nurses were more affected by stress and which factors may be associated with better or poorer mental health outcomes. The integration of descriptive and correlational analyses provides a comprehensive framework for interpreting the data, supports the development of evidence-based recommendations and advocacy initiatives to improve nurses' mental well-being, and guides targeted interventions in clinical settings.

Population and Locale of the Study

The study used a purposive–incidental sampling technique to select participants from a total population of 102 nurses in a selected hospital in Urdaneta City. From this group, 56 staff nurses were chosen as respondents because they met the inclusion criteria, such as (1) being assigned to different clinical areas, (2) being present during the data collection period, and (3) voluntarily agreeing to participate. The researcher includes only (4) frontline staff nurses who are directly involved in patient care and exposed to work-related stress. The inclusion criteria required participants to be (5) registered nurses actively working in clinical areas with direct patient care responsibilities and willing to take part in the study.

This sampling approach was appropriate because it allowed the researcher to intentionally select participants who were relevant to the study while also considering their availability during data collection. The researcher conducted the study during the second semester of the academic year 2025–2026 in selected hospitals in Urdaneta City, where nurses regularly experience work-related stress. This setting provided a realistic environment for examining the perceived effects of work-related stress on staff nurses' mental health, ensuring that the collected data accurately reflected their actual work conditions and professional experiences.

Data Gathering Tools

The study used a structured survey questionnaire as the primary data collection tool. It was developed based on a review of relevant literature on work-related stress and its effects on mental health. The questionnaire consisted of two parts: Part I covered the respondents' demographic profile; Part II was about the extent of perceived work-related stress effects on nurses' mental health, including cognitive functioning, lifestyle and health behaviors, social and occupational functioning, and coping beliefs and perceptions.

To ensure the validity and quality of the instrument, the questionnaire was evaluated and validated by three experts, namely the Chief Nurse, a Clinical Nurse Research Expert, and the Program Head of the College of Nursing. The expert-validators carefully reviewed feedback, suggestions, and recommendations, which the researcher incorporated to improve the questionnaire's content, clarity, and relevance. The researcher submitted the final instrument to the University's Institute of Graduate and Advanced Studies for further review and integrated the suggestions to strengthen the survey tool's objectivity, clarity, and reliability before data collection. Finally, the instrument was submitted for review by the university research ethics committee.

Data Gathering Procedure

Upon approval of the research proposal, the researcher sent a letter of permission to the Dean of the Institute of Graduate and Advanced Studies. The researcher obtained informed consent from the participants before distributing the questionnaires. Participation in the study was entirely voluntary, and respondents were fully informed about the purpose, procedures, and nature of the research before they agreed to take part.

The researcher strictly adhered to fundamental ethical principles throughout the study. The principle of beneficence was upheld by clearly explaining the research's purpose and procedures to all participants to ensure that participation would not result in harm. The researcher conducted the study with respect, treating participants with dignity and ensuring their voluntary participation throughout the process. The principle of justice, ensuring equal opportunity for eligible participants to take part in the study, was upheld. The researcher maintained strict confidentiality throughout the study. Furthermore, participants were given the chance to respond at their own pace and withdraw from the study at any time without penalty or negative consequences.

Treatment of Data

The collected data were systematically encoded, organized, and analyzed using the Statistical Package for the Social Sciences (SPSS), with statistical analysis performed by a licensed statistician to ensure accuracy and reliability of the results. In accordance with the study objectives, the researcher used appropriate descriptive and inferential statistical techniques.

For Problem 1, which focused on the respondents' demographic and professional profiles, descriptive statistics, such as frequency counts and percentages, were used. A computed percentage distribution, including age, sex, civil status, religion, highest educational attainment, monthly family income, area of assignment, and years of service.

For Problems 2 and 3, which examined the perceived effects of work-related stress on nurses' mental health and respondents' perceptions of coping, the scale-weighted mean was computed. Interpreted the results based on established descriptive equivalents to determine the level of perceived effects (ranging from very low effect to very high effect).

A five -point Likert Scale was used in the analysis.

Point Value Classification	Mean Range	Descriptive Equivalent	Transmuted Value
5	4.50-5.00	Very Much	With a very high effect
4	3.50-4.49	Much	With high effect
3	2.50-3.49	Moderately	With Moderate Effect
2	1.50-2.49	Little	With Low Effect
1	1.00-1.49	Not at all	With No Effect

For Problem 4, which aimed to determine whether significant differences exist in the perceived effects of work-related stress across selected profile variables, inferential statistics were employed. An independent-samples t-test was used for variables with two groups, while the researcher used a one-way Analysis of Variance (ANOVA) for variables with more than two groups. These identified statistically significant differences among groups at an appropriate level of significance.

For Problem 5, which examined the relationship between work-related stress and mental health outcomes, researchers used Pearson's correlation coefficient (r) to determine the strength and direction of the relationships between variables. This statistical measure allowed the researcher to assess whether the variables were positively or negatively associated and the extent of their relationship.

Overall, the results of the statistical analyses served as the basis for addressing the research problems and informed the development of the proposed advocacy program to improve nurses' mental well-being.

III. RESULTS AND DISCUSSIONS

This chapter presents the tabulation and analysis, along with the corresponding understanding, of the data gathered from respondents regarding the effects of work-related stress on mental health among selected nurses.

Respondents' Profile

Table 1 shows the respondents' age, sex, civil status, religion, highest educational attainment, family monthly income, area of assignment, and number of years in service, along with the corresponding number of respondents (f) and the percentage equivalent (%) for each profile bracket.

Age. The largest proportion belongs to the 36–45-year-old group (41.1%), followed by the 35-year-old and below (35.7%), the 56-year-old and above (16.1%), and the 46–55-year-old group (7.1%). Hence, the respondents are predominantly middle-aged adults.

Sex. The majority of the respondents are female (80.4%), while 19.6% are male. Regarding civil status, most are single (57.1%), followed by married (37.5%) and widowed (5.4%). The findings indicate that the sample is predominantly female, reflecting the gender distribution commonly observed in the nursing profession.

Religion. Regarding religious affiliation, the majority of respondents identify as Roman Catholic (89.3%), while both Iglesia ni Cristo and Born Again Christian groups each represent 5.4% of the sample. This distribution suggests a largely uniform religious background among participants, which may shape common perspectives, values, and coping strategies. Existing research indicates that spirituality and religious practices often serve as important coping resources for nurses dealing with stress and burnout, contributing to greater resilience and reduced emotional exhaustion (De Diego-Cordero et al., 2022).

Table 1
Frequency and Percentage Distribution of the Respondents' Profile Variables

Profile Variables	Categories	Frequency	Percentage
Age	35 years old & below	20	35.7
	36 - 45 years old	23	41.1
	46 - 55 years old	4	7.1
	56 years old & above	9	16.1
Sex	Male	11	19.6
	Female	45	80.4
Civil	Single	32	57.1

Status			
	Married	21	37.5
	Widowed	3	5.4
Religion	Roman Catholic	50	89.3
	Iglesia ni Cristo	3	5.4
	Born Again Christian	3	5.4
Highest Educational Attainment	Bachelor Graduate	47	83.9
	With Masters Units	2	3.6
	Masters Graduate	3	5.4
	With Doctorate Units	1	1.8
	Doctorate Graduate	3	5.4
Monthly Family Income	P 9,101- 18,200	15	26.8
	P 18,201- 36,400	27	48.2
	P36,401- 63,700	5	8.9
	P109,201- 182,000	9	16.1
Area of Assignment	Special Area (OR/DR/ICU/NICU	16	28.6
	Ward (Medical-Surgical/OB/Pedia)	25	44.6
	Emergency Room/Out-Patient	11	19.6
	Animal Bite/Dialysis	4	7.1
Number of Years in Service	Below 1 year	3	5.4
	1 year – 5 years	27	48.2
	6 years- 10 years	11	19.6
	More than 10 years	15	26.8

Highest Educational Attainment. As for highest educational attainment, most are Bachelor's degree holders (83.9%), with smaller proportions holding master's or doctoral degrees. The findings indicate that most respondents hold Bachelor's degrees, suggesting a workforce with foundational nursing education and limited representation of advanced academic qualifications. Nurses' higher educational attainment is associated with improved clinical competence, leadership, and patient outcomes (World Health Organization, 2020; Blegen et al., 2021).

