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Personal Resilience, Social Support, and Organizational Support on Occupational Stress of Hospital Nurses

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Abstract

This study examined the impact of personal resilience, social support, and organizational support on occupational stress among nurses at Saint Paul Surigao University. The study was a descriptive correlational study based on the Job Demands-Resources (JD-R) model using a sample of 35 nurses. Standardized instruments were used to measure occupational stress, resilience, social support, and perceived organizational support. Data was examined using descriptive statistics and one-way analysis of variance (ANOVA).

Findings revealed that nurses experienced moderate occupational stress, particularly in relation to work-family conflict, organizational issues, and fear of contagious diseases. The respondents generally demonstrated normal levels of resilience and high levels of social and organizational support. Significant relationships were identified among occupational stress, social support, resilience, and organizational support. Nurses who reported stronger support systems and higher resilience tended to experience lower stress levels. However, perceived organizational support showed no significant relationship with age, underscoring the need for broader institutional strategies to address workplace stress.

The study revealed that interventions that increase resilience, foster supportive work environments, equalize workloads, and improve organizational support can reduce occupational stress among nurses. Improving nurses' well-being, job satisfaction, and quality of patient care requires additional institutional support.

Keywords: Occupational Stress, Personal Resilience, Social Support, Organizational Support, Hospital Nurses

1. Introduction

Saint Paul Surigao University Hospital (SPSUH), a pivotal healthcare facility in Surigao City, has been delivering medical services to the public since its establishment on May 8, 2017. SPSUH, one of the three private hospitals in the area, accredited by the Department of Health, plays a vital role in managing routine

and emergency healthcare needs. Despite the hospital's vital role, as most hospitals in the country do, it faces multiple challenges related to nurse retention and well-being, largely due to elevated occupational stress that affects both job satisfaction and performance.

The nursing profession in the Philippines is characterized by a significant attrition rate, as several nurses leave the field or pursue opportunities abroad due to these challenges. Local studies reveal that the predominant factors contributing to the attrition of Filipino nurses from private hospitals are inadequate salaries, excessive workloads, and a lack of support from colleagues and the institution. These considerations are especially pertinent to SPSUH, where the demands are intensified by elevated nurse-to-patient ratios and constrained resources.

Job demands, work-family conflict, lack of support from colleagues, abuse and harassment in the workplace, and organizational issues are some of the significant factors for Filipino nurses' high levels of stress. Additionally, their concern has been aggravated by the fear of contracting infectious diseases, especially during an epidemic. Such demands affect nurses' overall work performance and patient care outcomes, as well as their physical and emotional well-being. Despite these challenges, research indicates that individual resilience, social support, and organizational support are important in alleviating occupational stress.

Personal resilience enables nurses to adapt and recover from stressful situations, especially in high-stress environments like hospitals. Support from family, friends, and coworkers helps to reduce the emotional and psychological repercussions of work stress. Organizational support comprises tools, recognition, and policies that improve nurse well-being and retention. Nonetheless, there is a considerable study vacuum in understanding how these factors interact in the particular context of Filipino nurses working in private hospitals like SPSUH, as well as their cumulative influence on occupational stress and turnover intentions.

Given the considerable impact of stress on Filipino nurses' well-being and the need to understand how these challenges can be addressed, this study intends to look into the influence of personal resilience, social support, and organizational support in alleviating occupational stress among nurses at SPSUH, given the significant effects of stress on the well-being of Filipino nurses and the necessity to comprehend how these problems might be handled. The study aims to offer recommendations to assist SPSUH and other institutions in improving nurse retention, alleviating stress, and enhancing overall healthcare outcomes by analyzing these aspects.

2. Conceptual Framework of the Study

The conceptual framework of this study is grounded in the Job Demands-Resources (JD-R) model. According to this model, every job involves demands and resources. According to Bakker and Demerouti (2001), work demands are aspects of the job that require continuous physical or mental effort and are linked with specific physiological and psychological costs. It involves all the physical, social, and organizational aspects that require physical and cognitive strain in the work environment. In other words, these are the daily work occurrences that drain energy, such as work overload, work pressure, conflicts with others, and future job insecurity. Workplace resources, on the other hand, are "aspects of the job that may do any of the following: (a) be functional in attaining work goals; (b) lessen job demands and related physiological and psychological costs; and (c) inspire personal growth and development," according to the definition by Schaufeli (2017). It involves all the physical, social, and organizational aspects that help achieve personal and company goals, such

as work safety, career opportunities, social and interpersonal relationships, colleagues' support, and good teamwork.

The primary purpose of this model is to avoid conflict between job demands and job resources that could provoke a strong imbalance among the parts. The said imbalance could have severe effects on both health and personal life. It is necessary to consider both job demands and job aspects as an essential duo, as job demands increase strain and negatively affect workers' health. On the other hand, job resources increase motivation, which leads to better results. As such, job demands and job resources influence each other: an elevated quantity of demands could reduce motivation and autonomy, and, in turn, elevated resources could decrease the strain and demands difficulties.

It's also worth noting that the JD-R model's foundation includes two key psychological processes in its framework (see Fig. 1). First, a stress process, which is triggered by high job expectations and inadequate resources, may — via burnout — lead to undesirable consequences such as sickness absence, poor performance, hindered workability, and low organizational commitment. When job demands are chronically high and are not compensated by job resources, employees' energy is progressively drained. This may eventually lead to mental exhaustion (burnout), which can have severe consequences for both the individual (e.g., poor health) and the organization (e.g., poor performance). Second, a motivating process initiated by plentiful employment resources can lead to good outcomes such as organizational commitment, intent to stay, extra-role activities, employee safety, and improved work performance through work engagement. Job resources have intrinsic motivational properties; they energize employees and make them feel engaged, thereby enhancing job performance (Schaufeli, 2017).

In this study, the interplay between job demands and job resources is determined from the identification of the nurses perceived occupational stress, their ability to rebound from stressful events (i.e., Personal Resilience), and their perceived social and organizational support, especially in this time of the pandemic. These variables are examined to determine the gravity of job demands (based on respondents' profiles and perceived occupational stress) vis-à-vis job resources (circled around respondents' levels of personal resilience and perceived social and organizational support).

From thereon, outcomes (positive or negative) are carefully examined to serve as a basis for ground-level managerial interventions to improve the nurses' work engagement and reduce excessive occupational stress.

The framework of this study, as illustrated in the schematic diagram (Figure 2, shows the variable constructs and their interaction flow. The independent variable of the study is the profile of the respondents, which includes:

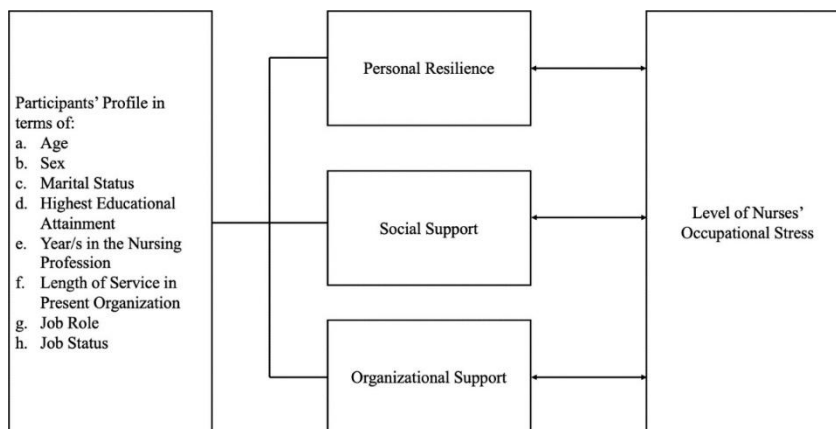


Figure 2. Schematic Diagram of the Study

3. Research Methodology

3.1 Research Design

This study utilized a descriptive-correlational design through purposive sampling to make inferences from the findings and to aid in determining the levels of occupational stress, individual resilience, and perceived social and organizational support experienced by hospital nurses in SPSUH.

3.2 Research Locale

The study was conducted within the researcher's locality, at St. Paul Surigao University Hospital (SPSUH) located in Brgy Luna, Surigao City.

Since its operations began on May 8, 2017, Saint Paul Surigao University Hospital, has catered to the needs of the Surigaonons in line with its goal of being a Christ-centered, innovative, and socially responsible global healthcare institution. It is among the three private hospitals in the city that the Department of Health accredits to treat confirmed COVID-19 cases.

