

THE RELATIONSHIP OF STRESS COPING MECHANISMS TO THE EMOTIONAL RESILIENCY OF HEALTH CARE WORKERS

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ABSTRACT

Health care workers are essential to the functioning of health systems, providing critical services and care in various settings, from hospitals to community clinics. Their roles encompass a wide range of responsibilities, including diagnosing and treating patients, managing complex health conditions, and supporting overall wellness. The demanding nature of work these professions expose them to the stressors, including workload, organizational support, and burn-out traumatic stress. This study was conducted in one Level 2 hospital in Valencia City, Bukidnon with 120 respondents involving nurses, medical technologist, office staff, radiologic technologists, nursing aide and other support staff.

The data was analyzed using SPSS. Results revealed that the health professional experienced moderate level of stress and their level of coping mechanism is high. Results further revealed that the sources of stressors which include workload, organizational support and burnout traumatic stress has positive but weak relationship to the stress coping mechanism.

Keyword: *Stress Coping Mechanism, Emotional Resiliency, Healthcare Worker Burnout*

1. INTRODUCTION

Health care workers play a vital role in society, delivering essential services that directly impact patient outcomes and public health. The nature of their work often subjects them to experience different levels of stress. This relentless stress can lead to adverse effects on their mental health, including burnout, anxiety, and depression. In busy hospital settings, the volume of patients can further exacerbate stress. Health care professionals often juggle multiple responsibilities, including patient assessments, treatment planning, and collaboration with interdisciplinary teams, all while managing the emotional nuances of patient interactions. This relentless pace can lead to feelings of overwhelm and burnout, making effective stress management strategies essential.

Coping mechanisms are essential for health care workers to manage stress effectively. These mechanisms can be categorized into adaptive strategies, seeking support and distancing, accepting social responsibility and planful problem solving, and self-control. The choice of coping strategy influences emotional resilience, the ability to recover from stress and maintain psychological and emotional well-being. Despite the present intervention given by the management

to the health care workers, some of them feel inefficient in performing their tasks due to inadequate stress coping mechanisms.

This study would ascertain the relationship of stress coping mechanisms to the emotional resiliency of professional health care workers in Valencia City, Bukidnon during the Calendar Year 2025. Specifically, the study aims to determine the emotional resiliency of professional health care workers in terms of workload and stressors, organizational support and burnout traumatic stress. It also aims to determine the level of stress coping mechanism the professional health care workers possess in terms of seeking social support, distancing, self-control, accepting social responsibility and planful problem solving. Finally, the study will assess the relationship between the emotional resiliency and stress coping mechanism of professional health care workers.

2. METHODOLOGY

2.1. Research Design

The study employed a cross-sectional correlational research design, which involved collecting data at a single point in time from a sample of professional healthcare workers to

examine the relationship between their stress coping mechanisms and their level of emotional resiliency. This design enabled the researchers to observe and analyze multiple variables, such as workload, organizational support, burnout traumatic stress, and various coping strategies, simultaneously, providing a comprehensive snapshot of the current state of stress and resilience among participants. Data were gathered using structured survey questionnaires with a 5-point Likert scale, allowing for both descriptive and inferential statistical analysis to quantify stress levels and coping mechanisms. The cross-sectional approach is efficient and cost-effective, as it does not require follow-up or longitudinal tracking, but it can only identify associations, not establish causality, between variables. The findings were analysed using SPSS software, with correlation and descriptive statistics applied to interpret the relationships and levels of stress and coping, offering valuable insights for healthcare organizations seeking to support staff well-being.

2.2. Locale of the Study

The study was conducted in one of the Level 2 hospitals in the City of Valencia, Bukidnon. Valencia City also referred as the “City of Golden Harvest” is a highly urbanized component city of Bukidnon. It caters the medium to critical hospitalization needs of majority of the population of central and southern Bukidnon. Valencia City is known for its economic vibrancy and natural beauty with diverse economic landscape, including agriculture, agribusiness, and commerce. The study involves specifically the healthcare workers of the Adventist Medical Center–Valencia (AMCV) which it is a faith-based, non-profit hospital located at A. Aguilar Street, Población, Valencia City, Bukidnon. It is one of the most recognized private medical facilities in Bukidnon. As a center of quality medical care, AMCV serves not only Valencia City but also nearby municipalities in Bukidnon. It actively partners with local government units in providing free medical services and community health programs, including smoking cessation, drug abuse awareness, and therapeutic counseling. The hospital is also an affiliate training center for nursing and allied health programs, supporting clinical education and continuing professional development for health professionals in the province.