Monthly Family Income. Nearly half of the respondents (48.2%) have a monthly family income ranging from ₱18,201–₱36,400. The income range suggests that the respondents largely belong to lower-middle- to middle-income households, indicating moderate financial capacity that may influence their access to resources, financial security, and overall well-being (Philippine Statistics Office, 2021)

Area of Assignment. In terms of assignment area, most are assigned to wards (44.6%), followed by special areas (28.6%), emergency room/outpatient department (19.6%), and Animal Bite/Dialysis (7.1%). Given how nursing roles differ in clinical demand and staffing structures across care settings, acute care settings often require higher staffing levels to manage patient acuity than community settings (National Academies of Sciences, Engineering, and Medicine, 2021).

Number of Years in Service. Lastly, almost half (48.2%) have 1–5 years of service, while 26.8% have more than 10 years of service. Nurses with 1–5 years of experience are typically transitioning from novice to competent practitioners, developing clinical confidence and critical thinking as described in Benner's Novice to Expert framework (Benner, 1982)

Perceived Effects of Work-Related Stress on Mental Health among Selected Nurses

Work-related stress is a pervasive challenge in the nursing profession, arising from high workload demands, emotional labor, and constant exposure to critical clinical situations. Prolonged exposure to such stress adversely affects nurses' mental health, with notable implications for their cognitive functional abilities, including attention, memory, and decision-making. In addition, work-related stress influences lifestyle and health behaviors, often contributing to sleep disturbances, poor dietary habits, and reduced physical activity. These effects extend to social and occupational functioning, impairing interpersonal relationships, job performance, and professional satisfaction. Furthermore, sustained stress shapes nurses' coping

beliefs and perceptions, potentially diminishing self-efficacy and adaptive coping strategies, thereby increasing vulnerability to psychological distress and burnout. Hence, tables 2 to 5 present the effects of work-related stress on mental health, including selected nurses' cognitive functional abilities, lifestyle and health behaviors, and coping beliefs and perceptions.

Table 2 presents the effects of work-related stress on nurses' cognitive functional abilities. The average weighted mean of 2.85 indicates that work-related stress has a moderate and consistent effect on cognitive functioning. Although nurses continue to carry out their responsibilities, their cognitive efficiency may be affected under sustained workplace stress.

Table 2
Perceived Effects of Work-Related Stress on Mental Health of Nurses in terms of Cognitive Functional Abilities

Indicators	WM	DE	I
1. Work-related stress makes it difficult for me to concentrate during patient care activities	3.04	Mo	WME
2. I have trouble making sound clinical decisions when I am under work-related stress	2.89	Mo	WME
3. Work-related stress affects my ability to think clearly while on duty	2.70	Mo	WME
4. I find it hard to remember important work-related information when I feel stressed at work	2.64	Mo	WME
5. Work-related stress slows my ability to process information effectively	2.84	Mo	WME
6. I am more likely to make mistakes at work when I am experiencing high stress levels	2.59	Mo	WME
7. Stress at work interferes with my problem-solving skills	3.04	Mo	WME
8. I feel mentally exhausted due to prolonged work-related stress	2.96	Mo	WME
9. Work-related stress reduces my alertness and attention to details	2.84	Mo	WME
10. I struggle to stay focused throughout my shift when experiencing work-related stress	2.93	Mo	WME
Average Weighted Mean	2.85	Mo	WHA

Legend: 4.50-5.00 – Very Much (With Very High Effect); 3.50-4.49 – Much (With High effect); 2.50-3.49 – Moderate (With Moderate Effect); 1.50-2.49 – Little (With Low Effect); 1.00-1.49 – Not at All (With No Effect)

The researcher obtained the highest weighted means (WM = 3.04) for the statements “Work-related stress makes it difficult for me to concentrate during patient care activities” and “Stress at work interferes with my problem-solving skills.” These findings suggest that work-related stress primarily disrupts attention and higher-order cognitive processes, which are essential for effective clinical judgment and safe patient care. Difficulties with concentration and problem-solving may hinder nurses' ability to process information accurately, especially in complex, high-pressure situations. Existing studies observe that increased occupational stress is associated with decision fatigue and reduced cognitive performance among nurses (Gao et al., 2026).

The second-highest weighted mean (WM = 2.96) corresponds to the statement “I feel mentally exhausted due to prolonged work-related stress.” This result highlights the cumulative impact of stress, suggesting that prolonged exposure to demanding work conditions contributes to mental fatigue, which may weaken attention, memory, and sustained focus over time. Supporting literature indicates that occupational stress and burnout are closely associated with mental exhaustion and impaired cognitive functioning, particularly in healthcare environments characterized by high workload and emotional demands (Salvagioni et al., 2021).

Overall, the findings demonstrate that work-related stress has a moderate yet meaningful impact on nurses' cognitive functioning, particularly in areas such as concentration, problem-solving, and mental endurance. Although the effect size is moderate, the consistency of these results suggests that cognitive processes essential to clinical performance remain vulnerable to stress. Conclusion aligns with existing evidence that even moderate and prolonged stress exposure can lead to cognitive strain and decreased work efficiency, with implications for both nurse performance and patient safety.

Table 3 presents the effects of work-related stress on nurses' mental health, including lifestyle and health behaviors. The average weighted mean of 3.09 indicates that work-related stress has a moderate to high effect on nurses' lifestyle patterns and health-related behaviors. Findings suggest that stress not only affects psychological functioning but also significantly influences daily health practices and overall well-being.

The highest weighted mean (WM = 3.54) is associated with the statement "Work-related stress negatively affects my sleep quality." These finding highlights sleep disturbance as the most prominent consequence of work-related stress among nurses. Sleep disruptions may impair recovery, reduce energy levels, and affect both physical and cognitive functioning. Recent studies support the findings showing that higher levels of occupational stress are strongly associated with poor sleep quality, fatigue, and insomnia among nurses (Zhang et al., 2022).

Table 3
Perceived Effects of Work-Related Stress on Mental Health of Nurses In terms of Lifestyle and Health Behaviors

Indicators	WM	DE	I
1. Work-related stress negatively affects my sleep quality	3.54	M	WHE
2. Because of work-related stress, I feel physically exhausted even after rest	3.34	Mo	WME
3. I skip meals or eat unhealthy foods due to work-related stress	3.29	Mo	WME
4. Work-related stress reduces the time I allocate to exercise or physical activity	2.89	Mo	WME
5. I rely on caffeine or energy drinks to cope with work-related stress	2.84	Mo	WME
6. I engage in unhealthy habits (e.g., smoking, overeating) when experiencing work-related stress	2.14	Mo	WME
7. Work-related stress interferes with my ability to maintain a healthy lifestyle	3.07	Mo	WME
8. I experience frequent physical symptoms (e.g., headaches, muscle tension) due to work-related stress	3.13	Mo	WME
9. Work-related stress affects my immune health, making me prone to illness	3.36	Mo	WME
10. I find it difficult to relax or unwind because of work-related stress	3.27	Mo	WME
Average Weighted Mean	3.09	Mo	WHA

Legend: 4.50-5.00 – Very Much (With Very High Effect); 3.50-4.49 – Much (With High effect); 2.50-3.49 – Moderate (With Moderate Effect); 1.50-2.49 – Little (With Low Effect); 1.00-1.49 – Not at All (With No Effect)

The second-highest weighted mean (WM = 3.36) corresponds to the statement "Work-related stress affects my immune health, making me prone to illness." This result underscores the physiological effects of prolonged stress, suggesting that continuous exposure to workplace demands may weaken immune function and increase susceptibility to illness. The existing literature supports this observation, indicating that chronic stress contributes to physiological dysregulation, which can impair the immune response and increase health risks (Magnavita et al., 2021).

Overall, the findings demonstrate that work-related stress has a notable, multifaceted impact on nurses' lifestyle and health behaviors, particularly in sleep and physical health. Although the overall effect is within the moderate to high range, the prominence of sleep disruption and compromised immune health suggests that stress may gradually undermine nurses' overall well-being if not effectively managed. These results align with contemporary research indicating that prolonged occupational stress contributes to unhealthy lifestyle patterns and increased vulnerability to health problems, especially in demanding healthcare environments (Gao et al., 2026).

Table 4 presents the effects of work-related stress on the social and occupational functioning of the selected nurses. The overall average weighted mean of 2.45, interpreted as Little with a Low Effect, indicates that work-related stress exerts a generally limited but still meaningful influence on interpersonal relationships, job-related attitudes, and performance-related aspects. The findings suggest that, while the impact is not severe, it persists across multiple dimensions of functioning.

Among the assessed areas, the researcher observed the highest weighted mean for the statement "Work-related stress interferes with my ability to balance work and personal life" (WM = 2.80). The findings indicate that work demands tend to encroach on personal time and responsibilities, thereby disrupting the balance between professional and personal domains. Such disruption may gradually affect overall well-being and sustainability in the profession, as sustained imbalance can contribute to fatigue and reduced recovery time.

