



# STRESS MANAGEMENT PRACTICES OF SUPERVISORY NURSES: INPUT FOR ORGANIZATIONAL INTERVENTION AND SUPPORT

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## ABSTRACT

The study aimed to find out the stress management practices of the nurse supervisors for enhanced stress intervention strategies of the nurses. The study made use of the descriptive method using an adopted questionnaire – the Brief COPE scale to find out how they cope through their practice of stress management. The nurse supervisors of five (5) hospitals were the respondents of the study, totaling 71 out of 89 nurse supervisors. The study used descriptive and inferential analysis of the data gathered. In the descriptive analysis, the study used frequency and percent to interpret the data from the demographic profile of the respondents. Inferential analysis will use the Chi-Square Test to find the difference in the practice of stress management of the nurse participants in terms of their demographic profiles. Results showed that the nurses are middle-aged, female, have been with the hospitals for 6 to 10 years, are married, and are assigned to general wards. The majority of the nurse supervisors practice problem-focused coping, some emotion-focused coping, and the least avoidant coping to deal with the stresses of their jobs. There is no difference in the practice of stress management among the nurse supervisors when grouped according to their age, sex, civil status, years of service, hospital affiliation, or department assigned. The nurses also proposed rest and relaxation and an additional day off, primarily from the organization, as a form of intervention and support for them to cope with the stresses of work. It is thus recommended that health organizations should conduct needs analysis to identify what intervention and support is highly needed to assist their nurse supervisors in coping with their expanded responsibilities. Also, the study recommended the study to other healthcare professionals for the generalizability of results.

**Keywords:** *Stress Management Practices, Supervisory Nurse*

## INTRODUCTION

Job stress is defined as the state which occurs when the demand of work is perceived to be exacting too much demand to the capacity of the individual. This definition entails the resilience, flexibility, and the capability of the person to cope with the demands of work. The meaning of job stress has been coined by many authors, including the famous Selye, Lazarus, and even Darwin. Job stress occurs when there is worker-work misfit; when it is a reactive process to demands of work, it is viewed as a person-centered problem with intervention attempts to attain balance.

In healthcare settings, stress is inherently high in this work environment because of responsibilities that are often in the form of survival or death of stakeholders. This scenario is common because healthcare workers are more likely to be stressed and the resulting impact on the health of the workers and their clients. Among the healthcare professionals, the nurses face the highest degree of stress at work because of the nature of their work. Nurses take part in every service and component responsibilities of the healthcare institutions, thus experience variation of job stress from low productivity, patient-nurse ratio, and decision-making. Stressed nurses lead to more mistakes and errors in the performance of their job, which have great impact on the patient care outcomes. High job stress can take its toll on the health and safety of nurses; thus, there is a need to implement effective stress management for better stakeholders' treatment outcomes.

Developing countries like the Philippines have less focus on the plight of their nurses. With the dismal conditions and economic conditions of nurses in the Philippine healthcare settings, Filipino nurses continued to stay in the country despite all odds against them. The Filipino nurses are lauded as the most resilient healthcare workers, although many opted to leave and migrate to foreign countries for a better life for their families. Those who opted to stay are considered heroes of today (Sadang, 2021).

When work demands become overwhelming and stressful, support from both the administration and fellow nurses becomes essential. Social support from colleagues and supervisors helps nurses manage workplace stress effectively. Supervisory support may include emotional encouragement, guidance, and task-related assistance. Regular feedback and open communication are also valuable strategies in helping nurses cope with stress and improve service outcomes. However, inadequate supervisory support may also contribute to increased occupational stress among nurses (Al Sabei et al., 2020). Primary stress interventions must be directed towards substantially reducing the impact of work stress on the performance of the nurses.

Resilience is widely recognized as an important characteristic among Filipino nurses. Recent studies emphasized that nurse supervisors play a significant role in strengthening the resilience of nurses through guidance, support, and stress intervention practices in the workplace (Labrague & De los Santos, 2020)

Coping is an element of stress management. Nurses who have high levels of stress are more prone to using coping strategies to deal with the stresses of work. Coping

strategies may be in the form of support from the administration and nurse executives. Interventions can be both problem-focused and emotion-centered coping. Regardless of the type of interventional strategies, practicing stress management can be the best strategy that can be employed to deal with the stresses of work.

There are many studies on stress management in healthcare settings, especially among nurses. However, there are few and far between studies on the administration and nurse supervisors' practice of stress management to deal with the job stresses of the staff nurses and improve the organizational support and intervention to maintain the health and well-being of the nursing workforce.

The main objective of the study was to find out the stress management practices of the nurse supervisors for enhanced stress intervention strategies of the nurses.

Nurse Managers and supervisors have more workloads than the ordinary nurses because of the additional responsibilities of leadership, strategic planning and other tasks related to administering to the staff nurses (Hepsi & Ravindran, 2019). A great amount of stress is brought about by fostering a productive workforce and work environment (Jappinen et al., 2022).