3.3 Respondents

The respondents of this study were nurses employed in various units of the Saint Paul Surigao University Hospital (SPSUH). Their distribution across different departments provided a comprehensive representation of the hospital's nursing staff. Specifically, the 35 respondents in this study were distributed in the following areas:

- Emergency Unit: 4 Registered Nurses (RNs) and 5 Nurse Assistants (Non-RNs)
- Our Lady of Perpetual Help Ward: 7 RNs and 5 Nurse Assistants (NAs)
- Hemo-Dialysis Unit: 3 RNs and 4 NAs
- Operating Room/Delivery Room (OR/DR) Units: 2 RNs and 2 NAs
- Outpatient Department - Ophthalmology: 2 NAs
- Nurse Manager: 1 RN

The respondents' ages ranged from 22 to 35 years. All participants must have a Bachelor of Science in Nursing (BSN) degree. The educational qualification ensured that all participants had a fundamental level of nursing education essential to their respective positions.

The study was able to look at variations in stress levels and support requirements between the groups by adding Nurse Assistants to the study, in addition to RNs. Nurse assistants are generally in supportive care roles and may face different pressures than RNs who do more clinical work.

Research Sample. Purposive sampling was utilized to select the research sample.

3.4 Inclusion Criteria:

- Nurse assistants, Staff nurses, and nurse managers are currently affiliated in different clinical areas of SPSUH.

- The minimum requirement is a Bachelor of Science in Nursing degree with at least 6 months of clinical experience, to ensure respondents have hospital experience and can provide in-depth information sufficient to meet the objectives of this study.
- Have rendered enough duty hours per week as required by their affiliated hospital institution (at least 12 hours per shift).
- Have voluntarily agreed to participate in the conduct of the study

3.5 Research Instrument

The data were gathered using a four-part instrument that included the following standard questionnaires: the Nurses' Occupational Stressor Scale (NOSS), the Brief Resilience Scale (BRS), the Interpersonal Support Evaluation List (ISEL), and the Perceived Organizational Support (POS) questionnaire.

Nurses' Occupational Stressor Scale. The Nurses' Occupational Stressor Scale (NOSS), which was developed by Chen et al. (2020), is a 21-item scale that is considered sufficient for measuring stressors in nurses' work environments and is designed as a unique stressor scale for nurses in Asia (Chen et al., 2020). Nine subscales are included: (1) work demands, (2) work-family conflict, (3) insufficient support from coworkers or caregivers, (4) workplace violence and bullying, (5) organizational issues, (6) occupational hazards, (7) difficulty taking leave, (8) powerlessness, and (9) unmet basic physiological needs.

The NOSS items are scored on a 4-point Likert scale (1 to 4 representing "strongly disagree" to "strongly agree"). The average total score of the NOSS is 107.1 (SD = 14.2), ranging from 65 to 158. A higher score implies that nurses are exposed to more job stress. Cronbach's α was used to measure internal consistency, and the NOSS demonstrated high concurrent and construct validity. The internal consistency (Cronbach's) coefficients ranged from 0.35 to 0.77, while the test-retest reliability coefficients for the subscales ranged from 0.71 to 0.83. Thus, the NOSS tool provides an accurate prediction of Personal Burnout (Subscales 1, 2, 4, 6, and 7), Client-related Burnout (Subscales 1, 2, 3, 4, 7, and 8), Work Dissatisfaction (Subscales 1, 2, 6, 7, and 9), as well as Intention to leave (Subscales 1, 2, 4, 5, 7, and 9) according to the conclusion drawn from the study of (Chen et al., 2020).

Brief Resilience Scale (BRS). The Brief Resilience Scale was created solely to evaluate the concept of resilience in its original etymology or as a measure of ability (Brief Resilience Scale, 2019). Moreover, this scale is intended to measure resilience, including how easily a person adapts to stress, recovers from illness, and thrives in the face of adversity. The ability to assess how someone recovers from stress provides valuable guidance for individuals coping with health-related stressors (Smith et al., 2008).

Furthermore, the BRS is a 6-item questionnaire that evaluates answers to these items: 1) I tend to bounce back quickly after hard times, 2) I have a hard time making it through stressful events, 3) It does not take me long to recover from a stressful event, 4) It is hard for me to snap back when something wrong happens, 5) I usually come through difficult times with little trouble, and 6.) I take a long time to overcome setbacks in my life. The replies to all six statements are added together and scored on a 5-point scale, with a potential range of 6-30, and item responses range from Strongly Disagree to Strongly Agree. To determine the rating, items 2, 4, and 6 were first scored in reverse order. Reversing a score entails replacing an item's original value with its reciprocal value: a score of 1 becomes a 5, a score of 2 becomes a 4, and so on. From then on, the individual item ratings were all totaled. A weighted score is obtained by dividing the total score by the number of items; for instance, a score of 6 would indicate stronger resilience.

Interpersonal Support Evaluation List (ISEL). The ISEL tool measured the nurses' perceptions of social support. Cohen and Hoberman (1983) developed this 12-item scale with three subscales to assess three elements of perceived social support. The dimensions are: 1.) Appraisal Support, 2.) Belonging Support, and 3.) Tangible Support. Each dimension is assessed using four items ranging from "Definitely True" to "Definitely False" on a four-point scale. The following essential points should be considered when analyzing the data: a.) Items 1, 2, 7, 8, 11, and 12 are scored reversely; b.) The Appraisal Support subscale comprises items 2, 4, 6, 11; c.) The Belonging Support subscale includes items 1, 5, 7, 9, and d.) The Tangible Support subscale comprises items 3, 8, 10, and 12. As a result, all scores are kept constant (Cohen, 1983).

Perceived Organizational Support (POS). The POS is an eight-item questionnaire in which nurses rate their level of agreement with each statement on a 5-point Likert scale (1 [strongly disagree] to 5 [strongly agree]). Low organizational support (1.00–2.99), moderate organizational support (3.00–4.30), and strong organizational support (4.31–5.00) are the categories for the mean scale scores (Lin et al., 2019). The scale's parameter validity was outstanding, as supported by a study by Duan et al. (2019), and its negative association with emotional fatigue and turnover intention, and its excellent reliability, with an internal consistency of 0.89, as supported by a previous study by Lin et al. (2019).

3.6 Data Analysis

The following statistical tools were employed in analyzing the data:

Frequency Count and Percent. This was used to determine the profile variable of every respondent.

Weighted Mean. This tool is used to determine the nurses' level of occupational stress, perceived interpersonal support, and perceived organizational support.

Chi-Square Test – This was used to determine the *level of personal resilience, perceived organizational support, and perceived interpersonal support vs. occupational stress.*

T-test and Analysis of Variance (ANOVA. This was used to determine the relationship between *profile variables vs. nurses' responses to questions (category-based).* A t-test was used for the sex variable since it only has two categories.

4. Results and Discussion

This chapter presents, analyzes, and interprets the data on the impact of personal resilience, social support, and organizational support on the occupational stress of hospital nurses at St. Paul University Surigao. The discussion of the results follows the sequence of the problems presented in Chapter I.

Part I – Profile of the Respondents

Table 1. Distribution of Respondents According to Profile Variables

Profile Variable		F (n=35)	Percentage
Age	22-24	15	42.95%
	25-29	10	28.6%
	30-35	10	28.6%
Sex	Male	13	37.1%
	Female	22	62.9%
Marital Status	Single	28	80.0%
	Married	7	20.0%
Highest Educational Attainment	BSN Graduate, Non-RN	18	51.4%
	BSN Graduate, with RN License	17	48.6%
Year/s in the nursing profession	Less than a year	18	51.4%
	1-3 years	5	14.3%
	4-6 years	12	34.3%
Length of service in present organization	Less than a year	17	48.6%
	1-3 years	7	20.0%
	4-6 years	11	31.4%
Job role	Nurse Assistant	17	48.6%
	Staff Nurse	17	48.6%
	Nurse Manager	1	2.9%
Job Status	Full-time	34	97.1%
	Contractual	1	2.9%

Table 1 shows respondents' frequency and percentage distribution according to their profile variable. As shown in the table above, most participants are in the age bracket 24 and below, with a frequency score of 15 (42.95%), followed by ages 25-29 and 30 and above, with a similar frequency count of 10 (28.6%). Moreover, based on the data gathered, more than half, twenty-two (22), or 62.9%, of the respondents are female, while thirteen (13), or 37.1%, are male. Additionally, of the 35 respondents, 28 (80.0%) are single, while the remaining 7 (20.0%) are married.