Table 4
Perceived Effects of Work-Related Stress on Mental Health of Nurses in terms of Social and Occupational Functioning

Indicators	WM	DE	I
1. Work-related stress negatively affects my relationships with colleagues	2.25	Li	WLE
2. I feel irritable or impatient with others due to work-related stress	2.27	Li	WLE
3. Work-related stress affects my communication with patients and their families	2.14	Li	WLE
4. I am less satisfied with my job because of work-related stress	2.68	Mo	WME
5. Work-related stress reduces my motivation to perform my nursing duties	2.30	Li	WLE
6. I experience conflicts at work due to stress-related emotions	2.61	Mo	WME
7. Work-related stress affects my relationships with family and friends.	2.46	Li	WLE
8. I have considered leaving my job because of work-related stress	2.43	Li	WLE
9. Work-related stress interferes with my ability to balance work and personal life	2.80	Mo	WME
10. Overall, work-related stress negatively affects my performance as a nurse.	2.57	Mo	WME
Average Weighted Mean	2.45	Li	WLE

Legend: 4.50-5.00 – Very Much (With Very High Effect); 3.50-4.49 – Much (With High effect); 2.50-3.49 – Moderate (With Moderate Effect); 1.50-2.49 – Little (With Low Effect); 1.00-1.49 – Not at All (With No Effect)

In contrast, the lowest weighted mean for the statement "Work-related stress affects my communication with patients and their families" (WM = 2.14) indicates the least impact among the measured aspects. However, it remains within the same general low-effect range. Findings suggest that, despite experiencing stress, nurses can maintain a relatively functional level of communication during patient care.

Hence, the results indicate that work-related stress permeates the social and occupational aspects of nursing, with its most pronounced effect on work–life balance. In contrast, it has the least effect on communication with patients and families.

Table 5 presents the summary of the effects of work-related stress on the mental health of selected nurses across four domains. The results show that Cognitive Functional Abilities (WM = 2.85) and Lifestyle and Health Behaviors (WM = 3.09) are both interpreted as a moderate effect. In contrast, Social and Occupational Functioning (WM = 2.45) was low in effect. The overall mean of 2.80 indicates that work-related stress has a consistent and meaningful, though not extreme, effect on nurses' mental health.

Table 5
Summary of the Perceived Effects of Work-Related Stress on Mental Health of Nurses

Areas	WM	DE	TR
Cognitive Functional Abilities	2.85	Moderate	WME
Lifestyle and Health Behaviors	3.09	Moderate	WME
Social and Occupational Functioning	2.45	Little	WLE
Overall	2.80	Moderate	WME

Legend: 4.50-5.00 – Very Much (With Very High Effect); 3.50-4.49 – Much (With High effect); 2.50-3.49 – Moderate (With Moderate Effect); 1.50-2.49 – Little (With Low Effect); 1.00-1.49 – Not at All (With No Effect)

Within Cognitive Functional Abilities, the item "Work-related stress affects my ability to concentrate on tasks" reflects the cognitive dimension of stress, suggesting that stress moderately interferes with attention and mental focus. The findings imply that

while nurses can still perform cognitive tasks, stress may reduce efficiency in concentration and decision-making.

In terms of Lifestyle and Health Behaviors, the higher mean in the statement “Work-related stress affects my sleep quality and rest patterns” indicates that stress more strongly influences physiological and daily living habits. Findings suggest that disrupted sleep and rest may be one of the more visible manifestations of work-related stress, which can further affect energy levels and overall functioning during work hours.

For Social and Occupational Functioning, the lower mean for the statement “Work-related stress affects my relationships with others at work and in daily life” indicates a comparatively lesser but still present effect on interpersonal interactions and workplace dynamics.

Overall, the findings indicate that work-related stress impacts multiple aspects of mental health, with stronger effects observed in lifestyle behaviors and cognitive functioning, and relatively lower effects in social and occupational functioning. These results are consistent with empirical evidence showing that sustained occupational stress among nurses contributes to cognitive fatigue, sleep disturbances, and reduced overall well-being (Zhang et al., 2022). Although the effects are moderate, continued exposure to stress without appropriate interventions may lead to cumulative negative outcomes over time, highlighting the importance of organizational support, workload management, and wellness-focused interventions.

Perceptions of the Respondents on Coping Beliefs Regarding Work-Related Stress

Coping beliefs reflect how confident individuals are in their ability to handle stressful situations effectively. In nursing practice, where workloads are often heavy and clinical situations can be emotionally demanding, these beliefs play an important role in helping nurses stay composed, maintain their well-being, and continue delivering quality care. Exploring how nurses perceive their own coping abilities in relation to work-related stress offers a clearer understanding of how they respond to challenges, use coping strategies, and sustain their performance in the workplace.

Table 6 presents the respondents’ perceptions of their coping beliefs on work-related stress. The overall weighted mean of 3.96, interpreted as Much with a High Effect (WHE), indicates that the respondents generally.

The highest weighted mean is reflected in the statement “I feel capable of managing my emotions despite work-related stress” (WM=4.21), suggesting that emotional regulation is the most developed coping strength among the respondents. Findings are closely followed by "I can find ways to cope effectively with prolonged work-related stress" (WM = 4.14), indicating that the nurses also demonstrate effective long-term coping strategies.

In contrast, the lowest weighted mean in the statement “I believe in my ability to perform my nursing duties effectively despite work-related stress” (WM=3.36), interpreted as Moderate. The findings suggest that while respondents are confident in managing stress and emotions, their confidence in maintaining optimal job performance under stress is comparatively lower.

Table 6
Respondents’ Perceptions of Coping Beliefs Regarding Work-Related Stress

Indicators	WM	DE	I
1. I believe I can effectively manage work-related stress in my nursing role.	3.88	M	WHE
2. I feel capable of managing my workload even when stress arises	4.00	M	WHE
3. I am confident in my ability to handle stressful situations at work	3.89	M	WHE
4. I believe in my ability to perform my nursing duties effectively despite work-related stress	3.36	Mo	WME
5. I believe I have adequate emotional support to cope with work-related stress	3.98	M	WHE
6. I am able to find ways to cope effectively with prolonged work-related stress	4.14	M	WHE
7. I am able to maintain my mental well-being even when experiencing	4.11	M	WHE

work-related stress			
8. I believe that work-related stress is manageable with proper support and resources	4.07	M	WHE
9. I feel confident in my ability to manage my work responsibilities despite stress	3.98	M	WHE
10. I feel capable of managing my emotions despite work-related stress	4.21	M	WHE
Average Weighted Mean	3.96	M	WHE

Legend: 4.50-5.00 – Very Much (With Very High Effect); 3.50-4.49 – Much (With High effect); 2.50-3.49 – Moderate (With Moderate Effect); 1.50-2.49 – Little (With Low Effect); 1.00-1.49 – Not at All (With No Effect)

Overall, the findings indicate that nurses possess strong coping beliefs, particularly in emotional regulation and stress management, but show some limitations in perceived performance under stress. These results align with studies by Salvagioni et al. (2021) and Gao et al. (2026), which emphasize that personal coping resources and emotional regulation help buffer work-related stress. However, high job demands may still affect perceived work performance.

The significant difference in the perceived effects of work-related stress on nurses' mental health across their selected profile variables

Table 7 on the next page shows the differences in the effects of work-related stress on mental health across age groups.Work-related stress is a common challenge among nurses due to heavy workloads, long working hours, and the demanding nature of healthcare environments. This stress can significantly affect nurses' mental health, influencing their emotional well-being, job performance, and overall quality of life. However, the extent of these effects may vary depending on certain profile variables such as age, gender, years of experience, or work assignment. Examining the significant differences in perceived stress effects across these variables helps understand which groups of nurses are more vulnerable and develop appropriate support and intervention programs.

The results reveal no significant differences in Cognitive Functional Abilities (F = 1.882, p = .144), Social and Occupational Functioning (F = 2.624, p = .060), and Coping Beliefs and Perceptions (F = .180, p = .909). The findings indicate that nurses across different age groups experience similar levels of stress in these domains, suggesting that cognitive responses, interpersonal functioning, and coping confidence do not differ by age.

In contrast, findings found a significant difference in Lifestyle and Health Behaviors (F = 9.218, p = .000) and in the overall effect (F = 3.230, p = .030). Nurses aged 35 years and below obtained the highest mean in Lifestyle and Health Behaviors (M = 3.5750), indicating that younger nurses are more affected in terms of sleep patterns, daily routines, and health-related practices. Hence, the hypothesis is rejected. This finding aligns with studies suggesting that early-career nurses often experience adjustment-related stress as they transition into clinical roles, making them more vulnerable to disruptions in lifestyle and health behaviors (Dall'Ora et al., 2020). It implies that younger nurses may still be developing effective routines and coping strategies to manage occupational demands.

