

## RESEARCH ARTICLE

# Work-related stress factors and Psychological Health of Filipino Nurses during the COVID-19 Pandemic

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## Abstract

**Background:** The COVID-19 pandemic has significantly challenged global healthcare systems, particularly impacting the psychological health of nurses. This study examines the psychosocial impact and work-related stressors faced by Filipino nurses during the COVID-19 crisis.

**Methods:** A descriptive cross-sectional survey was used to gather data from May 2021 to May 2022. Participants included registered nurses recruited from across the Philippines, focusing on their exposure to work-related stressors, burnout, job satisfaction, and coping activities. The survey included validated items that measured work related variables (e.g., job responsibilities, workload) and personal stress management strategies. Descriptive statistics (means, standard deviations, frequencies, and percentages) were calculated to interpret the continuous and categorical variables.

**Results:** A total of 2,229 nurses participated in the survey. Findings indicate that 78.9% of nurses experienced increased workloads, and 36% were assigned to units outside their expertise. Despite the high stress and burnout rates (30.4% reported symptoms), 56.4% of nurses intended to stay in their positions. The most common coping strategies were use of social media (53.7%) and connecting with friends and family (51.5%).

**Conclusion:** Filipino nurses displayed considerable resilience despite facing severe work-related stressors and psychological strains during the pandemic. The study highlights significant stressors such as increased workload, role shifts, and the lack of clear workplace goals, contributing to burnout and reduced job satisfaction. This study underscores the need for enhanced support systems and policies to safeguard nurses' well-being, recommending more robust mental health services, adequate staffing, and the provision of necessary resources and training to prepare nurses for future health crises better.

**Keywords:** COVID-19, Filipino nurses, psychological stress, work-related stressors, burnout, coping activities, job satisfaction.

## Key Points:

- This study assesses the psychosocial impact of COVID-19 on Filipino nurses, emphasizing increased workloads and burnout.
- Data from 2,229 nurses show 78.9% experienced increased responsibilities, and 30.4% reported burnout symptoms.
- Despite challenges, 56.4% of nurses planned to stay in their roles, using coping strategies like virtual connections and spiritual activities.
- Recommendations include improving nurse support systems, ensuring adequate staffing, and enhancing mental health resources to mitigate stress and burnout.

## Introduction

The COVID-19 outbreak escalated into a global health crisis, placing an unprecedented strain on healthcare systems across the world. Nurses, central to the healthcare workforce, faced significant occupational stress, exacerbated by the

pandemic's demands. Persistent challenges such as extended working hours, high patient volumes, and resource shortages (Foureur et al., 2013; Carayon & Gurses, 2005) intensified and placed nurses at risk for infection, understaffing, inadequate

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protective gear, and professional stigmatization (Catton, 2020). There is emerging evidence that these factors have significantly deteriorated the psychological well-being of nurses.

Despite some control over the pandemic, COVID-19 exerted substantial pressure on healthcare workers, particularly nurses (Catton, 2020; Vizheh et al., 2020). Many hospitals operated at full capacity, grappling with shortages of staff, medical supplies, and protective equipment (Karimi et al., 2020). In some instances, healthcare facilities had to restructure and redeploy staff beyond their usual clinical areas, adversely affecting morale due to the absence of sufficient occupational healthcare support (Cubelo et al., 2024). During the pandemic's early phase, approximately 17,306 to 90,000 healthcare workers, including nurses, were infected, with around 7,000 fatalities reported worldwide (Sant'Ana et al., 2020; Shahmari, Nasrabadi & Ghobadi, 2020).

In the Philippines specifically, nurses were pivotal in combating COVID-19, often at great personal risk (Gilo et al., 2020). The severe and multifaceted stressors inherent in their work environments led to alarming levels of psychological distress. For instance, 35% of Filipino nurses reported the development of depression, anxiety, and stress over the past two years, higher than their international counterparts in severely affected regions like China (Banquirigo et al., 2021; Tee et al., 2020). Despite their commendable resilience and dedication (Raymundo & Miranda, 2021), the persistent psychological stresses endured may pose long-term risks to their professional practice and highlight the need for further research (De los Santos and Labrague, 2021; Li, et al., 2020; Tan et al., 2020).