The continuously expanding role of nurses has increased professional demands, particularly among those in administrative and supervisory positions. Nurses with broader managerial responsibilities often experience greater job stress because of increased workloads, decision-making responsibilities, and organizational expectations (Havaei et al., 2021). Roles and responsibilities are the main sources of stress among supervisory, head nurses and administrative nurses, and the perceived organizational support seems to be lacking, especially in public hospitals, because of funding and other political issues. How the nurses practice stress management reflects their resilience and effective organizational efforts to support their practice and behavior to cope with the stress (Yang et al., 2024).

Recent literature indicates that nurse managers experience higher levels of stress than staff nurses because of increasing responsibilities, workload pressures, and challenging work environments. Studies have shown that nurse supervisors face psychological strain associated with staffing shortages, limited resources, and the growing complexity of healthcare delivery systems (Nowrouzi-Kia et al., 2019; Labrague et al., 2020). Researchers emphasized the importance of stress management interventions and organizational support programs for nurse leaders (Kelly et al., 2021).

Stress management is defined by Iswarya and Amutha (2019) as strategies and mechanisms focused on controlling and limiting the degree of stress reactions for the purpose of achieving control for better performance of a person. It requires an understanding of the nature and origin of stress for better managing the effects of stress. This level of awareness and understanding can lead the individual to use the situation constructively to react to the stressful situation (Nwobodo et al., 2023). Health care professionals experienced a higher level of stress in the performance of their duties. It is

required for them to have better coping strategies and stress management practices for better work performances. Odigie (2023) stresses the need for healthcare professionals and their institutions to look into areas of where alleviations of their working hours and reduction of workloads can be implemented, caring and supportive supervisors and administrators, as well as endeavors that can enhance the quality of family and personal life of their healthcare workers.

Stress management in healthcare organizations involves both personal and organizational approaches. Personal strategies include healthy lifestyle practices, emotional regulation, social support, and effective time management. Organizational strategies focus on improving work conditions through flexible scheduling, incentives, employee benefits, and aligning responsibilities with employees' competencies to enhance motivation and reduce workplace stress (Shanafelt et al., 2021).

As of the current time, developing countries like the Philippines have laws that would protect the health and safety of workers in their workplace. Little is known about how the implementation and practice of stress management is being done. It leaves the individual healthcare institution to look into its workforce to cater to the stress management of its workforce if the organization is to achieve its purpose.

The healthcare environment is inherently a place of high levels of stress because of high demands on the workforce to provide services that deal with life and death situations, exacting both physical and mental competence. This state even causes personal and family life to be overwhelmed, and this comes in daily basis (Ishwarya and Amutha, 2019). There are many acute stresses in healthcare settings. Acute, chronic, and episodic stresses are all present in healthcare settings, resulting from the inherent nature of routine work. Understanding the very nature of work in the healthcare sector could help very much in managing stress in this industry. Provision of healthcare services to improve health is a gigantic task that must be accomplished. This expectation can lead to stress in the workplace in the healthcare sector (Nwobodo et al., 2023). According to the study of Dantis et al. (2024), which was conducted in a tertiary hospital in a city in the Philippines, work-related stressors and coping strategies used are influenced by their area of assignment. High stress areas pinpointed are the emergency room, critical care units, and operating rooms. Coping is related to their resilience.

Work-related stressors in healthcare have been divided into two areas: the external stressors, which are workload, conflicts at work, and difficult patients and relatives, while internal stressors are high expectations, inferiority feelings, and negative motivation in doing their jobs (Dantis et al., 2024). According to Tsegaw et al. (2022), reactions of individuals, not necessarily healthcare providers, depend on the situation's effects and intensity. The differences in the level of perception of stress and its effects modulate the reaction and stress management behavior of the person. Areas in hospitals like the intensive care, operating room and emergency room are places in the institution that have higher levels of stress, thus healthcare professionals in these areas must exhibit better coping and resiliency to survive their stint in the department (Alali, 2024).

Work-related stressors and level of stress among nurses differ in different nursing profession with higher stress levels in higher nursing positions, such as head nurses and supervisory nurses showed higher stress levels (Chang et al., 2021).

Among nurses, the expanding roles they play in the delivery of health services add to the stressors they experience in the workplace. Supervisory and managerial responsibilities have different forms of burden and stress put on the shoulders of nurses who might be expected to perform clinical duties. Recent studies have shown that individual characteristics, organizational systems, and workplace structures significantly influence how nurse managers cope with stress. The increasing administrative and supervisory responsibilities of nurse leaders often result in unrealistic expectations, continuous organizational adjustments, and shifting institutional priorities, which may increase the risk of occupational stress and other work-related health concerns among healthcare workers (Mudallal et al., 2021). Addressing the concerns of the supervisory nurses will inspire other staff nurses to take on supervisory and managerial roles, especially in terms of organizational support concerning role stress and anxiety.