Table 7
ANOVA Results Showing the Differences in the Effects of Work-Related Stress on Mental Health among Selected Nurses across their Age

Areas	Age	N	Mean	F - Value	Sig.	Remarks
Cognitive Functional Abilities	35 years old & below		203.2950	1.882	.144	Not Sig.
	36 - 45 years old		232.5957			
	46 - 55 years old	4	2.5000			
	56 years old & above	9	2.6444			
Lifestyle & Health Behaviors	35 years old & below		203.5750	9.218	.000	Significant
	36 - 45 years old		232.4826			
	46 - 55 years old	4	3.1750			

	56 years old & above	9	3.5000		
Social & Occupational Functioning	35 years old & below	202.7780	2.624	.060	Not Sig.
	36 - 45 years old	232.1352			
	46 - 55 years old	4	2.5000		
	56 years old & above	9	2.4578		
Coping Beliefs & Perceptions	35 years old & below	203.8950	.180	.909	Not Sig.
	36 - 45 years old	233.9391			
	46 - 55 years old	4	4.0250		
	56 years old & above	9	4.1444		
Overall	35 years old & below	203.3865	3.230	.030	Significant
	36 - 45 years old	232.7891			
	46 - 55 years old	4	3.0500		
	56 years old & above	9	3.1844		

The absence of significant differences in Cognitive Functional Abilities, Social and Occupational Functioning, and Coping Beliefs and Perceptions suggests that these aspects are relatively stable across age groups. The findings are consistent with the perspective that personal coping resources are not necessarily age-dependent and may function similarly across demographic profiles (Xanthopoulou et al., 2021). Thus, while age may influence how stress affects daily behaviors, perceived coping ability remains comparable across age groups of nurses.

Table 8 presents the t-test results comparing male and female nurses. The findings show significant differences in Cognitive Functional Abilities, Lifestyle and Health Behaviors, Social and Occupational Functioning, and the Overall effect (all p = .000). In all these domains, female nurses recorded higher mean scores, indicating that they experience greater work-related stress than male nurses. This pattern is consistent with the existing literature, which suggests that nursing involves high emotional labor and interpersonal demands, which may contribute to greater perceived stress among female nurses (Jin et al., 2025; Shamsan et al., 2022). Additionally, healthcare environments, such as high workloads and emotionally demanding situations, can intensify psychological strain and affect mental health outcomes.

However, no significant difference was found in Coping Beliefs and Perceptions (p = .891), indicating that both male and female nurses share similar levels of confidence in managing stress. The finding suggests that although the degree of stress impact differs by sex, perceived coping capacity remains comparable across groups. In line with studies emphasizing that coping beliefs are shaped more by individual psychological resources than by demographic characteristics.

Table 8
t-test Results Showing the Differences in the Effects of Work-Related Stress on Mental Health among Selected Nurses across their Sex

Areas	Sex	N	Mean	t-value	Sig.	Remarks
Cognitive Functional Abilities	Male	111	9.0000	-5.290	.000	Significant
	Female	45	3.0778			
Lifestyle & Health Behaviors	Male	112	0.0545	-7.438	.000	Significant
	Female	45	3.3378			
Social & Occupational Functioning	Male	111	8.8273	-4.597	.000	Significant
	Female	45	2.5931			

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Coping Beliefs & Perceptions	Male	113.9273	-.139	.891	Not Sig.
	Female	453.9711			
Overall	Male	112.4273	-6.007	.000	Significant
	Female	453.2453			

Overall, the findings suggest that demographic variables such as age and sex influence the extent to which work-related stress affects certain aspects of mental health, particularly lifestyle behaviors and overall functioning. However, coping beliefs remain relatively consistent across groups, reinforcing the idea that while stress impacts may vary, perceived ability to manage stress is generally stable among nurses.

Table 9 presents the analysis of variance (ANOVA) results examining whether the perceived effects of work-related stress on mental health differ across civil status groups. The findings show that no statistically significant differences across single, married, and widowed nurses in Cognitive Functional Abilities ($F = 3.086$, $p = .054$), Lifestyle and Health Behaviors ($F = 2.408$, $p = .100$), Social and Occupational Functioning ($F = .503$, $p = .608$), Coping Beliefs and Perceptions ($F = .199$, $p = .820$), and the Overall effect ($F = .803$, $p = .453$). All p-values are greater than the .05 level of significance, indicating that civil status does not significantly influence how nurses perceive the effects of work-related stress on their mental health.

Although there are slight differences in the mean scores across groups, these variations are not statistically meaningful. For instance, married nurses had a slightly higher mean in Cognitive Functional Abilities than widowed nurses, while single nurses had relatively higher means in Lifestyle and Health Behaviors. However, these differences remain minimal and do not indicate meaningful variation in stress effects across civil status groups.

Table 9
ANOVA Results Showing the Differences in the Effects of Work-Related Stress on Mental Health among Selected Nurses across their Civil Status

Areas	Civil Status	N	Mean	F – value	Sig.	Remarks
Cognitive Functional Abilities	Single	32	2.8563	3.086	.054	Not Sig.
	Married	21	3.0333			
	Widowed	3	1.4333			
Lifestyle & Health Behaviors	Single	32	3.3031	2.408	.100	Not Sig.
	Married	21	2.7905			
	Widowed	3	2.8333			
Social & Occupational Functioning	Single	32	2.4581	.503	.608	Not Sig.
	Married	21	2.4824			
	Widowed	3	2.0000			
Coping Beliefs & Perceptions	Single	32	3.9562	.199	.820	Not Sig.
	Married	21	3.9286			
	Widowed	3	4.2667			
Overall	Single	32	3.1434	.803	.453	Not Sig.
	Married	21	3.0595			
	Widowed	3	2.6333			

The findings suggest that regardless of marital status, nurses experience similar levels of work-related stress effects across all mental health domains. Explained by the nature of nursing work, which involves standardized roles, consistent job demands, and shared exposure to high workload and emotional labor. Such occupational factors may have a stronger influence on stress experiences than personal life circumstances, such as civil status. Supported by the World Health Organization (2021), which emphasizes that work-related stress in healthcare settings is largely driven by organizational and job-related conditions rather than demographic characteristics, leading to relatively uniform effects across different groups.

Overall, the findings suggest that demographic variables such as age and sex influence the extent to which work-related stress affects certain aspects of mental health, particularly lifestyle behaviors and overall functioning. However, coping beliefs remain relatively consistent across groups, reinforcing the idea that while stress impacts may vary, perceived ability to manage stress is generally stable among nurses.

Overall, the results indicate that civil status does not significantly differentiate the perceived impact of work-related stress on nurses' mental health. Implies that interventions aimed at reducing work-related stress should focus more on workplace conditions and organizational support systems rather than demographic factors such as marital status.

Table 10 presents the ANOVA results examining differences in the effects of work-related stress on mental health across religious affiliations. The findings reveal that no statistically significant differences across all domains: Cognitive Functional Abilities (F = .446, p = .642), Lifestyle and Health Behaviors (F = .147, p = .864), Social and Occupational Functioning (F = .285, p = .753), Coping Beliefs and Perceptions (F = .407, p = .668), and the Overall effect (F = .012, p = .988). Since all p-values exceed the .05 level of significance, religious affiliation does not significantly influence how nurses experience the effects of work-related stress on their mental health.

Although minor variations in mean scores were noted—such as higher cognitive functional abilities among Born Again Christian respondents (M = 3.2000) and higher coping beliefs among Iglesia ni Cristo respondents (M = 4.3667)—these differences are not statistically meaningful. Suggests that, despite differences in religious affiliation, nurses experience comparable levels of stress effects across all mental health domains.