Meanwhile, when grouped by highest educational attainment, 18 respondents (51.4%) are BSN Graduates but haven't yet obtained a Registered Nurse License. In comparison, the other 17 (48.6%) already have their RN licenses. Also, it can be gleaned that the majority of the respondents have been in the nursing profession for less than a year, with a frequency count of eighteen (18) or 51.4%, followed by 4-6 years with a score of twelve (12) or 34.3%, and 1-3 years duration with five (5) or 14.3%. Similarly, in terms of length of service in the present organization, most respondents have been in their post for less than a year, with a count of seventeen (17), or 48.6%, while eleven (11), or 31.4%, have been there for 4-6 years, and seven (7), or 20.0%, for 1-3 years.

Regarding Job Roles, Nurse Assistants and Staff Nurses had similar frequency scores of 17 (48.6%), while only 1 (2.9%) respondent was assigned a Nurse Manager. Lastly, the results revealed that almost all respondents are Full-time nurses (34, 97.1%), while only 1 (2.9%) is a Contractual Nurse.

Part II. Perceived Occupational Stress

Table 2.1 Level of Nurses' Perceived Occupational Stress

Nurses' Occupational Stress	Mea n	SD	VI	QD	Rank
Work Demands					
1. I have to bear negative sentiments from patients or their relatives.	2.63	.843	Agree	H	8
2. Excessive duties in the workplace prevent me from attending to patients.	2.69	.900	Agree	H	5.5
3. I have to maintain other clinical units other than my own.	2.69	.796	Agree	H	5.5
Work-family Conflict					
4. The burden of work affects my domestic/ family life.	2.46	.780	Disagree	L	12.5
5. The burden of work makes it difficult for me to undertake my chores and engage in my hobbies.	2.49	.853	Disagree	L	11
6. I have to adapt my schedule for family activities/outings to accommodate my work responsibilities.	3.17	.707	Agree	H	1
Insufficient support from coworkers or caregivers					
7. The doctors' temperamental nature agitates me.	2.46	.701	Disagree	L	12.5
8. I worry that my colleagues' incompetence will affect patient safety.	2.63	1.060	Agree	H	8
9. I feel stressed because primary caregivers (i.e. doctors, co-nurses) do not execute their tasks appropriately.	2.03	.857	Disagree	L	20
Workplace Violence/Bullying					
10. I feel stressed due to psychological abuse such as threats, discrimination, bullying, and harassment to me or someone I know.	2.06	.906	Disagree	L	19
Organizational Issues					
11. The hospital's staffing schedule and patient acuity affects my life.	2.74	.886	Agree	H	4
12. The organization usually remunerates my overtime work at a low rate of pay.	3.00	.908	Agree	H	2
13. Not achieving a promotion within the expected period affects my income.	2.57	.698	Agree	H	10
Organizational Hazards					
14. I feel stressed considering that my patients might have or is currently positive of a highly contagious disease.	2.83	.747	Agree	H	3
15. I often need to transport patients or hazardous materials/ equipment.	2.40	.695	Disagree	L	14
Difficulty Taking Leave					
16. I cannot easily ask for leaves for household emergencies.	2.29	.789	Disagree	L	18
17. I cannot easily excuse myself of work duties and/ or responsibilities even if I experience strong discomfort.	2.37	.690	Disagree	L	15.5
Powerlessness					
18. It upsets me if patients' conditions do not improve.	2.63	.690	Agree	H	8
19. I have insufficient time to offer holistic health care to patients during working hours.	2.37	.942	Disagree	L	15.5
Unmet Basic Physiological Needs					
20. I have no time to fulfill my personal needs.	2.00	.641	Disagree	L	21
21. I cannot take an uninterrupted 30-minute mealtime break.	2.31	.867	Disagree	L	17
Composite Mean	2.53		Agree	H	

Legend:

Scale	Interval	Verbal Response	Code	Interpretation	Code
4	3.25-4.00	Strongly Agree	SA	Very High	VH
3	2.50-3.24	Agree	A	High	H
2	1.75-2.48	Disagree	D	Low	L
1	1.00-1.74	Strongly Disagree	SD	Very Low	VL

Table 2.1 presents SPSUH Nurses' perceptions of their occupational stress levels. Based on the results, the composite mean of 2.53 indicates that the respondents generally agreed on the above-mentioned occupational stress indicators. This level is qualitatively described as High, indicating that SPSUH nurses have perceived a high level of occupational stress.

The results showed different aspects of occupational stress experienced by the respondents, as well as the major stressors influencing their work and home lives. The findings reveal that stress origins and levels differ, and that work-family conflict, organizational problems, and risks are especially important.

Specifically, among the items cited, the statement that nurses have to adapt their schedule for family activities and outings to accommodate work responsibilities (item # 6), which is under the Work-Family Conflict sublevel, got the highest weighted mean score of 3.17 and ranked as the item that contributed the most to the experienced occupational stress by the respondents. It was followed by the statements: the organization usually remunerates overtime work at a low rate of pay (3.00) (item # 12), and the hospital's staffing schedule and patient acuity affect my life (2.74) (item # 11), which are under Organizational Issues, and lastly, the item on feeling stressed considering that the patients might have or is currently positive of a highly contagious disease (2.83) (item # 14) under Organizational Hazards. The results of the items mentioned above have significantly impacted the respondents' perceived levels of occupational stress.

This study's findings indicate that nurses at Saint Paul Surigao University Hospital (SPSUH) experience high occupational stress, with a composite mean score of 2.53, indicating a "High" level of stress. These findings align with prior studies indicating that the nursing profession is intrinsically stressful due to variables such as work demands, work-family conflict, and inadequate social or organizational support.

Saint Paul Surigao University Hospital, founded in 2017, is a private hospital situated in Surigao City, Philippines. The hospital serves the majority of the community and is integral to delivering essential healthcare services. Although established recently, SPSUH has rapidly emerged as a vital part of the Surigaonon community, providing healthcare services through various units, including the Emergency Unit, Our Lady of Perpetual Help Ward, Hemo-Dialysis Unit, and Outpatient Department. The hospital's aim is to provide Christ-centered, creative, and socially responsible healthcare while upholding high standards of patient care despite challenges in the healthcare system. The following are the highlighted factors that greatly contributed to the nurses' occupational stress levels.

High- Stress Factors

Adapting Schedules for Family Roles and Activities.

Item number 6: *I have to adapt my schedule for family activities/outings to accommodate my work responsibilities.* Got the highest perceived occupational stress score (3.17) among the respondents, and it was associated with nurses needing to adapt their schedules to accommodate family activities or outings.

It is challenging to differentiate professional life from family life in any occupation. Thus, it is fair to note that the participants in this study work in an environment where there exists constant round-the-clock patient monitoring, work-shift schedule variability, long working hours (12 hours straight duty on average), pressures to complete complicated patient care tasks effectively and efficiently often only within shift hours and add to the fact the variability of patient acuity vis-à-vis the scarcity of the number of nurses per shift per unit in the hospital.

They are also responsible for fulfilling several roles at home (wife, spouse, father, daughter, and son) and at work (employee), so they often need help balancing these responsibilities. As a result, it is no wonder that the participants in this study collectively experienced difficulties juggling work and family obligations, such

that they could not spend quality time with their families and had to adjust family activities to accommodate work responsibilities. This result is consistent with a few studies locally and internationally.

Karakurt et al. (2023) concluded that work-family conflict increases as occupational stress levels rise. Similar to this study, where participants are primarily females and have to adjust family activities to accommodate work schedules and responsibilities, the survey by Karakurt et al. also procured comparable results, wherein, accordingly, the day and night shift nature of the nurses' inflexible work schedule resulted in many work-family/family-work conflicts with the traditional maternal roles of women in the family and their households. This result is also consistent with previous studies by Jamadin et al. (2015), Kusumanegara et al. (2018), Vickovic et al. (2019), and Elahi et al. (2022), which showed a strong, positive association between occupational stress and family-work conflict.