Drawing lessons from past outbreaks like SARS and MERS, it is crucial to implement clinical and policy interventions that support the mental health of healthcare workers (Kim, 2018; Lee et al., 2018; Tan et al., 2020). Understanding the psychological distress, coping mechanisms, and workplace stressors experienced by nurses during the COVID-19 pandemic is essential for developing effective hospital contingency plans (Shanafelt, 2020) in the current aftermath of COVID-19 and future similar public health emergencies. Despite the large amount of literature published across the globe, there is no study, to our knowledge, that specifies the experiences of nurses working in the Philippines. In an effort to inform local and national policy supporting the health workforce, this study may provide evidence of how to focus interventions that protect nurses in future similar public health crises.

This study aimed to identify workplace stressors, burnout, job satisfaction, and coping activities among nurses working during the COVID-19 pandemic in the Philippines. The findings may inform future policy decisions and support strategies for nurses facing ongoing and future healthcare crises.

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## Methods

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### Study Design and Sampling Technique

This descriptive cross-sectional survey was conducted using an online survey platform, SurveyMonkey, to explore the work-related stressors, burnout levels, job satisfaction, and coping strategies among Filipino nurses during the COVID-19 pandemic. The survey was administered via email from May 2021 to May 2022. All registered nurses employed in both public and private hospitals across the Philippines for at least one year, actively working during the pandemic, were eligible to participate. A snowball sampling technique was employed, initiating recruitment from the National Capital Region (NCR) and expanding to other regions to ensure a diverse representation of participants.

### Survey Measures and Data Collection

The survey consisted of validated questions about nursing demographics (e.g., age, gender, marital status, years in primary position) and work environment characteristics (e.g., job responsibilities, weekly working hours, and perceived increases in workload due to the pandemic). Burnout was assessed using a single validated item (Dolan et al., 2015). Job satisfaction and intention to leave current position was measured using two single validated items. A single item inquired about stress-reducing activities that the nurses participated in during the pandemic. This item listed multiple strategies and activities (e.g., yoga, meditation, social media) that nurses were asked to endorse when managing stress during the pandemic. Finally, we used the Work Stress Questionnaire (Frantz, A, & Holmgren, 2019) to assess individual workplace stressors (e.g., conflict in the workplace, leadership support).

### Data Management and Statistical Analysis

Survey responses were exported into an Excel spreadsheet for cleaning and coding. To handle missing data, we removed responses with less than 70% completion or missing key answers to maintain the integrity of the analysis. Data analysis was conducted using SPSS IBM v24, where descriptive statistics (means, standard deviations, frequencies, and percentages) were utilized to describe and interpret the continuous and categorical variables from the survey responses.

### Ethical Considerations

The study received ethical approval from the Institutional Review Board of the University of the East Ramon Magsaysay

Memorial Medical Center (UERMMMCI) (Registration number: RIHS ERC code: 0998/H/2021/79 ). All participants provided informed consent, and measures were taken to ensure confidentiality and anonymity of the responses.

## Results

A total of 2,229 responses from nurses were analyzed for this study, with the majority (~60%) residing in the National Capital Region. Most respondents were single (60%) and female (75%).

The mean age of respondents was 36 years and almost 90% reported a bachelor's degree as their highest level of education. The majority of respondents reported between 1-6 years working in their current facility.

### *Personal stressors*

During the pandemic, 70% of nurses stayed in their primary residence, while 30.0% relocated to protect their families or reduce commute times. About 61.2% did not have responsibilities for chronically ill family members.

### *Workload and Role Shifts*

Nurses reported significant increases in workload during the pandemic, with 78.9% experiencing heightened responsibilities. Additionally, 36% of respondents were redeployed to units outside of their primary areas of expertise, which can be particularly stressful due to unfamiliar work environments and tasks. About 13% were assigned roles that differed from their usual duties, further complicating their work life.

A primary concern expressed was the extended hours of work; pre-pandemic, 38% of nurses worked between 31-40 hours per week, whereas during the pandemic, this proportion decreased as 30% reported working beyond 40 hours per week. This shift indicates a substantial increase in workload and potential overtime due to pandemic pressures.

Nurses also highlighted the emotional and cognitive burden of their roles. More than 60% took full responsibility for their job outcomes, which often extended beyond their regular working hours—51.2% reported needing to complete tasks after their shifts ended. This constant engagement with work tasks was reported as a significant stressor, with 65% finding the high demands placed on them at work stressful, and 45.5% feeling stressed by thinking about work outside of working hours.