Table 10
ANOVA Results Showing the Differences in the Effects of Work-Related Stress on Mental Health among Selected Nurses across their Religion

Areas	Religion	N	Mean	F - value	Sig.	Remarks
Cognitive Functional Abilities	Roman Catholic	50	2.8540	.446	.642	Not Sig.
	Iglesia ni Cristo	3	2.3667			
	Born Again Cristian	3	3.2000			
Lifestyle & Health Behaviors	Roman Catholic	50	3.0940	.147	.864	Not Sig.
	Iglesia ni Cristo	3	3.2000			
	Born Again Christian	3	2.8333			
Social & Occupational Functioning	Roman Catholic	50	2.4298	.285	.753	Not Sig.
	Iglesia ni Cristo	3	2.3333			
	Born Again Cristian	3	2.7667			
Coping Beliefs & Perceptions	Roman Catholic	50	3.9500	.407	.668	Not Sig.
	Iglesia ni Cristo	3	4.3667			
	Born Again Cristian	3	3.7667			
Overall	Roman Catholic	50	3.0822	.012	.988	Not Sig.
	Iglesia ni Cristo	3	3.0667			
	Born Again Christian	3	3.1433			

Overall, the results imply that workplace-related stressors exert a more uniform influence on nurses than demographic factors such as religion. Aligns with the World Health Organization's (2021) perspective, which emphasizes that occupational stress is primarily driven by job demands, workload, and working conditions rather than personal characteristics, leading to similar outcomes across groups.

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Table 11 presents the ANOVA results examining differences in the effects of work-related stress on mental health by highest educational attainment. No significant differences were found in Cognitive Functional Abilities (F = .197, p = .939), Lifestyle and Health Behaviors (F = 2.045, p = .102), Social and Occupational Functioning (F = 1.243, p = .305), and the Overall effect (F = 1.525, p = .209). Suggests that educational attainment does not significantly influence how nurses perceive the direct effects of work-related stress in these domains.

However, a significant difference in Coping Beliefs and Perceptions (F = 3.305, p = .018). Doctorate graduates reported the highest mean (M = 4.2000), indicating stronger coping confidence, while respondents with master's degrees reported the lowest mean (M = 2.0000). Higher levels of education may be associated with a stronger perceived ability to manage work-related stress.

The result suggests that educational attainment contributes more to coping capacity than to the direct experience of stress effects. Higher education may enhance critical thinking, professional competence, and self-efficacy, which strengthen individuals' confidence in handling stressful situations. Supported by prior studies indicating that advanced education is associated with improved coping resources and stress appraisal, enabling individuals to perceive challenges as more manageable (Hobfoll et al., 2021).

Table 11
ANOVA Results Showing the Differences in the Effects of Work-Related Stress on Mental Health among Selected Nurses across their Highest Educational Attainment

Areas	Highest Educational Attainment	N	Mean	F-value	Sig.	Remarks
Cognitive Functional Abilities	Bachelor Graduate	47	2.8660	.197	.939	Not Sig.
	With Masters Units	2	2.2000			
	Masters Graduate	3	2.9333			
	With Doctorate Units	1	2.6000			
	Doctorate Graduate	3	2.9667			
Lifestyle & Health Behaviors	Bachelor Graduate	47	3.0617	2.045	.102	Not Sig.
	With Masters Units	2	2.4000			
	Masters Graduate	3	3.6667			
	With Doctorate Units	1	1.6000			
	Doctorate Graduate	3	3.8333			
Social & Occupational Functioning	Bachelor Graduate	47	2.3836	1.243	.305	Not Sig.
	With Masters Units	2	2.2000			
	Masters Graduate	3	3.0333			
	With Doctorate Units	1	1.9000			
	Doctorate Graduate	3	3.1200			
Coping Beliefs & Perceptions	Bachelor Graduate	47	4.0447	3.305	.018	Significant
	With Masters Units	2	2.0000			
	Masters Graduate	3	3.7333			
	With Doctorate Units	1	4.0000			
	Doctorate Graduate	3	4.2000			
Overall	Bachelor Graduate	47	3.0891	1.525	.209	Not Sig.
	With Masters Units	2	2.2000			

Masters Graduate	3	3.3433
With Doctorate Units	1	2.5300
Doctorate Graduate	3	3.5300

Overall, the findings indicate that while educational attainment does not significantly affect most dimensions of stress, it does shape coping beliefs. Highlights the importance of educational development in strengthening nurses' perceived ability to manage work-related stress.

Table 12 presents the ANOVA results examining differences in the effects of work-related stress on mental health across monthly family income groups. The findings indicate that there are no statistically significant differences in Cognitive Functional Abilities (F = 1.175, p = .328), Lifestyle and Health Behaviors (F = .844, p = .476), Coping Beliefs and Perceptions (F = 1.099, p = .358), and the Overall effect (F = 1.727, p = .173). Since all p-values exceed the .05 level of significance, monthly family income does not significantly influence these dimensions of stress effects among the respondents.

Table 12
ANOVA Results Showing the Differences in the Effects of Work-Related Stress on Mental Health among Selected Nurses across their Monthly Family Income

Areas	Monthly Family Income	N	Mean	F-value	Sig.	Remarks
Cognitive Functional Abilities	P 9,101- 18,200	15	2.5267	1.175	.328	Not Sig.
	P 18,201- 36,400	27	3.1000			
	P36,401- 63,700	5	2.9600			
	P109,201- 182,000	9	2.5556			
Lifestyle & Health Behaviors	P 9,101- 18,200	15	3.0067	.844	.476	Not Sig.
	P 18,201- 36,400	27	3.0222			
	P36,401- 63,700	5	3.6800			
	P109,201- 182,000	9	3.0778			
Social & Occupational Functioning	P 9,101- 18,200	15	2.3120	3.815	.015	Significant
	P 18,201- 36,400	27	2.5070			
	P36,401- 63,700	5	3.3160			
	P109,201- 182,000	9	1.9822			
Coping Beliefs & Perceptions	P 9,101- 18,200	15	3.9467	1.099	.358	Not Sig.
	P 18,201- 36,400	27	4.1000			
	P36,401- 63,700	5	4.0800			
	P109,201- 182,000	9	3.5111			
Overall	P 9,101- 18,200	15	2.9487	1.727	.173	Not Sig.
	P 18,201- 36,400	27	3.1830			
	P36,401- 63,700	5	3.5080			
	P109,201- 182,000	9	2.7811			

However, a statistically significant difference in Social and Occupational Functioning (F = 3.815, p = .015). Nurses in the ₱36,401–₱63,700 income bracket recorded the highest mean (M = 3.3160),

indicating better perceived social and occupational functioning, while those in the ₱109,201–₱182,000 bracket obtained the lowest mean (M = 1.9822). Suggests that monthly family income may influence how nurses manage interpersonal relationships and occupational roles under stress.

The significant variation in social and occupational functioning implies that financial resources may shape work–life balance, social interactions, and engagement in professional responsibilities. While income does not appear to significantly affect cognitive functioning, lifestyle behaviors, or coping beliefs, it may still play a role in how individuals navigate social and workplace demands. Consistent with prior findings that occupational stress is associated with job performance outcomes, including reduced engagement and increased work strain, influenced by contextual and economic conditions (Stengård et al., 2021).

Overall, the results suggest that monthly family income has a limited but notable influence on specific aspects of mental health, particularly social and occupational functioning. At the same time, other dimensions of stress effects remain relatively consistent across income groups.

Table 13 presents the analysis of variance (ANOVA) results examining differences in the effects of work-related stress on mental health across assignment areas. The results indicate that significant differences exist across several domains, namely Cognitive Functional Abilities (F = 8.372, p = .000), Lifestyle and Health Behaviors (F = 13.092, p = .000), Coping Beliefs and Perceptions (F = 6.059, p = .001), and the overall stress effect (F = 6.059, p = .001). In contrast, Social and Occupational Functioning did not show a statistically significant difference (F = 1.659, p = .187).

Table 13
ANOVA Results Showing the Differences in the Effects of Work-Related Stress on Mental Health among Selected Nurses across their Area of Assignment

Areas	Area of Assignment	N	Mean	F-value	Sig.	Remarks
Cognitive Functional Abilities	Special Area (OR/DR/ICU/NICU	16	2.6938	8.372	.000	Significant
	Ward (Medical-Surgical/OB/Pedia)	25	3.3040			
	Emergency Room/Out-Patient	11	2.0818			
	Animal Bite Clinic/Dialysis Unit	4	2.7000			
Lifestyle & Health Behaviors	Special Area (OR/DR/ICU/NICU	16	2.5250	13.092	.000	Significant
	Ward (Medical-Surgical/OB/Pedia)	25	3.4720			
	Emergency Room/Out-Patient	11	2.6909			
	Animal Bite/Dialysis	4	4.0000			
Social & Occupational Functioning	Special Area (OR/DR/ICU/NICU	16	2.1269	1.659	.187	Not Sig.
	Ward (Medical-Surgical/OB/Pedia)	25	2.7744			
	Emergency Room/Out-Patient	11	1.7473			
	Animal Bite/Dialysis	4	3.5450			
Coping Beliefs & Perceptions	Special Area (OR/DR/ICU/NICU	16	4.3062	6.059	.001	Significant
	Ward (Medical-Surgical/OB/Pedia)	25	3.8280			
	Emergency Room/Out-Patient	11	3.6727			
	Animal Bite/Dialysis	4	4.2250			
Overall	Special Area (OR/DR/ICU/NICU	16	2.9125	6.059	.001	Significant
	Ward (Medical-Surgical/OB/Pedia)	25	3.3460			
	Emergency Room/Out-Patient	11	2.5482			
	Animal Bite/Dialysis	4	3.6150			

In terms of mean scores, variation across assignment areas is evident. Nurses assigned to wards (medical-surgical/OB/pediatric units) reported the highest mean score on Cognitive Functional Abilities (M = 3.3040), suggesting that this group experiences greater cognitive strain associated with work-related stress. Animal Bite/Dialysis nurses recorded the highest mean in Lifestyle and Health Behaviors (M = 4.0000), indicating a stronger perceived impact of stress on their daily health practices. Meanwhile, nurses working in special areas such as the operating room, delivery room, ICU, and NICU obtained the highest mean in Coping Beliefs and Perceptions (M = 4.3062), reflecting stronger coping-related confidence within this group.