The results of this study align with those reported in the aforementioned international studies. Upon examining the distribution of respondents in the current study, it is evident that there are more female participants than male participants, which may significantly influence the results in this regard. Filipino women nurses, like many of their fellow citizens, typically serve dual roles in both their private and professional lives and contribute significantly to their households. Filipino women nurses are essential frontliners in the healthcare sector in the Philippines and abroad, Elmaco (2022) said. They have been particularly emphasized during crises, such as the COVID-19 outbreak, where they have faced challenges due to global demand for their services and the hazards associated with their work. However, at home, despite the demanding nature of their jobs, Filipino women nurses continue to take on substantial unpaid care work and household chores. A 2022 poll by Oxfam Pilipinas found that conventional gender norms in Filipino culture often assume that women should handle household work and care for children and the elderly, in addition to their professional roles. This double load has been highlighted in several studies, which have revealed that women, even nurses, continue to undertake the bulk of domestic work in many families.

Local studies, however, have shown conflicting findings. A study by Labrague et al. (2020) revealed that hospital nurses working in urban areas reported a higher prevalence of work-family conflict than their rural counterparts. Work and life in urban areas are substantially more demanding, stressful, and fast-paced than in rural communities. In addition, urban nurses worked long, inflexible hours. They were exposed to various daily inconveniences, such as traffic, overpopulation, pollution, and higher living costs, which led to significantly less time spent on family obligations.

It is essential to note that this study was conducted in Surigao City, an area that is reasonably considered urbanized, and that the participants are currently working there. Both results contrast with those of a previous study by Bacallan (2016), which concluded that work-life balance, including work-family conflict, was unrelated to the nurse participants' work performance and work-related stress.

Organizational and Financial Concerns.

Another item that yielded the highest increase in Occupational Stress among nurses was "The organization usually remunerates my overtime work at a low rate of pay" (item # 12), with a mean score of 3.00, which falls under Organizational Issues.

The Department of Budget and Management (DBM) issued Budget Circular No. 2021-2 to set forth rules on improving the salary grade of nurses pursuant to Section 32 of Republic Act (RA) No. 9173, or the Philippine

Nursing Act of 2002. Accordingly, effective on January 1, 2023, the salary grade of nurses and their equivalent amount is as follows:

- Nurse 1 (SG15)- The Salary Grade for Nurse I is SG 15, equivalent to P36,619
- Nurse II (SG 16)- The Salary Grade for Nurse II is SG 16, which amounts to P39,672
- Nurse III (SG 17)- The Salary Grade for Nurse III is SG 17, equivalent to P43,030
- Nurse IV (SG 19)- The Salary Grade for Nurse IV is SG 17, which amounts to P51,357
- Nurse V (SG 20)- The Salary Grade for Nurse V is SG 20, which corresponds to P57,347
- Nurse VI (SG 22)- The Salary Grade for Nurse VI is SG 22, which amounts to P71,511
- Nurse VII (SG 24)- The Salary Grade for Nurse VII is SG 24, which amounts to P90,078

The salary, as mentioned above, is far from what the nurses are actually earning. The Department of Labor and Employment (DOLE) has reported that the average monthly remuneration for an entry-level registered nurse is currently between P8,000 and P13,500. Hospitals typically pay registered nurses an average monthly remuneration of P9,757 (\$193.36). The government's average monthly compensation is approximately P13,500 (\$267.54), while the average monthly salary in the private sector is approximately P10,000 (\$198.18). To make matters worse, according to the Philippine Nurses' Association, the nurse-to-patient ratio at most hospital facilities in the country is 1:60, which is significantly higher than the DOH's desired ratio of 1:12. Thus, Filipino nurses have to work at least five times as hard as they should, earning the tagline "overworked and underpaid" as a common way to talk about these nurses (Pacheco et al., 2021).

Moreover, Article 83 of the Labor Code of the Philippines states that the regular working hours of any employee shall not exceed eight (8) hours a day. Article 87 stipulates that *"Work may be performed beyond eight (8) hours a day provided that the employee is paid for the overtime work, an additional compensation equivalent to his regular wage plus at least twenty-five percent (25%) thereof. Work performed beyond eight hours on a holiday or rest day shall be paid an additional compensation equivalent to the rate of the first eight hours on a holiday or rest day plus at least thirty percent (30%) thereof."*

These promulgations may be followed only partially by most hospitals across the country. In a statement released by Filipino Nurses United (FNU), several nurse administrators from various healthcare facilities nationwide disclosed that nurses are understaffed, handling 20 to 50 patients while working 12 to 16 hours without overtime pay. Thus, the group has requested that the International Labor Organization-High Level Tripartite Mission (ILO-HLTM) investigate potential violations of labor standards in nursing.

Conversely, the cost of living in the Philippines can be significantly high, depending on which region you are from. Data from asiacostofliving.com (2023) revealed that the cost of living in Surigao is generally relatively high, especially regarding housing. Rent for a small one-bedroom apartment in an average neighborhood costs around \$329.91 (Php 18,981.70) per month. Utilities such as electricity and water cost an average of \$101.18 (Php 5,821.49) per month. Public transportation is cheap. A monthly pass costs only \$10.29 (Php 592.05). Between May 2022 and 2023, inflation is expected to climb from 5.4% to 8.7% (Mapa, 2023), which could raise the cost of living. Therefore, low salaries, coupled with the high cost of living, particularly in urban areas, might further increase Filipino nurses' burnout and unhappiness.

Fear of Acquiring Contagious Disease.

The stress of potentially contracting diseases like COVID-19 (item # 14, mean score 2.83) reflects ongoing concerns about workplace safety. It is important to note that the data for this study were collected

after the COVID-19 pandemic had already started to decline and public health safety restrictions had also eased. Despite this, the lingering caution about contagious diseases continues to cause stress among these nurses.

Coronaphobia, or the fear of manifesting the signs and symptoms associated with acquiring COVID-19, has become a significant trend among nurses and other healthcare professionals and has been identified as a noteworthy psychological aftermath of the COVID-19 pandemic. Significant numbers of nurses in the Philippines, especially those operating on the frontlines in COVID-19-designated areas and those working in various hospital institutions, have coronavirus phobia. Labrague et al. (2020) conducted a cross-sectional study comprising 736 nurses to determine the prevalence rate of coronaphobia among nurses in the Philippines—the study found a total of 55.6% of Filipino nurses developed such debility. This result corroborated findings from various international studies, such as in Turkey, where the mean total score for nurses with coronaphobia across 112 emergency healthcare facilities was 58.03 (Yayla et al., 2021), among others (Hacimusalar et al., 2020; Çalışkan et al., 2022).

Labrague et al. (2020) further cited that high exposure risk to COVID-19, experiences with infected patients, personal or family health concerns, lack of adequate personal protective equipment (PPE), high workload and working hours, as well as psychological and emotional strains of dealing with a pandemic, have been contributing to the experienced coronaphobia phenomenon among Filipino nurses.

Lower-Stress Factors

Conversely, items such as *“I feel stressed because primary caregivers (i.e., doctors, co-nurses) do not execute their tasks appropriately”* (item # 9) with a mean score of 2.03 under Insufficient Support from Coworkers or Caregivers sublevel, and *“I have no time to fulfill my personal needs”* (item # 20) with a mean score of 2.00 under Unmet Basic Physiological Needs sublevel obtained the lowest rank. These mean scores also indicate that the respondents, on average, disagreed with the statements. Thus, they seem not to feel bothered/stressed or haven’t encountered the specific situations, contributing the least to their experienced Occupational Stress.

The spirit of camaraderie among SPSUH nurses is evident; thus, it is not surprising that the item *“I feel stressed because primary caregivers (i.e., doctors, co-nurses) do not execute their tasks appropriately”* under Insufficient Support contributed very little to their occupational stress levels.

Although a significant number of respondents have less than a year of hospital experience (18 nurses), many have been in the field for about 4-6 years (12 nurses). Based on Benner's Stages of Nursing Expertise, nurses with at least 5 years of professional experience are considered experts in their respective domains. Conversely, those with less than a year of experience are considered *advanced beginners*. At SPSUH, advanced beginners are guided by tenured nurses during the first few months of employment to become well-acquainted with policies, procedures, and other clinical protocols, until they can accomplish even the most difficult tasks.

Another item that contributed less to the occupational stress levels of the nurse participants is *“I have no time to fulfill my personal needs,”* under Unmet Basic Physiological Needs. As amended in Section 7, Rule I, Book Three of the Implementing Rules and Regulations of the Labor Code of the Philippines, rest periods or personal breaks are recommended to be five (5) to twenty (20) minutes; meanwhile, Article 85 of the Labor Code stipulates that mealtimes or rest periods are recommended to be not less than 60 minutes. Regardless of

whether the nurse participants are understaffed and overburdened by high patient acuity, they are still allowed to take their much-needed food breaks and occasional rest periods, as required by law.