2.3. Participants of the Study

The participants of the study are primarily the health care workers employed at Adventist Medical Center–Valencia (AMCV). A total of one hundred thirty-five healthcare workers participated in the study comprising of fifty (50) nurses, eighteen (18) nursing aides, three (3) midwives, six (6) medical technologists, six (6) radiologic-technologists, twenty-seven (27) office staff, seven (7) business office staff, seven (7) medical record staff, four (4) pharmacists, and seven (7) support staff.

2.4. Research Instruments

The primary research instrument was a structured survey questionnaire divided into two parts: stressors and coping mechanisms. Part I included ten questions each on workload, organizational support, and burnout traumatic stress, while Part II comprised ten questions each on seeking support and distancing, accepting social responsibility and planful problem solving, and self-control. Responses were measured using a 5-point Likert Scale, with Part I scores ranging from 1 (low stress) to 5 (extremely high stress), and Part II scores reflecting the level of stress coping mechanism from low to extremely high. This study aimed to identify the coping strategies used by healthcare professionals and assess their impact on emotional resilience, contributing to mental health literature in the healthcare sector and informing support programs and training initiatives to enhance healthcare workers' well-being. By exploring these dynamics, the research highlights the importance of effective coping mechanisms in professional resilience, leading to better job satisfaction and patient care outcomes.

2.5. Data Gathering Procedure

A communication letter was sent to the hospital management to seek approval for health care workers' participation, and upon approval, the management issued a memorandum requiring them to complete the survey questionnaire during their available time, with the questionnaires personally retrieved from the different offices.

2.6. Statistical Technique

The data collected were consolidated and analyzed using the Statistical Package for the Social Sciences (SPSS) software, with descriptive statistics applied to the participants' responses.

An equivalent scale range was used to interpret the Likert scale as follows: 1.00–1.80 for Low Level, 1.81–2.60 for Moderate Level, 2.61–3.40 for High Level, 3.41–4.20 for Very High Level, and 4.51–5.00 for Extremely High Level. Correlation analysis was conducted to determine the relationship between stress coping mechanisms and the emotional resiliency of health care workers.

3. RESULTS AND DISCUSSIONS

3.1. Highest and Lowest Indicators

The analysis of individual stressors clearly indicates that the most significant pressures faced by our professional healthcare workers are organizational and structural, rather than purely physical or interpersonal. The metric that registered the highest concern, with a mean of \$2.98\$, was feeling **overwhelmed by the lack of support from supervisors**. This single finding is paramount, suggesting that the most intense

Sub-Variables	Mean	Descriptive Rating	Qualitative Interpretation
Workload	2.41	Moderate Level of Stress Coping Mechanism	Moderately Experienced
Organizational Support	2.22	Moderate Level of Stress Coping Mechanism	Moderately Experienced
Burnout and Traumatic Stress	2.22	Moderate Level of Stress Coping Mechanism	Moderately Experienced
Over-all Mean (Stressors)	2.28	Moderate Level of Stress Coping Mechanism	Moderately Experienced

Legend:			
Scale	Range	Descriptive Rating	Qualitative Interpretation
5	4.51-5.00	Extremely High Level of Stress Coping Mechanism	Extremely Experienced
4	3.41-4.50	High Level of Stress Coping Mechanism	Highly Experienced
3	2.61-3.40	High Level of Stress Coping Mechanism	Experienced
2	1.81-2.60	Moderate Level of Stress Coping Mechanism	Moderately Experienced
1	1.00-1.80	Low Level of Stress Coping Mechanism	Slightly Experienced