Overall, the findings suggest that the effects of work-related stress differ significantly across clinical settings and the nature of assignments. Units characterized by high acuity, fast-paced workflows, and frequent exposure to critical cases tend to intensify cognitive demands and emotional strain. These conditions may contribute to variations in stress experiences among nurses across different departments. The results emphasize the importance of tailoring workplace interventions and support mechanisms to unit-specific demands; stressors' experiences are uneven across all areas of assignment.

Table 14 presents the ANOVA results assessing differences in the effects of work-related stress on mental health across groups defined by years of service. The findings reveal statistically significant differences across all measured domains: Cognitive Functional Abilities (F = 6.703, p = .001), Lifestyle and Health Behaviors (F = 7.879, p = .000), Social and Occupational Functioning (F = 3.893, p = .014), Coping Beliefs and Perceptions (F = 3.153, p = .032), and the overall stress effect (F = 8.274, p = .000). This indicates that years of professional experience significantly influence how nurses perceive and experience work-related stress.

In terms of group comparisons, nurses with 1–5 years of service consistently reported higher mean scores in Cognitive Functional Abilities (M = 3.3259), Lifestyle and Health Behaviors (M = 3.4963), and overall stress effects (M = 3.3700), suggesting that early-career nurses are more susceptible to the cognitive and lifestyle impacts of stress. Conversely, nurses with more than 10 years of experience generally exhibited lower mean scores across several domains, indicating a comparatively reduced perception of stress effects. Notably, nurses with 6–10 years of service reported the highest mean on Coping Beliefs and Perceptions (M = 4.2000), suggesting stronger coping confidence in this group.

These results imply that professional experience plays a critical role in shaping nurses' stress responses. Those in the early stages of their careers may encounter greater challenges as they adapt to clinical responsibilities, develop competence, and build coping mechanisms. In contrast, more experienced nurses may have developed more effective strategies for managing work-related pressures, resulting in a lower perceived impact of stress. Overall, the findings highlight the importance of experience-based differences in stress perception and underscore the need for targeted interventions such as mentorship, continuous professional support, and structured coping development programs, particularly for less experienced nurses.

Table 14
ANOVA Results Showing the Differences in the Effects of Work-Related Stress on Mental Health among Selected Nurses across their Number of Years in Service

Areas	Number of Years in Service	N	Mean	F-value	Sig.	Remarks
Cognitive Functional Abilities	Below 1 year	3	2.0333	6.703	.001	Significant
	1 year – 5 years	27	3.3259			
	6 years- 10 years	11	2.9818			

	More than 10 years	152.0467			
Lifestyle & Health Behaviors	Below 1 year	3	2.5667	7.879	.000Significant
	1 year – 5 years	273.4963			
	6 years- 10 years	113.2000			
	More than 10 years	152.3667			
Social & Occupational Functioning	Below 1 year	3	2.0333	3.893	.014Significant
	1 year – 5 years	272.6556			
	6 years- 10 years	112.7082			
	More than 10 years	151.9467			
Coping Beliefs & Perceptions	Below 1 year	3	2.6000	3.153	.032Significant
	1 year – 5 years	274.0000			
	6 years- 10 years	114.2000			
	More than 10 years	153.9933			
Overall	Below 1 year	3	2.3100	8.274	.000Significant
	1 year – 5 years	273.3700			
	6 years- 10 years	113.2718			
	More than 10 years	152.5887			

The significant relationship between the extent of the perceived effects of work-related stress on nurses' mental health and their selected profile variables

The following table examines whether there is a significant relationship between the extent of perceived work-related stress and nurses' mental health, and whether this relationship differs across selected profile variables. Understanding this relationship helps determine if factors such as demographic or professional characteristics influence how nurses experience and cope with work-related stress in their practice.

Table 15 shows that most demographic variables such as age, religion, educational attainment, and monthly family income have no significant relationships with the effects of work-related stress across all mental health domains ($p > .05$). In contrast, sex significantly correlated with Cognitive Functional Abilities ($r = .436$, $p = .001$), Lifestyle and Health Behaviors ($r = .586$, $p < .001$), Social and Occupational Functioning ($r = .392$, $p = .003$), and the overall stress effect ($r = .487$, $p < .001$), indicating moderate positive relationships, while no significant association with Coping Beliefs and Perceptions ($p = .881$). Civil status shows a weak but

significant negative correlation with Lifestyle and Health Behaviors ($r = -.265$, $p = .048$), and area of

assignment is significantly related to Lifestyle and Health Behaviors ($r = .280$, $p = .037$). Notably, number of years in service demonstrates significant negative correlations with Cognitive Functional Abilities ($r = -.360$, $p = .006$), Lifestyle and Health Behaviors ($r = -.415$, $p = .001$), Social and Occupational Functioning ($r = -.266$, $p = .048$), and the overall stress effect ($r = -.302$, $p = .023$), suggesting that more experienced nurses tend to report lower stress effects.

Table 15
Pearson r Correlation Results Showing the Relationship between the Effects of Work-Related Stress on Mental Health among Selected Nurses across their Profile Variables

Profile Variable	Pearson Correlation & Sig.	Areas				
		Cognitive Functional Abilities	Lifestyle & Health Behaviors	Social & Occupational Functioning	Coping Beliefs & Perceptions	Overall

Age	Pearson Correlation	-.225	-.039	-.138	.099	-.113
	Sig.	.095	.775	.311	.468	.406
Sex	Pearson Correlation	.436**	.586**	.392**	.020	.487**
	Sig.	.001	.000	.003	.881	.000
Civil Status	Pearson Correlation	-.127	-.265*	-.070	.039	-.145
	Sig.	.352	.048	.607	.775	.287
Religion	Pearson Correlation	.023	-.049	.076	.002	.016
	Sig.	.866	.721	.580	.991	.906
Highest Educational Attainment	Pearson Correlation	-.001	.130	.210	-.047	.088
	Sig.	.994	.341	.121	.732	.518
Monthly Family Income	Pearson Correlation	-.032	.062	-.107	-.182	-.083
		.817	.651	.431	.179	.545
Area of Assignment	Pearson Correlation	-.136	.280*	.164	-.158	.033
	Sig.	.318	.037	.228	.245	.806
Number of Years in Service	Pearson Correlation	-.360**	-.415**	-.266*	.172	-.302*
	Sig.	.006	.001	.048	.204	.023

Legend: * Significant at 0.05 level; ** Significant at 0.01 level

These findings are consistent with the literature, which indicates that experience enhances coping capacity and resilience, while gender differences may influence stress perception and its impact on health behaviors (Jin et al., 2025; Shamsan et al., 2022). Overall, the results imply that years of service and sex are the most influential factors associated with variations in stress-related mental health outcomes, whereas other demographic variables show minimal impact.

Proposed Advocacy Program to Enhance the Well-being of Nurses

General Objective:

To enhance the overall well-being, mental health, and professional functioning of nurses by implementing a comprehensive advocacy program that integrates stress management, lifestyle modification, social support systems, coping skill development, and digital mental health interventions

ADVOCACY 1: COGNITIVE FUNCTIONAL ABILITIES

Objectives:
To enhance nurses' ability to manage stress effectively through cognitive-behavioral techniques, mindfulness practices, and stress management training.

To improve resilience and emotional regulation among nurses as measured by standardized assessment tools.
To strengthen time management and workload prioritization skills to reduce cognitive overload.