The high occupational stress levels reported by nurses in this study can be linked to many aspects of SPSUH's work environment. The hospital, although modern and well-equipped, operates in an environment where nurses are responsible for handling high patient volumes, especially in specialist departments such as the Emergency and Hemo-Dialysis Units. The high patient-to-nurse ratio prevalent in the Philippine healthcare system contributes to excessive job demands. The comparatively smaller workforce at SPSUH, compared to larger government or more established hospitals in the region, such as Caraga Regional Hospital (CRH), results in nurses handling multiple patients, increasing their workload, and leading to burnout.

A notable element leading to occupational stress is the higher incidence of work-family conflict. Nurses at SPSUH, like those in other private hospitals, are obligated to work extended shifts (12 hours or more), which can affect their family life and personal time. This conclusion aligns with the elevated stress levels nurses experience due to work-family conflict, in which job demands frequently interfere with their capacity to fulfill family responsibilities. Due to the rigorous demands of SPSUH's work environment, nurses struggle to maintain a balance between their professional and personal lives, leading to considerable psychological stress.

Furthermore, there is organizational support at SPSUH, although it has been found to be lacking in various respects, e.g., overtime pay and recognition of some of their work. Nurses felt undervalued, a common theme in private healthcare settings where pay does not always reflect the duties healthcare workers take on. Nurses who feel their efforts are neither appropriately recognized nor valued have increased their professional stress because they believe they were not sufficiently supported by the organization and were not paid adequately

In conclusion, although the study's findings align with the prevailing notion that nursing is a high-stress profession, the particular conditions at SPSUH—namely, its role as a prominent private healthcare provider in Surigao City, elevated patient volumes, work-family conflict, and inadequate organizational support—are critical elements that intensify the occupational stress faced by its nurses. Enhancing staffing numbers, providing superior remuneration and support systems, and instituting resilience training programs might mitigate the stress experienced by SPSUH nurses and enhance their overall well-being.

Table 2.2 Summary Table on the Level of Nurses' Occupational Stress in terms of Sublevels

Occupational Stress Sublevels	Weighted Mean	Rank	VI	QD
Work Demands	2.67	3	Agree	H
Work-family Conflict	2.71	2	Agree	H
Insufficient support from coworkers or caregivers	2.37	6	Agree	H
Workplace Violence/Bullying	2.06	9	Disagree	L
Organizational Issues	2.77	1	Agree	H
Organizational Hazards	2.62	4	Agree	H
Difficulty Taking Leave	2.33	7	Disagree	L
Powerlessness	2.50	5	Agree	H
Unmet Basic Physiological Needs	2.16	8	Disagree	L
Composite Mean	2.47		Agree	H

Legend:

Scale	Interval	Verbal Response	Code	Interpretation	Code
4	3.25-4.00	Strongly Agree	SA	Very High	VH
3	2.50-3.24	Agree	A	High	H
2	1.75-2.48	Disagree	D	Low	L
1	1.00-1.74	Strongly Disagree	SD	Very Low	VL

Table 2.2 presents a summary of the means for responses grouped by stress sub-levels. The results show that respondents generally agreed with the indicators, with a composite mean of 2.47. The items in the table have weighted means ranging from 2.06 to 2.77 and are labeled “Disagree” and “Agree.” Organizational Issues have the highest weighted mean of 2.77, as agreed by the respondents, as shown in the table. This implies that organizational problems to which they belong significantly contribute to raising nurses' stress levels. The chart also shows that the nurses concur that work demands, work-family conflict, insufficient support from coworkers or caregivers, organizational hazards, and powerlessness contribute to their occupational stress. Meanwhile, factors such as workplace violence/bullying, difficulty taking leave, and unmet basic physiological needs appear to have less of an impact on their levels of stress.

Part III. Personal Resilience

Table 3. Level of Nurses' Personal Resilience

Nurses' Personal Resilience	Mean	SD	VI	QD	Rank
1. I tend to bounce back quickly after hard times.	3.17	.568	Agree	H	1
2. I have a hard time making it through stressful events.	2.77*	.598	Disagree	L	3
3. It does not take me long to recover from a stressful event.	2.91	.562	Agree	H	2
4. It is hard for me to snap back when something wrong happens.	2.54*	.701	Disagree	L	6
5. I usually come through difficult times with little trouble.	2.63	.731	Agree	H	5
6. I tend to take a long time to get over setbacks in my life	2.71*	.621	Disagree	L	4
Composite Mean	2.79		Agree	H	

Legend:

Scale	Interval	Verbal Response	Code	Interpretation	Code
4	3.25-4.00	Strongly Agree	SA	Very High	VH
3	2.50-3.24	Agree	A	High	H
2	1.75-2.48	Disagree	D	Low	L
1	1.00-1.74	Strongly Disagree	SD	Very Low	VL

Table 3 presents the levels of SPUS Nurses' personal resilience. Based on the results, the composite mean of 2.79 indicates that, in general, the respondents agreed with the above-mentioned personal resilience indicators, which are interpreted as High.

Accordingly, these nurses have the capacity to be resilient at challenging times. Such capacity is crucial in their ability to recover from stress and adversity, which is frequent in the demanding nursing field. Meanwhile, it should be noted that statements 2, 3, and 4 are scored in reverse because of their negative connotations.

Among the items cited, the statement *"I tend to bounce back quickly after hard times"* got the highest weighted mean score of 3.17 and ranked first. It was followed by the statement *"It does not take me long to recover from a stressful event"* (2.91) and *"I have a hard time making it through stressful events"* (2.77* reversed). These items are considered High Resilience Indicators, emphasizing that among the other items, these contributed significantly to the nurses' high personal resilience. This finding is vital, as it highlights nurses' ability to maintain functionality and well-being despite the inherent stresses of their roles.

On the other hand, items such as *"I usually come through difficult times with little trouble"* (2.63) and *"It is hard for me to snap back when something wrong happens"* (2.54* reversed) obtained the lowest rank. These scores, particularly the reversed items, indicate areas where resilience may be less robust and could benefit from targeted support.

Overall, the results indicate that the respondents are resilient enough to bounce back rapidly from a stressful event. A high level of personal resilience connotes that these nurses can adapt quickly to stress, recover from illness shortly, and thrive in adversity. Additionally, their disagreement with the negative statements shows that they can manage their stress.

Resilience in nursing is defined as a nurse's ability to manage stressors and mental health issues, with resilient individuals exhibiting greater emotional stability in the face of catastrophic events (Foster et al., 2019).. In this regard, a study on public health workers in the field during an emergency event, such as the Ebola (i.e., 2014–2016), Zika (i.e., 2016–2017), and 2017 hurricane responses, revealed that having autonomy in resolving issues highlighted the response role, the desire to be challenged, and the desire to be helpful; these factors make them respond positively, and the results demonstrate the significance of resilience.

Part IV. Perceived Social Support

The data presented in Table 4.1 reflect the perceived levels of social support among SPUS nurses. A composite mean score of 2.87 indicates a generally high level of agreement with the available social support. This score suggests that nurses feel reasonably supported in various aspects of their professional and personal lives.

Meanwhile, statements 1, 2, 7, 8, 11, and 12 are scored in reverse due to their negative connotations.

Among the items cited, the statement that nurses have someone they can turn to for advice on handling problems with family, under the Appraisal Support sublevel, had the highest weighted mean score of 3.09 and ranked first. The statements followed it, *"I feel that there is no one I can share my most private worries and fears with"* and *"When I need suggestions on dealing with a personal problem, I know someone I can turn to,"* both having a mean score of 3.06 (but the former is in reverse order), still under Appraisal Support Category.