Furthermore, about 23% of the nurses had only partial knowledge or were completely unaware of their assigned tasks, leading to uncertainty and stress. This lack of clarity in role expectations and task assignments can exacerbate feelings of inadequacy and anxiety.

### *Conflicts at Work*

Conflicts in the workplace were reported by more than 63% of the nurses. While not all were directly involved in conflicts, the presence of unresolved disputes or only partially resolved issues by supervisors contributed to workplace stress. Specifically, 9.3% of nurses observed that conflicts were often ignored or not adequately addressed by their supervisors, adding to workplace tensions.

### *Burnout*

The AHRQ Mini-Z burnout scale showed varied responses. There were 47.9% who reported that they occasionally experienced stress without burnout. 30.4% of those who reported symptoms of burnout, while 14.4% reported no symptoms of burnout.

### *Job satisfaction and Intention to leave*

Despite high workloads, 56.4% of nurses intended to stay in their positions within the next year. More than half (70.7%) were “moderately” or “very” satisfied with their job arrangements during the pandemic.

### *Coping Strategies*

Common coping strategies included connecting virtually with family and friends, engaging in social media, praying, and participating in religious/spiritual activities. Some also engaged in exercise, debriefing sessions with other nurses and health workers, and meditation to reduce stress.

### *Sleep and Recreational Activities*

Many nurses reported difficulties with sleep and recreation due to work preoccupations. About 65% had trouble sleeping adequately, and more than half found it challenging to engage in recreational activities consistently.

This detailed results section offers a comprehensive overview of the stress, burnout, job satisfaction, and coping mechanisms among Filipino nurses during the COVID-19 pandemic, providing a basis for targeted interventions to support their well-being.

## Discussion

This study illuminated the profound work-related stressors and their psychosocial impacts on Filipino nurses during the COVID-19 pandemic. The findings detail significant work stressors, burnout, job satisfaction, and coping mechanisms. These insights may be useful for policymakers, nurse leaders, and administrators to enhance support for hospital nurses amid ongoing crises and potential future outbreaks.

Table 1. Survey Respondent Demographics (N=2,229)

Demographics & Geographic Region	Mean	SD
Age (Years)	36.6	39.1
	Frequency	Percentage*
Gender		
Female	1639	75.2
Male	520	23.9
Transgender	3	0.1
Prefer not to answer	17	0.8
Marital Status (Married)	800	36.0
Highest Degree		
Bachelor's Degree	1508	89.4
Master's Degree	165	9.8
Doctoral Degree	14	0.8
Length of time in primary position		
Less than 1 year	319	18.3
1-6 years	1001	57.5
7-9 years	130	7.5
>10 years	291	16.7
Geographical Region		
National Capital Region	1311	59.7
Cordillera Administrative Region	30	1.3
Ilocos Region	53	2.4
Cagayan Valley	32	1.4
Central Luzon	74	3.3
Calabarzon	94	4.2
MIMAROPA/Southwestern Tapalog	9	0.4
Bicol	21	0.9
Western Visayas	18	0.8
Central Visayas	93	4.2
Eastern Visayas	36	1.6
Zamboanga Peninsula	55	2.5
Northern Mindanao	80	3.6
Davao	72	3.2
Socskargen	25	1.1
Caraga	181	8.1
Barmm: Bangsamoro Autonomous Region in Muslim Mindanao	25	1.1

\*Percentages account for missing data

**Table 2.** *AHRQ Mini-Z Burnout*

Item	Frequency	Percent
I enjoy my work. I have no symptoms of burnout	252	14.4
Occasionally, I am under stress, and I don't always have as much energy as I once did, but I don't feel burned out	840	47.9
I am definitely burning out and have one or more symptoms of burnout, such as physical and emotional exhaustion	532	30.4
The symptoms of burnout that I'm experiencing won't go away. I think about frustration at work a lot.	69	3.9
I feel completely burned out and often wonder if I can go on. I am at the point where I may need some changes or may need to seek some sort of help	59	3.4

(N=1752, M= 2.34, SD= .89)

**Table 3.** *Overall Job Satisfaction*

Item	Frequency	Percent
Very satisfied	351	20
Moderately satisfied	888	50.7
A little satisfied	343	19.6
A little dissatisfied	108	6.2
Moderately dissatisfied	62	3.5

(N = 1752, M= 2.22, SD = .95)