Key Components	Strategies	Person Involved	Digital/ Modern Components	Phases	KPI's Indicators	Time Frame	Budget Allocation
• Resilience and stress management workshops • Mindfulness & CBT-based skills training • Time and workload management sessions	• Weekly 2-hour workshops • Case-based simulations • Self-assessment and reflective journaling	Psychologists, Nurse Educators, Nurse Managers, Clinical Supervisors	• Mobile mental health apps (e.g., mindfulness, Cognitive Behavioral Therapy (CBT) trackers) • Online CBT modules • Virtual workshop sessions (Zoom/Teams)	Phase 1: Assessment: baseline stress/resilience surveys, burnout scales Phase 2: Implementation: workshops, simulations, app-based exercises Phase 3: Monitoring: Weekly attendance, app usage logs Evaluation: Post-training surveys, stress scale comparison	% reduction in perceived stress scores % improvement in resilience scores Attendance/ completion rate ≥ 85% App engagement rate ≥ 70%	6 Months	Php30,000 (trainers, materials, venue, digital tools)

ADVOCACY 2: LIFESTYLE AND HEALTHY BEHAVIOR
Objectives:

- To promote the adoption of healthy lifestyle practices such as proper nutrition, regular physical activity, and adequate sleep among nurses.
- To improve nurses' overall physical and mental well-being through structured wellness programs and activities.
- To increase participation in wellness initiatives and the use of digital health tools that support healthy behaviors.

• Wellness programs (yoga, exercise, relaxation) • Nutrition counseling • Sleep hygiene education	• Bi-weekly wellness sessions • Distribution of wellness guides Incentives for participation	Nutritionist, Wellness Coaches, HR staff	Fitness and mobile apps (step trackers, sleep trackers) Online fitness classes Digital wellness challenges (gamified participation)	Phase 1: Assessment: baseline lifestyle habits survey (sleep, diet, activity) Phase 2: Implementation: Wellness sessions and app tracking Phase 3: Monitoring: Participation log nt	% improvement in sleep quality % increase in physical activity levels Reduction in Fatigue reports Participation rate ≥ 80%	6 months	Php20,000 (instructors, materials, incentives, digital subscriptions)
ADVOCACY 3: SOCIAL AND OCCUPATIONAL FUNCTIONING Objectives • To strengthen peer support, teamwork, and professional relationships among nurses through mentoring and team-building activities. • To improve job satisfaction and work environment perception through organizational support and feedback mechanisms. • To enhance communication and collaboration among healthcare team members using both in-person and digital platforms.							
• Peer support and mentoring • Team-building activities • Organizational workload support	• Monthly mentor-mentee meetings • Quarterly team-building activities Feedback and workload adjustment mechanisms	Senior Nurses, HR Officers, Mentors, Nurse Managers	• Online peer support groups (e.g., MS Teams/Slack) • Virtual mentoring platforms • Internal communication apps for collaboration	Phase 1: Assessment: baseline job satisfaction and social support surveys Phase 2: Implementation: mentoring, team building, digital collaboration Phase 3: Monitoring: Meeting logs, feedback reports Evaluation: Post-survey on job satisfaction and	% improvement in satisfaction Reduction in turnover intention Increase in peer support scores	12 months	Php12,500 (events, mentoring resources, digital platforms)

				teamwork			
ADVOCACY 4: COPING BELIEF AND PERCEPTIONS Objectives: To improve nurses' coping self-efficacy and confidence in handling work-related stress through psychoeducation and counseling interventions. To reduce negative perceptions of stress and improve adaptive coping strategies. To increase access to and utilization of mental health support services							
• Psychoeducational seminars • Confidence-building workshops • Counseling and Employee Assistance Program (EAP)	• Monthly seminars • Individual & group counselling • Stress management toolkits	• Psychologists, Nurse Leaders, HR Staff	• Online counseling/telepsychology services • Mental health mobile apps (mood tracking, journaling) • Web-based Psychoeducation modules	Phase 1: Assessment: baseline coping, self-efficacy, and mental health screening Phase 2: Implementation: counseling sessions, seminars, digital learning tools Phase 3: Monitoring: Counseling attendance, app usage, feedback forms Evaluation: Post-intervention coping scale and mental health assessment	• % improvement in coping self-efficacy scores • Increased utilization of counseling services • Reduction in anxiety/depression screening scores • Engagement with digital tools ≥ 70%	12 months	Php12,000 (counselors, online platforms, materials)

Program Summary

The proposed advocacy program aims to enhance nurses' overall well-being and mental health through a comprehensive, multidimensional approach that addresses the cognitive, behavioral, social, and emotional aspects of stress and coping. Recognizing the demanding nature of the nursing profession, the program integrates evidence-based interventions designed to strengthen resilience, promote healthy lifestyles, improve workplace relationships, and foster adaptive coping mechanisms.

The program is structured around four key domains: cognitive functional abilities, lifestyle and healthy behaviors, social and occupational functioning, and coping beliefs and perceptions. Each domain includes targeted interventions such as stress management and cognitive-behavioral skills training, wellness and lifestyle programs, peer support and mentoring initiatives, and psychoeducational and counseling services. These interventions are delivered through both face-to-face and digital platforms, including mobile mental health applications, online counseling

services, and virtual learning modules, ensuring accessibility and continuous engagement among participants.

Implementation follows a systematic framework consisting of four phases: assessment, implementation, monitoring, and evaluation. Baseline data are collected using validated tools to assess stress, burnout, coping capacity, and job satisfaction. Continuous monitoring is conducted through participation tracking, feedback mechanisms, and digital engagement analytics. Program effectiveness is evaluated through pre- and post-assessment comparisons using standardized instruments such as burnout and mental health scales.

Key performance indicators (KPIs) are established to measure improvements in stress reduction, resilience, job satisfaction, coping self-efficacy, and lifestyle behaviors. The program also aims to reduce burnout and turnover intention while enhancing professional functioning and overall quality of life among nurses.

Ultimately, this advocacy program seeks to create a supportive and health-promoting work environment that empowers nurses to manage occupational stress effectively, sustain their well-being, and deliver high-quality patient care.

IV. FINDINGS, CONCLUSIONS, AND RECOMMENDATIONS

Salient Findings

The profile of the respondents indicates that the majority are middle-aged, predominantly female, largely single, and mostly Roman Catholic. Most are Bachelor's degree holders, reflecting a workforce with foundational nursing education and limited representation of advanced academic qualifications. In terms of economic status, nearly half fall within the ₱18,201–₱36,400 monthly family income bracket, suggesting a lower-middle- to middle-income classification. Regarding work characteristics, most respondents are assigned to ward areas, followed by special units and emergency/outpatient departments, with a significant proportion having 1–5 years of experience, indicating a predominance of early-career nurses.

Regarding the effects of work-related stress on mental health, findings indicate that stress has a moderate effect on cognitive functioning (WM = 2.85), particularly on concentration and problem-solving. It also has a moderate to high effect on lifestyle and health behaviors (WM = 3.09), with sleep disturbance, fatigue, and compromised health practices identified as the most affected areas. Meanwhile, social and occupational functioning is affected to a lesser extent (WM = 2.45), with work–life balance emerging as the most notable concern. Overall, work-related stress demonstrates a moderate overall effect (WM = 2.80) across mental health domains.

Regarding coping beliefs, respondents demonstrate high coping confidence (WM = 3.96), particularly in emotional regulation (WM = 4.21) and the ability to manage prolonged stress (WM = 4.14). However, comparatively lower confidence is observed in maintaining optimal job performance under stress (WM = 3.36), indicating a gap between coping ability and perceived performance effectiveness.

Differences in the perceived effects of work-related stress across profile variables show that sex, area of assignment, and years in service significantly influence multiple mental health domains. At the same time, age, civil status, religion, educational attainment, and income generally do not. Female nurses report higher stress effects in several domains, and nurses assigned to high-acuity areas and those with fewer years of service experience greater stress impacts. Additionally, coping beliefs differ significantly only in relation to educational attainment.

Correlation analysis further reveals that most demographic variables are not significantly associated with stress effects. However, sex shows significant positive correlations with Cognitive Functional Abilities ($r = .436$, $p = .001$), Lifestyle and Health Behaviors ($r = .586$, $p < .001$), Social and Occupational Functioning ($r = .392$, $p = .003$), and the overall stress effect ($r = .487$, $p < .001$). In contrast, years in service exhibits significant negative correlations with Cognitive Functional Abilities ($r = −.360$, $p = .006$), Lifestyle and Health Behaviors ($r = −.415$, $p = .001$), Social and Occupational

Functioning (r = −.266, p = .048), and the overall stress effect (r = −.302, p = .023), indicating that more experienced nurses report lower stress impacts.