Table 4.1 Level of Perceived Social Support towards Nurses

Social Support Sublevels	Mean	SD	VI	QD	Rank
Appraisal Support					
2. I feel that there is no one I can share my most private worries and fears with.	3.06*	.765	Disagree	L	2.5
4. There is someone I can turn to for advice about handling problems with my family.	3.09	.887	Agree	H	1
6. When I need suggestions on dealing with a personal problem, I know someone I can turn to.	3.06	.639	Agree	H	2.5

11. If a family crisis arose, it would be difficult to find someone who could give me good advice about handling it.	2.55*	.887	Disagree	L	12
Belonging Support					
1. If I wanted to go on a trip for a day to unwind, I would have a hard time finding someone who would agree to go with me.	2.86*	.912	Disagree	L	8
5. If I decide one afternoon that I would like to go to someplace to hang out for the rest of the day, I could easily find someone to go with me.	2.66	.802	Agree	H	10.5
7. I don't often get invited to do things with others.	2.91*	.702	Disagree	L	6
9. If I wanted to have lunch with someone, I could easily find someone to join me.	2.91	.781	Agree	H	6
Tangible Support					
3. If I were sick, I could easily find someone to help me with my daily chores.	2.91	.702	Agree	H	6
8. If I had to be confined in the hospital or had to be away for a while, it would be difficult to find someone to look after my house or apartment.	2.77*	.843	Disagree	L	9
10. If I was stranded several miles from home because of work-related concerns or other circumstances, I could easily call someone who could come and fetch me.	2.94	.765	Agree	H	4
12. If I needed some help in moving to a new house or apartment to be closer to my workplace, I would have difficulty finding someone to help me.	2.66*	.765	Disagree	L	10.5
Composite Mean		2.87	Agree	H	

Legend:

Scale	Interval	Verbal Response	Code	Interpretation	Code
4	3.25-4.00	Strongly Agree	SA	Very High	VH
3	2.50-3.24	Agree	A	High	H
2	1.75-2.48	Disagree	D	Low	L
1	1.00-1.74	Strongly Disagree	SD	Very Low	VL

On the other hand, items such as “If I decide one afternoon that I would like to go to someplace to hang out for the rest of the day, I could easily find someone to go with me” (2.66) under Belonging Support “If I needed some help in moving to a new house or apartment to be closer to my workplace, I would have difficulty finding someone to help me” (2.66) under Tangible Support, and “When I need suggestions on dealing with a personal problem, I know someone I can turn to” (2.55) under Appraisal Support obtained the lowest rank. Despite being in the lowest ranks, these mean scores still indicate that respondents receive the social support they need during difficult times.

The highest level of perceived social support is appraisal support, where nurses feel they have dependable sources to discuss family problems (item #4), with a mean score of 3.06. This reflects solid emotional and advisory support within their social networks, which is crucial for managing professional stress and personal dilemmas.

Based on the results of this study, it can be concluded that the nurse respondents have someone they can turn to when issues or emergencies arise, regardless of the type of social support they get. They also demonstrated that they don't tend to keep difficulties to themselves and have the support they need from people around them—whenever they need by disagreeing with all the negative statements in the sub-items. These findings are consistent with extensive research showing that social support systems are important for healthcare professionals, especially in crises such as the COVID-19 pandemic, where healthcare personnel face

a significant burden. One strategy to improve nurses' mental health and resilience, and eventually their capacity to provide effective care, is to enhance social support systems.

Table 4.2 Summary Table on the Nurses' Social Support in terms of Sublevels

Social Support Sublevels	Mean	VI	QD	Rank
Appraisal Support	2.94	Agree	H	1
Belonging Support	2.84	Agree	H	2
Tangible Support	2.82	Agree	H	3
Composite Mean	2.87	Agree	H	

Legend:

Scale	Interval	Verbal Response	Code	Interpretation	Code
4	3.25-4.00	Strongly Agree	SA	Very High	VH
3	2.50-3.24	Agree	A	High	H
2	1.75-2.48	Disagree	D	Low	L
1	1.00-1.74	Strongly Disagree	SD	Very Low	VL

Table 4.2 presents a summary of the means for responses grouped by social support sub-levels. The results show that respondents generally agreed with the indicators, with a composite mean of 2.87. The items stated have weighted means between 2.82 and 2.94 and are identified as "Agree." Appraisal Support has the highest weighted mean of 2.94, indicating that respondents have someone who can support them emotionally by expressing affection, empathy, and care. It was also closely followed by factors such as Belonging Support (2.84) and Tangible Support (2.82), indicating that they have someone who can provide companionship, such as ensuring their presence or availability, providing assistance, and offering service in difficult times.

Social support is essential in nursing, as it improves well-being (e.g., by reducing role stress) and job satisfaction (Orgambidez et al., 2022). Numerous studies have found a correlation between the social support nursing staff perceives and the quality of services and care in health organizations, as well as their intention to remain in the organization, organizational commitment, and job satisfaction (Bagheri Hossein Abadi et al., 2021).

Appraisal support, which earns the highest level of social support as experienced by the nurse participants, entails expressing compassion, empathy, and care, among other things. Local research by Labrague et al. (2020) corroborates this study's findings, identifying appraisal of social support from colleagues, acquaintances, and family as an effective support system for nurses. The results of this study also confirm the findings from an international study by Liu et al. (2019) that entails the importance of adequate social support in assisting nurses to maintain positive emotional states during stressful events such as disease outbreaks, reduce depression, and promote high personal resilience Lee et al., 2012), reduce emotional labor and burnout (Kim, 2009).

Part V. Organizational Support

Table 5. Perceived Level of Organizational Support towards Nurses

Organizational Support	Weighted Mean	SD	VI	QD	Rank
1. The organization values my contribution to its well-being.	2.87	.583	Agree	H	2
2. The organization fails to appreciate any extra effort from me.	2.60*	.882	Disagree	L	7

3. The organization would ignore any complaints from me.	2.74*	.742	Disagree	L	5
4. The organization cares about my well-being.	3.00	.642	Agree	H	1
5. Even if I did the best job possible, the organization would fail to notice.	2.66*	.765	Disagree	L	6
6. The organization cares about my general satisfaction at work.	2.80	.759	Agree	H	4
7. The organization shows very little concern for me.	2.40*	.775	Agree	H	8
8. The organization takes pride in my accomplishments at work.	2.83	.785	Agree	H	3
Composite Mean	2.74		Agree	H	

Legend:

Scale	Interval	Verbal Response	Code	Interpretation	Code
4	3.25-4.00	Strongly Agree	SA	Very High	VH
3	2.50-3.24	Agree	A	High	H
2	1.75-2.48	Disagree	D	Low	L
1	1.00-1.74	Strongly Disagree	SD	Very Low	VL

Table 5 presents the SPSUH Nurses' level of organizational support. Based on the results, the composite mean of 2.74 indicates that most respondents agreed with the above stress indicators, representing a high level of organizational support. This means the nurses are well-supported by the organization they work for. Meanwhile, it should be noted that statements 2, 3, 5, and 7 are scored in reverse because of their negative connotations.

Among the items cited, the highest levels of perceived organizational support are associated with the organization's care for the nurses' well-being (weighted mean: 3.00) and recognition of their contributions (weighted mean: 2.87). The findings indicate a robust relationship between the nurses and their organization, which is essential for work satisfaction and commitment. Studies have shown that when employees believe their well-being is valued, their alignment with organizational goals strengthens, enhancing work performance and reducing turnover intentions (Rhoades & Eisenberger, 2002). The results of the Eisenberger et al. (2002) meta-analysis emphasize a positive correlation between perceived organizational support and several work-related outcomes. These outcomes include elevated job satisfaction, heightened organizational commitment, and reduced intentions to leave the company. Their research shows that seeing support not only boosts work happiness but also reinforces employees' dedication to the firm, which aligns with the outcomes of this research.

A moderate level of perceived job satisfaction indicates overall satisfaction and pride among nurses. Nurses feel that their general work satisfaction is acknowledged (Weighted Mean: 2.80), and the organization takes pride in their accomplishments (Weighted Mean: 2.83). Feeling appreciated is associated with increased job satisfaction and can serve as a protective factor against job stress and burnout (Kurtessis et al., 2017).

On the other hand, items such as "The organization fails to appreciate any extra effort from me" (2.60* reversed) and "The organization shows very little concern for me" (2.40* reversed) obtained the lowest rank.

Some nurses believe that their extra efforts should be acknowledged (Weighted Mean: 2.60* reversed). Such perceptions can be demotivating and may reduce motivation to engage in discretionary work behaviors critical to organizational performance (Bakker & Demerouti, 2017). The lack of recognition for additional effort can significantly affect nurses' morale and their participation in the profession.

This is supported by the study of Brunetto et al. (2013) found that acknowledging and appreciating an individual's efforts significantly influences employee motivation and job satisfaction, especially in healthcare settings.