**Table 4.** *Reported Stress-reducing coping activities during the COVID-19 pandemic*

Activity	Frequency	Percentage
Yoga	55	2.5
Meditation	164	7.4
Debriefing session with other nurses/ health workers	488	21.9
Exercise	656	29.5
Connecting with family/ friends virtually	1149	51.5
Social media (Facebook, Instagram, Twitter, TikTok)	1197	53.7
Online gaming	470	21.1
Prayer and other religious/ spiritual activities	1024	45.9
Personal Development (reading books, attending webinars, learning a new skill or hobby)	20	0.9
Resting/ Sleep	12	0.1
Watching movies and/or TV series	15	0.7
Others (planting, playing with pets, going on vacation, going on food trips, online selling/business)	19	0.85

Like countries around the world, the Philippines was initially unprepared for the COVID-19 outbreak, leading to significant adjustments within healthcare settings (Lucchini et al., 2020). Many nurses faced redeployment to units outside their primary areas of expertise, which likely affected care quality due to their unfamiliarity with new roles (Kennedy et al., 2022; Nair et al., 2023). Effective nursing practice relies on a deep familiarity with specific care requirements, which was compromised by these redeployments (Tuyisenge, 2018). Moreover, redeployment often negatively impacted nurses' emotional and social well-being, as they were compelled to adapt to roles without choice, thereby increasing their stress and anxiety (Gan, 2020; Nair et al., 2023). Conversely, nurses who remained in their primary units showed higher organizational commitment and engagement (Van Breugel et al., 2005 as cited in Gan, 2020).

Floating nurses (nurses redeployed to settings outside their primary position) is a practice often utilized to address staffing shortages, presenting unique challenges during crises. When nurses are assigned to areas outside their expertise, it not only affects the operational flow but may also significantly impact their psychological well-being. Nurses in unfamiliar units might feel less competent and more overwhelmed, affecting their job performance and the overall quality of care provided. Additionally, the emotional toll includes feelings of isolation and reduced support when moved away from their regular teams (Gan, 2020). To mitigate the negative effects of floating, healthcare institutions should offer cross-training and prepare nurses for potential redeployment. Implementing mentorship programs where floated nurses are paired with experienced staff from the new unit can provide necessary guidance and emotional support. Developing clear and fair policies on floating practices can also ensure that such measures respect nurses' preferences and competencies while balancing operational needs.

The study also revealed that many nurses faced increased workloads, thought about work outside of working hours, experienced a lack of clarity in workplace goals, and dealt with conflicts within their units during the pandemic. Factors such as insufficient infection control, inconsistent protocols, and unclear treatment plans contributed to physical burnout and emotional strain among employees (Chen et al., 2020; Huang et al., 2020; Liu et al., 2020; Fathuse et al., 2023). Despite these challenges, a notable portion of the respondents remained satisfied with their jobs and intended to stay in their current positions. This finding aligns with Norful et al. (2024), who noted that working outside regular hours was not linked to increased burnout, anxiety, or intention to leave.

While general job satisfaction was reported, some nurses experienced burnout symptoms. Also, many relayed that their

workplace goals were unclear, and there was a lack of awareness about assigned tasks. Similarly, Baring, N., Ezpeleta, & Robles, (2022) could not conclusively link burnout to socio-demographic factors; however, increased workload and unclear goals significantly impacted job satisfaction and psychological well-being, leading to reduced work performance and job insecurities (Costin et al., 2023). Effective management of burnout involves clear task mapping and discussion of standardized competencies with nurses (Norful, 2024).

The findings underscore the complex challenges that Filipino nurses faced during the COVID-19 pandemic, encompassing both increased physical workload and significant psychological strains due to role shifts and workplace conflicts. These highlighted the need for better management practices and support systems to address both the logistical and emotional challenges faced by nurses in high-stress scenarios like a pandemic.