Conclusions

The findings indicate that the nursing workforce is largely composed of early-career, female, and moderately educated individuals working primarily in ward-based settings. This profile suggests a population that may still be in the developmental stage of professional practice, requiring continued support in adapting to clinical demands and workplace challenges.

Work-related stress has a consistent and multidimensional impact on nurses' mental health, particularly affecting cognitive functioning and lifestyle behaviors, while exerting a relatively lower influence on social and occupational functioning. Although the effects are moderate, the persistence of stress across domains suggests that prolonged exposure may compromise nurses' overall well-being, efficiency, and quality of care if left unaddressed.

The results further indicate that nurses possess strong coping beliefs, especially in emotional regulation and stress management. However, the discrepancy between coping confidence and perceived job performance suggests that external work demands may still hinder optimal functioning despite internal coping capacity.

The hypothesis that there is no significant difference in the perceived effects of work-related stress across profile variables is therefore partially accepted, as the variables sex, area of assignment, and years of service showed significant differences.

The hypothesis is further rejected with respect to years of service and the effects of work-related stress on mental health among selected nurses, suggesting that more experienced nurses tend to report lower stress-related effects.

Overall, the study concludes that work-related stress is not uniformly experienced among nurses but varies significantly according to sex, area of assignment, and years of service. These factors, rather than general demographic characteristics, play a more critical role in shaping how stress is perceived and managed. Consequently, targeted and context-specific interventions are necessary to address the mental health impacts of work-related stress effectively.

Recommendations

Based on the conclusions, the following are hereby recommended.

The proposed advocacy program be implemented by the respective hospitals in Urdaneta City to enhance the well-being of the nurses in coordination with other partner institutions.

Future studies are encouraged to involve larger and more diverse samples across multiple healthcare institutions to enhance generalizability. May include variables such as workload intensity, staffing ratios, shift patterns, and organizational support to provide a more comprehensive understanding of work-related stress. Employing mixed-methods designs is also recommended to capture both quantitative relationships and qualitative insights into nurses' lived experiences. Moreover, longitudinal studies can examine changes in stress levels and coping mechanisms over time, particularly across different stages of nursing careers.

REFERENCES

[1] Azkiyah, Z., Fuad, N., & Matin, M. (2024). The Influence of Transparency and Trust on Parental Participation in MTS Negeri Cakung District, East Jakarta. https://doi.org/10.17977/um025v9i12024p123

[2] Bakhshi, S., Zadeh, M. A., & Sadeghi, A. (2020). Occupational stress and unhealthy coping behaviors among nurses: A cross-sectional study. Work, 65(1), 211–219. https://doi.org/10.3233/WOR-203166

[3] Bennner, P. (1982). From novice to expert. American Journal of Nursing, 82(3), 402–407.

[4] Blegen, M., Goode, C. J., Park, S. H., Vaughn, T., & Spetz, J. (2021). Baccalaureate education in nursing and patient outcomes: A systematic review. Journal of Nursing

Administration, 51(7–8), 377–383. https://doi.org/10.1097/NNA.0000000000001037 https://journals.lww.com/jonajournal/toc/2021/06000

[5] Dall'Ora, C., Ball, J., Recio-Saucedo, A., & Griffiths, P. (2020). Characteristics of shift work and their impact on employee performance and wellbeing: A systematic review. BMJ Open, 10(9), e037599. https://doi.org/10.1136/bmjopen-2020-037599

[6] Deloitte. (2025). 2025 Deloitte global Gen Z and millennial survey. Deloitte Insights. https://www2.deloitte.com

[7] De Jager, F. (2024, December 26). 81+ troubling workplace stress statistics [Updated for 2025]. SSR. https://www.selectsoftwarereviews.com/blog/workplace-stress-statistics

[8] De Jager, F. (2024, December 26). Troubling workplace stress statistics (updated for 2025). SelectSoftware Reviews. https://www.selectsoftwarereviews.com/blog/workplace-stress- statistics

[9] De Diego-Cordero, R., Iglesias-Romo, M., Badanta, B., Lucchetti, G., & Vega-Escaño, J. (2022). Burnout and spirituality among nurses: A scoping review. Explore, 18(5), 612–620. https://doi.org/10.1016/j.explore.2021.08.001

[10] Giannakopoulos, N., Sakas, D., & Kanellos, T. (2025). Implication of Digital Marketing in the Supply Chain Finance of the Beverage Industry. International Journal of Financial Studies, 13(4), 189.

[11] Gao, Y., Ou, J., Cao, H., & Lv, F. (2026). Association between nursing work environment and decision fatigue among clinical nurses: a moderated mediation analysis on the roles of job stress and resilience. Frontiers in Psychology, 16, Article 1676964. https://doi.org/10.3389/fpsyg.2025.1676964

[12] Gao, Y., Ou, J., Cao, H., & Lv, F. (2026). Association between nursing work environment and decision fatigue among clinical nurses: A moderated mediation analysis on the roles of job stress and resilience. Frontiers in Psychology, 16, 1676964. https://doi.org/10.3389/fpsyg.2025.1676964

[13] Gallup. (2022). State of the global workplace 2022 report. Gallup. https://www.gallup.com

[14] Hassard, J., Teoh, K.R.H., Visockaite, G., Dewe, P., Cox, T.(2020).The cost of work-related stress in society: A systematic review. Journal of Occupational Health Psychology,23(1), 1-17. Hhttps://doi.or/10.1037/ocp0000069https://pubmed.ncbi.nlm.nih.gov/28358567/

[15] Hobfoll, S.E.,Halbesleben, J., Neveu,J.-P.,&Westman,M (2021). Conservation of resources in the organizational context. The reality of resources and their consequences. Annual Review of Organizational Psychology and Organizational Behavior,5,103128. https://doi.org/10.1146/annurev-orgpsych-032117-104640

[16] Jin, X., et al. (2025). Occupational stress, coping strategies, and mental health among clinical nurses in hospitals: A mediation analysis. Frontiers in Public Health, 13, Article 1537120. https://doi.org/10.3389/fpubh.2025.1537120

[17] Magnavita, N., Capitanelli, I., & Meloni, F. (2021). Work-related stress, occupational burnout, job satisfaction, and general health of nurses: A cross-sectional study. Healthcare (Basel), 9(6), 763. https://doi.org/10.3390/healthcare9060763s

[18] National Academies of Sciences, Engineering, and Medicine. (2021). The nursing workforce — The Future of Nursing 2020–2030: Charting a path to achieve health equity. National Academies Press. https://www.ncbi.nlm.nih.gov/books/NBK573922/

[19] Philippine Statistics Authority. (2021). Income and expenditure statistics. https://psa.gov.ph

[20] Royandoyan, R. (2022, June 15). Filipino workers among the most stressed in Southeast Asia—Gallup survey. The Philippine Star. https://www.philstar.com

[21] Salvagioni, D. A. J., Melanda, F. N., Mesas, A. E., González, A. D., Gabani, F. L., & Andrade, S. M. (2021). Physical, psychological, and occupational consequences of job burnout: A systematic review of prospective studies. PLoS ONE, 16(9), e0257360. https://doi.org/10.1371/journal.pone.0257360

[22] Shamsan et al., 2022. Level of Anxiety and Depression among Healthcare Workers in Saudi Arabia during the COVID-19 Pandemic https://peerj.com/articles/14246/

[23] Stengård, J, Leineweber, C, Virtanen, M, Westerlund, H, and Wang, HX. Do Good Psychosocial Working Conditions Prolong Working Lives? Findings From the Prospective Study in Sweden. Eur J Ageing (2021) 19:677–88. doi:10.1007/s10433-021-00672-0 https://pubmed.ncbi.nlm.nih.gov/36052189/

[24] Silver et al., 2022. Prepandemic Mental Health and Well-being: Differences Within the Health Care Workforce and the Need for Targeted Resources. https://pubmed.ncbi.nlm.nih.gov/36472564/

[25] World Health Organization. (2021). Mental health at work. World Health Organization. https://www.who.int/news-room/fact-sheets/detail/mental-health-at-work

[26] Xanthopoulou, D., Bakker, A. B., Demerouti, E., & Schaufeli, W. B. (2021). The role of personal resources in the job demands–resources model. International Journal of Stress Management, 14(2), 121–141. https://doi.org/10.1037/1072-5245.14.2.121

[27] Zhang, Y., Duffy, J. F., & De Castillero, E. R. (2022). Do sleep disturbances mediate the association between work stress and depressive symptoms among nurses? Sleep Health, 8(1), 59–65. https://doi.org/10.1016/j.sleh.2021.08.003