Overall, the results indicate that participants agree the organization has been attentive to their needs and has acknowledged their work and achievements in the workplace. It should be noted that, except for item 7, where an average number of respondents agreed that the organization displays less concern for its nurses, they disagreed with the negative comments in the table above (2, 3, and 5). This suggests that while the organization could meet the nurses' needs for direction and support most of the time, there were instances when they felt they needed more support.

Table 6. Summary Table on the Levels of Personal Resilience, Social Support, and Organizational Support of Nurses

Variable	Weighted Mean	Standard Deviation	QD
Personal Resilience	2.79	0.68	High
Social Support	2.87	0.62	High
Organizational Support	2.74	0.62	High

Legend:

Scale	Interval	Verbal Response	Code	Interpretation	Code
4	3.25-4.00	Strongly Agree	SA	Very High	VH
3	2.50-3.24	Agree	A	High	H
2	1.75-2.48	Disagree	D	Low	L
1	1.00-1.74	Strongly Disagree	SD	Very Low	VL

Table 6 summarizes the variables previously discussed: Personal Resilience, Social Support, and Organizational Support.

Personal Resilience. The nurses at Saint Paul Surigao University Hospital (SPSUH) have high personal resilience, evidenced by a weighted mean of 2.79, a standard deviation of 0.68, and a high verbal interpretation (VI). This suggests that these nurses often have a high capacity for stress recovery and resilience during challenging circumstances. Nonetheless, the standard deviation indicates minor heterogeneity in responses, suggesting that although many nurses claim to possess resilience, some may struggle with it, especially in the face of setbacks.

Social Support. The social support among nurses at SPSUH is high, as indicated by a weighted mean of 2.87 and a standard deviation of 0.62, suggesting a predominantly favorable perception of social support. The nurses indicated strong emotional, informational, and practical support from their peers, superiors, and family members. The level of support is essential for mitigating occupational stress, as it helps nurses manage the emotional and psychological challenges of their duties. The standard deviation suggests that although the majority of nurses perceive adequate support, there may be considerable gaps in specific areas, such as the availability of individuals to whom they can approach for their personal concerns or for social engagements beyond the workplace. Nonetheless, the substantial social support establishes an adequate basis for reducing

stress and enhancing the general well-being of nurses at SPSUH. Other initiatives may concentrate on strengthening social networks within the hospital, including formal mentorship systems and social engagement opportunities, to improve the support accessible to these nurses.

Organizational Support. The nurses' perception of organizational support at SPSUH is also high, with a weighted mean of 2.74 and a standard deviation of 0.62, indicating that nurses generally feel the organization values their efforts and provides adequate resources for their work. The substantial organizational support indicates that SPSUH has endeavored to cultivate a conducive work environment by providing resources, recognition, and necessary help. However, the findings also indicate some issues, namely overtime remuneration and acknowledgment for additional effort, which were identified as significant sources of dissatisfaction. Although overall organizational support is favorable, resolving these specific issues could enhance work satisfaction, reduce stress, and increase retention rates. Enhancing communication about recognition and refining remuneration rules for extra labor will improve nurses' perceptions of organizational support and may alleviate emotions of undervaluation.

Table 7. Significant relationship between the levels of Personal Resilience, Perceived Organizational Support, and Perceived Social Support in the Occupational Stress of Nurses

	Nurses' Occupational Stress			
	Chi-Square (X^2)	p-value	Decision	Interpretation
Personal Resilience	9.036	0.172	Do not Reject H_{o1}	Not Significant
Organizational Support	2.630	0.854	Do not Reject H_{o2}	Not Significant
Social Support	13.020	0.043	Reject H_{o3}	Significant

Note: p-value <0.05, reject H_o

Statistical test used: Chi-Square Test

The results showed that among the three factors, only one (Social Support) displayed a significant, positive correlation, with a Chi-Square value of 13.020 and a corresponding p-value of 0.043. The null hypothesis is rejected because the computed p-value is less than alpha (0.05). This indicates *a statistically significant positive correlation between nurses' occupational stress and perceived social support*.

The results indicate a significant and informative link between perceived social support and nurses' work stress. Thus, social support comprises emotional support, information guidance, and practical help from co-workers and supervisors. Supporting employees can help lessen the harmful impacts of work stress. Research studies (e.g., Viswesvaran et al, 1999; Cohen & Wills, 1985) suggest social support can buffer the impact of stressful work conditions by providing emotional comfort and practical problem-solving tools.

The lack of significant results for personal resilience and organizational support suggests that, although these factors are crucial to overall well-being, they may not be as effective as social support in buffering the acute impacts of stress. This implies that individual coping strategies and organizational policies could be beneficial, but their success in alleviating daily stress hinges on whether they directly enhance the provision of social support at work. According to Halbesleben (2006), in the "Journal of Applied Psychology.

Several Philippine literary works (Enriquez, 1992; Pe-Pua et al., 2000; Jocano, 1999) have highlighted that Filipino values such as *kapwa* (shared identity), *pakikisama* (harmonious relationships), and *bayanihan* (communal unity) play a significant role in how social support is perceived and its effectiveness in reducing stress. These cultural norms encourage solid interpersonal relationships and a collective approach to problem-solving, which are essential in stressful situations

Table 8. Significant difference between the levels of Occupational Stress (OccS), Personal Resilience (PR), perceived Organization Support (OrgS), and perceived Social Support (SS) when grouped by their profile

Profile Variable	Category	ANOVA (F)	p-value	Decision	Interpretation
Age	OccS	.057	.944	Do not Reject H04	Not Significant
	PR	1.160	.326	Do not Reject H05	Not Significant
	OrgS	.566	.573	Do not Reject H06	Not Significant
	SS	.482	.622	Do not Reject H07	Not Significant
Sex*	OccS	-1.098*	.280	Do not Reject H04	Not Significant
	PR	.480*	.634	Do not Reject H05	Not Significant
	OrgS	-2.868*	.007	Reject H06	Significant
	SS	-.402*	.691	Do not Reject H07	Not Significant
Marital Status	OccS	.588	.449	Do not Reject H04	Not Significant
	PR	.550	.464	Do not Reject H05	Not Significant
	OrgS	1.264	.269	Do not Reject H06	Not Significant
	SS	.254	.618	Do not Reject H07	Not Significant
Educational Attainment	OccS	.827	.370	Do not Reject H04	Not Significant
	PR	.128	.723	Do not Reject H05	Not Significant
	OrgS	.128	.723	Do not Reject H06	Not Significant
	SS	4.375	.044	Reject H07	Significant
Year/s in Nursing Profession	OccS	.911	.412	Do not Reject H04	Not Significant
	PR	.745	.483	Do not Reject H05	Not Significant
	OrgS	.062	.940	Do not Reject H06	Not Significant
	SS	.210	.812	Do not Reject H07	Not Significant
Length of Service in the present organization	OccS	.210	.811	Do not Reject H04	Not Significant
	PR	.630	.539	Do not Reject H05	Not Significant
	OrgS	.070	.933	Do not Reject H06	Not Significant
	SS	.535	.591	Do not Reject H07	Not Significant
Job Role	OccS	2.842	.073	Do not Reject H04	Not Significant
	PR	.070	.933	Do not Reject H05	Not Significant
	OrgS	.70	.933	Do not Reject H06	Not Significant
	SS	2.343	.112	Do not Reject H07	Not Significant
Job Status	OccS	.696	.410	Do not Reject H04	Not Significant
	PR	.004	.950	Do not Reject H05	Not Significant
	OrgS	5.434	.027	Reject H06	Significant
	SS	3.438	.073	Do not Reject H07	Not Significant

Note: p-value < 0.05, reject H₀

Statistical test used: One-way

ANOVA

*Independent-Samples T-test

Table 8 shows that the computed p-values for categories such as Sex vs Organizational Support, Educational Attainment vs Social Support, and Job Status vs Organizational Support are less than the alpha level of 0.05, indicating that the null hypothesis for these groups is rejected. Thus, it can be concluded that *a statistically significant difference is observed, indicating that responses vary by sex, highest educational attainment, and job status for perceived organizational support and social support*. Significant differences suggest that respondents' responses may vary by the profile variable group from which they are sampled.

The result simply means that the nurses' perception of their level of organizational support is related to differences in sex and job status. Similarly, their perceived level of social support could differ by the highest educational attainment.