The summary table of professional healthcare workers' stressors shows an overall mean of **2.28**, which falls under the **Moderate Level of Stress** range (\$1.81-2.60\$) and is qualitatively interpreted as **Moderate Level of Stress**. This overall mean suggests that, according to the perceptions of the respondents, all sources of stressors, workload, organizational support, and burnout traumatic stress, contribute a **moderate level of stress** to the healthcare workers.

psychological strain stems from deficiencies in leadership and organizational response, not just the inherent difficulty of the work itself. This is

compounded by other high-ranking issues like experiencing stress when there are **not enough resources available** (\$M=2.60\$) and when **conflicting demands from different departments** arise (\$M=2.60\$). These data collectively point to a critical need for systemic clarity, resource provision, and effective management practices to buffer the healthcare staff.

In parallel with organizational deficits, the demanding pace of the job translates directly into physical and emotional exhaustion. The next most significant stressor is a core workload factor: experiencing stress from **too many tasks to complete in a short time** (\$M=2.80\$). This pressure immediately fuels the experience of burnout, with workers acknowledging that their **workload contributes to their burnout** (\$M=2.40\$). The pervasive nature of this exhaustion is captured in high mean scores for **physical exhaustion after their shift** (\$M=2.46\$) and having **trouble sleeping** due to work-related stress (\$M=2.27\$). These results align strongly with existing research that highlights excessive workload as a primary driver of emotional exhaustion and decreased job performance in healthcare settings.

Interestingly, the stressors that ranked lowest suggest areas of relative strength, particularly in peer dynamics, which act as a vital, if insufficient, coping resource. The lowest-ranking stressor was feeling **isolated due to limited support from colleagues** (\$M=1.93\$), which is even lower than finding it hard to **maintain a positive outlook at work** (\$M=2.00\$). This suggests that while the overall environment induces moderate stress, the healthcare workers are relatively successful at building **peer support** that mitigates feelings of isolation. In essence, the primary issue is not a failure of individual coping or team cohesion, but rather a **failure in organizational support and effective resource management** that prevents staff from executing their duties without undue strain. Addressing these top-ranked structural and workload stressors is therefore the most immediate and critical pathway to enhancing the emotional resiliency of the professional healthcare workforce.

3.2. Implications of the Results

The finding that professional healthcare workers experience a **moderate level of stress** across all

major categories, coupled with the identification of specific, high-ranking stressors, carries several crucial implications for organizational strategy and professional well-being. The highest-ranking stressors are rooted in **organizational support deficits**, particularly the **lack of support from supervisors**. This suggests that simply focusing on individual stress management is insufficient; effective intervention must be systemic. Hospitals and health systems must invest significantly in **leadership training** to foster genuinely supportive supervisory practices, **clarify organizational expectations**, and **improve communication channels**. Furthermore, addressing the lack of sufficient resources and backup will require strategic budgetary and staffing adjustments to fundamentally reduce the structural pressures driving the moderate stress level.

The moderate stress stemming from **workload** and **burnout traumatic stress** necessitates proactive workload management and robust mental health support. The data shows workers are stressed by **too many tasks in a short time** and experience **physical exhaustion** and **sleep trouble**. This implies that organizations need to implement clear **time management protocols**, **manage patient-to-staff ratios** more effectively, and ensure that administrative tasks do not detract from patient care. Moreover, recognizing that the emotional residue of difficult cases lingers, there is an urgent need to establish accessible, formalized programs for psychological support, such as debriefing sessions and counselling, to enhance the professional's ability to recover and maintain emotional balance.

The study's conclusion that there is a **highly significant but weak positive correlation between the sources of stressors and coping mechanisms** is highly instructive. It implies that while healthcare workers possess a **high level of coping mechanisms**, these personal strategies are only **weakly linked** to mitigating the major systemic stressors. The implication here is that the workers' existing resilience is being severely tested, and relying solely on individual coping is an unsustainable model. To truly improve emotional resiliency, organizations must shift the burden from the individual to the system. This involves systematically reducing the identified high-impact stressors, particularly the organizational and workload issues, so that the

workers' substantial coping skills can be used to manage the inherent difficulties of caregiving, rather than compensating for administrative failures.

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