In this present study, our findings indicate that many nurses did not intend to leave their positions. As noted in similar studies, family and social support appear to play a protective role, as being with loved ones mitigated stress experienced during the pandemic (Sun et al., 2020, as cited in Gilo et al., 2020). Furthermore, structural adaptations in the workplace, such as strategic plans, vaccinations, and the availability of personal protective equipment, also contributed to their willingness to stay. The present study also highlights the protective factor of social support from supervisors and colleagues. There is evidence that social support, especially from supervisors significantly lowers job stress and enhances job satisfaction (Bartam, Joiner, & Stanton, 2004). Further literature demonstrates that nurses find solace in maintaining connections with family and friends through social media, which provided them not only with a sense of community but also mitigated feelings of isolation (Naslund et al., 2020; Yu et al., 2020; Abel et al., 2021; Tariq et al., 2022; Tindle, 2022; Lin et al., 2024). This form of support is vital for sustaining mental health and well-being during challenging times. Finally, the engagement in spiritual practices emerged as a prominent coping mechanism, reflecting the cultural values of the Filipino nursing workforce. Spiritual engagement helps nurses navigate the challenges posed by the pandemic, providing them with a sense of inner strength and community support (Rosales, 2021; Ribeiro, 2021; Alquwez, Cruz & Balay-odao, 2022). Interestingly, very few nurses reported using sleep or leisure activities as stress-relief strategies. This oversight is significant as sufficient rest and recreational activities are known to improve mental health and overall well-being (Diaz et al., 2022; Kandemir et al., 2022). The lack of engagement in these activities suggests a potential area for improvement in nursing health promotion programs.

## Limitations of the Study

While this study provides valuable insights into the experiences of Filipino nurses during the COVID-19 pandemic, several limitations must be considered. Firstly, the reliance on self-reported data introduces potential biases, such as social desirability or recall inaccuracies, which may compromise the authenticity of the findings. The study's cross-sectional design prevents us from inferring causality or observing changes over time, limiting the understanding of the dynamics involved. Additionally, the use of snowball sampling may result in a non-representative sample, as participants could recruit peers from within their own networks, possibly leading to homogeneity in responses. The focus on specific geographic and institutional settings might not reflect the experiences of nurses in other regions or healthcare environments, limiting the generalizability of the results. Furthermore, the study lacks qualitative data, which restricts a deeper exploration of the nurses' personal and professional experiences and does not account for potential confounding factors that could influence the outcomes.

## Recommendations for Future Practice

To address the challenges for nurses that were identified in this study and to enhance support for nurses, healthcare institutions should consider the following strategies:

- (1) **Implement Clear Communication Strategies:** Develop and maintain clear communication channels that keep nurses well-informed about their roles and responsibilities. This includes providing regular updates on policy changes, procedures, and expectations to reduce uncertainties and enhance role clarity.
- (2) **Enhance Support Systems:** Strengthen mental health resources such as counseling services, stress management programs, and wellness workshops. Additionally, provide opportunities for recreational activities that can help nurses maintain physical and mental health, contributing to overall well-being.
- (3) **Foster a Supportive Workplace Environment:** Create a workplace culture that promotes strong social connections among staff. Recognize and integrate the importance of spiritual and cultural values in stress management, providing spaces and opportunities for nurses to engage in activities that reflect their beliefs and traditions. This approach can help in building resilience and fostering a supportive community within the healthcare setting.

## Conclusion

This study elucidates the profound impact of the COVID-19 pandemic on Filipino nurses, illuminating stressors they

encountered, such as residence relocation, increased workload, and shifts in roles. Despite these challenges, Filipino nurses exhibited remarkable resilience and dedication, choosing to remain in their roles even amidst intense workplace stress. Their reliance on social connections and spiritual practices was pivotal in preserving their mental health.

These observations highlight the critical need for enhanced support systems and policies to protect the well-being of nurses both now and in future health crises. Recommendations for healthcare institutions include bolstering mental health support through regular psychological counseling, stress management workshops, and the promotion of leisure and peer support activities.

Furthermore, ensuring a consistent supply of personal protective equipment (PPE) and medical supplies can reduce stress related to infection fears. Activities that promote work-life balance, such as sufficient rest periods and recreational opportunities, should be encouraged to aid stress management. It is also crucial to regularly acknowledge and appreciate the hard work and dedication of nurses, as this can significantly boost morale and job satisfaction.

Policymakers are urged to use this study's findings to develop comprehensive policies that prioritize nurse well-being, including clear protocols for managing pandemics and other emergencies. Providing ongoing education and training ensures nurses are equipped with current knowledge and skills to handle crises effectively, thereby reducing anxiety and stress. By adopting these recommendations, nurse leaders, administrators, and policymakers can foster a more supportive and resilient healthcare environment, ensuring nurses are well-prepared and protected for future challenges.

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