Sex vs. Organizational Support.

Gender has a substantial influence on these perceptions. Research indicates that male and female nurses frequently experience varying degrees of access to resources and support in their work settings, which can substantially influence their job satisfaction and stress levels.

This is supported by Mascarenhas et al. (2022), who found that perceived organizational support has a larger effect on male employees' work happiness than on female employees' work happiness and on job satisfaction, suggesting that males may value organizational support more in their overall job satisfaction.

Educational Attainment vs. Social Support. Greater perceived social support was associated with higher educational attainment among nurses, suggesting a larger knowledge base or stronger anticipation of support systems. It is also possible that higher levels of education are associated with greater communication skills or networks, which might contribute to higher felt support. A similar tendency was identified in research by Aiken et al. (2012), where nurses with higher credentials reported better working conditions and support systems.

Job Status vs. Organizational Support. Significant differences in perceived organizational support by job status might be influenced by the nature of employment contracts and job security, which can affect access to resources and support. Permanent staff often have more comprehensive support and development opportunities compared to part-time or contractual staff. A study by Kovner et al. (2009) found that nurses who have secured regularization have reported better organizational support than part-time/ contractual nurses. Regular status is sometimes accompanied by perks not generally offered to part-time/contractual personnel, such as more extensive health coverage, greater engagement in decision-making processes, and more opportunities for professional advancement and training. These criteria relate to increased perceived organizational support among regularized nurses.

Non-significant findings. While no significant differences were found in age, marital status, years in the nursing profession, length of service, or job role regarding occupational stress and support, this does not negate the potential subtle effects these factors could have on individual experiences. These findings suggest that while certain demographic factors may not overtly influence perceptions of stress and support, underlying dynamics or threshold effects may remain unaccounted for. For instance, a meta-analysis by Neveu (2007) suggested that age might influence stress perception only beyond certain life stages or career phases.

5. Summary of Findings, Conclusions, and Recommendations

This chapter presents the discussions, summary of the findings, conclusions and recommendations of the study.

6. Summary

This study was conducted to determine the effects of personal resilience, social support, and organizational support on the occupational stress of hospital nurses at Saint Paul Surigao University Hospital, Surigao City, Philippines. The research was based on the Job Demands-Resources (JD-R) model, which assumes that employee well-being depends on the balance between demands and resources at work. The variables studied included personal resilience, defined as the nurses' capacity to recover quickly from stress;

social support, which assessed the perceived emotional and instrumental support from colleagues and family; organizational support, measured as the extent to which the organization provides resources and emotional backing; and occupational stress, characterized by stress due to job demands, including workload, work-family conflict, and fear of infection.

These characteristics were measured in the study using many standardized questionnaires. The Nurses' Occupational Stress Scale (NOSS) was used to measure occupational stress (Cronbach's $\alpha = 0.82$). Personal resilience (reliability value 0.89) was assessed using the Brief Resilience Scale (BRS). Social support was evaluated using the Interpersonal Support Evaluation List (ISEL) (Cronbach's $\alpha = 0.75$). Finally, the perceived organizational support was measured using the Perceived Organizational Support (POS) questionnaire ($\alpha=0.88$, good internal consistency) [].

Participants in this study included 35 nurses from Saint Paul Surigao University Hospital, representing 85% of the total population of 41 nurses. These participants ranged in age from 22 to 35 years and included various roles such as staff nurses and nurse supervisors. To analyze the data, descriptive statistics were used to summarize the characteristics of the participants and the main variables. Pearson correlation coefficients were computed to explore the relationships between the variables. Multiple regression analysis determined the impact of personal resilience, social support, and organizational support on occupational stress. To understand how different types of support affect occupational stress among nurses amid an unprecedented global health crisis, ANOVA was also used to examine variations in occupational stress across nurse demographics. The results are intended to guide targeted interventions to improve nurse well-being and patient care outcomes in demanding work contexts.

7. Findings

Based on the analysis done from the gathered data, the findings revealed in the study are presented as follows:

1. Profile of the Participants:

- The majority of participants are aged 22-24 years old (42.95%).
- Most participants are female (62.9%).
- A significant proportion of participants are single (80%).
- The highest educational status among participants is BSN graduates without an RN license (51.4%), with the remaining holding an RN license (48.6%). None of the participants has yet obtained a graduate or postgraduate degree.
- Many have less than a year of experience in the nursing profession (51.4%) and in their current organization (48.6%).
- Most participants are Nurse Assistants or Staff Nurses (48.6%).
- Nearly all participants work full-time (97.1%).

2. Perceived Occupational Stress

- The overall level of occupational stress is high (composite mean: 2.53).

- Top stressors include adapting schedules for family activities (mean: 3.17), low pay for overtime work (mean: 3.00), hospital staffing issues (mean: 2.74), and fear of contagious diseases like COVID-19 (mean: 2.83).
- Lower-stress factors include insufficient support from coworkers (mean: 2.03) and unmet basic physiological needs (mean: 2.00).
- Organizational issues rank highest among occupational stress sublevels (mean: 2.77).

3. Personal Resilience

- The level of personal resilience is generally high (composite mean: 2.79).
- High resilience indicators include bouncing back quickly after hard times (mean: 3.17) and quick recovery from stressful events (mean: 2.91).
- Lower resilience areas involve difficulty in snapping back after setbacks (mean: 2.54).

4. Perceived Social Support

- The overall level of perceived social support is high (composite mean: 2.87).
- The highest levels of support relate to appraisal support, particularly having someone to turn to for family-related advice (mean: 3.09).
- Lower levels of support include difficulty finding someone to help move house (mean: 2.66).

5. Perceived Organizational Support

- Perceived organizational support is high (composite mean: 2.74).
- The highest levels of support relate to the organization's care for the nurses' well-being (mean: 3.00) and recognition of contributions (mean: 2.87).
- Lower levels of support involve perceptions of unappreciated extra efforts (mean: 2.60) and minimal concern from the organization (mean: 2.40).

6. Significant Relationships

- A significant relationship was found between occupational stress and perceived social support (Chi-Square: 13.020, p-value: 0.043).
- No significant relationships were found between occupational stress and personal resilience or organizational support.

7. Significant Differences

- Perceived organizational support significantly varies by sex and job status.
- Perceived social support significantly varies by highest educational attainment.

These findings highlight that, while social support significantly influences occupational stress, personal resilience and organizational support are crucial factors in nurses' overall well-being. The significant

differences by sex, job status, and educational attainment suggest that tailored strategies to enhance support can be beneficial for managing occupational stress.

8. Conclusions

Based on the findings of this study, the following conclusions are drawn:

1. The study reveals that nurses at SPSUH experience high levels of occupational stress. There is a high level of perceived stress among nurses, with significant stressors including adapting schedules for family activities, low pay for overtime work, and fear of contracting contagious diseases like COVID-19.
2. SPSUH Nurses exhibit a high level of personal resilience, which is crucial in maintaining their mental health and performance in a high-stress environment.
3. There is a significant relationship between perceived social support and occupational stress among nurses. Nurses who perceive greater social support from colleagues, family, and friends can better manage occupational stress.
4. The results reveal high perceived organizational support, but significant differences exist between male and female nurses and between regular and part-time/ contractual nurse staff. Female nurses and full-time staff report higher levels of organizational support, suggesting disparities in the distribution of support.
5. Nurses with higher educational attainment perceive higher levels of social support. The higher-educated nurses have better access to and use of support networks. This may be linked to better communication skills or broader professional networks.
6. Non-significant findings on Age, Marital Status, Years in Nursing, Length of Service, and Job Role

9. Recommendations

Based on the results and discussion, summary, findings, and conclusions of this study, the following recommendations are provided:

1. Hospital Administration. It is recommended that the hospital adopt a clear, equitable, and transparent overtime policy that ensures nurses are adequately reimbursed for additional hours worked, in compliance with labor regulations.
 - Implement a more Flexible Scheduling
 - Develop Organizational Support Programs such as Resiliency Training Programs and Stress Management
 - Promote a Positive Work Culture
 - Establishing Peer Support Groups

- Improve Nurse - Patient Ratio
- 2. Policy Development for Nurses' well-being by LGU Units and Policy Makers
- 3. Community Support Programs
- 4. For Future Researchers, Conduct Related Longitudinal Studies about the long-term Impact of Personal Resilience, social support and organizational support.

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