The concept of work-related stress has been widely discussed in organizational psychology as the interaction between workplace stressors and employees' ability to manage job demands, particularly when workers have limited control over workloads and assigned responsibilities (Ribeiro et al., 2021).

Job stress varies according to the type of jobs, duties and responsibilities of individual workers. However, the capability of the worker to resist, deal with or cope with the stressor, depending on his/her capacity, will determine the degree of job stress experienced by the worker (Bai & Ravindran, 2019). All types of work pose stress to the worker because of the inherent nature of the work being done. Some profession maybe less stressful than others, but the perception of stress also depends on the personal capacity of the individual to deal with the most difficult situation (Burton et al., 2017).

Stress is commonly described as a response triggered by situations, events, or environmental demands that produce physiological and emotional reactions, often resulting in tension, anxiety, or emotional discomfort among individuals (Yılmaz & Üstün, 2021).

According to the Centers for Disease Control and Prevention, work-related stress can cause unhappiness, reduced productivity and mental anguish. The Labor Force Survey confirmed this data in 2020-2021, that mental health is greatly affected by work-related stress in terms of depression and anxiety, resulting in an unwanted incidence which is greater than the effects of the coronavirus epidemic of 2019 (Tsurugano et al., 2021).

Occupational stress is widely recognized as an inherent part of the nursing profession. Studies revealed that nurses promoted to managerial and supervisory positions frequently experience increased stress due to additional administrative responsibilities, role adjustments, and conflicts between clinical and leadership duties,

which may negatively affect work performance and job satisfaction (Specchia et al., 2021).

Research has suggested that older adults may experience lower levels of stress reactivity, particularly when exposed to familiar or routine stressors. However, findings remain inconsistent because other studies reported that stress responses may still vary depending on health status, coping abilities, and environmental factors (Kim et al., 2020).

In terms of age and sex, Antczak-Komoterska et al. (2023) explained in their study that there are differences in the coping strategies between male and female nurses, younger and older ones who have more work experience. It said that the level of experiences have better and active coping in terms of emotional support, religion, while younger ones tend to use substance especially among males.

Research studies have emphasized the stressful work of nurse managers and supervisors because of the type of responsibilities in managing staff. This also includes paperwork and reports, as well as planning and structuring a job while managing resources and cost-effectiveness of care rendered (Harmoinen and Suominen, 2020; Liu et al., 2019; Ofei et al., 2020).

The importance of organizational support has been stressed in the study of Yang et al. (2024). Employees who receive strong organizational and institutional support tend to experience lower levels of stress, greater job satisfaction, and improved workplace well-being compared to those with limited support systems. Studies emphasized that effective stress management requires shared responsibility between healthcare organizations and employees through supportive interventions and workplace programs (De los Santos & Labrague, 2021).

The present study provides a more specific examination of how nurse supervisors' stress management practices differ from those in the frontlines. At the same time, the literature supports emphasized the influence of cultural and organizational factors that are either contributory or limiting the stress experienced by the nurse supervisors.

## Research Questions

1. What is the demographic profile of the nurse supervisors in terms of:
  - 1.1 Age,
  - 1.2 Sex,
  - 1.3 Civil Status,
  - 1.4 Years of Service,
  - 1.5 Hospital Affiliation, and
  - 1.6 Department Assigned?
2. What are the stress management practices of the nurse supervisors in terms of:
  - 2.1 Problem-Focused,
  - 2.2 Emotion-Focused, and
  - 2.3 Avoidant Coping?

3. Is there a significant difference in the stress management practices of the nurse supervisors when grouped according to their profiles?

### **Scope and Delimitation of the Study**

The main objective of the study was to find out the stress management practices of the nurse supervisors for enhanced stress intervention strategies of the nurses. The participants of the study are the chief nurse, nurse 1 and nurse 2 of the selected hospitals in Roxas, Isabela.

## **METHODOLOGY**

### **Research Design**

The study used the descriptive comparative survey design to find out the stress management practices of the supervisory nurses to be able to enhance the existing stress intervention program of the hospital. It is a quantitative approach used to describe existing conditions and examine differences among two or more groups based on selected variables without manipulating them. This design is appropriate when the researcher aims to compare groups according to demographic profile characteristics such as age, sex, civil status, years of service, hospital affiliation, and department assigned, and determine whether significant differences exist stress management practice of the nurse supervisors.

### **Locale of the Study**

The study was conducted in five (5) hospitals in Roxas, Isabela. Four (4) of the hospitals are privately owned, while one (1) is a government-owned institution. All of the hospitals' nursing department rotates the supervisory responsibilities not only to the chief nurse and the 4 Nurse II but also to more senior nurses who are still Nurse I. The designated supervisor takes the role and responsibility of the supervisor or Nurse II during their tour of duty. This situation was deemed necessary due to the nursing shortage and to address the problem of the inadequacy of Nurse II positions.

The four (4) private hospitals have the same 25-30-bed capacity, while the government hospital is a 50-bed capacity institution.

### **Respondents of the Study**

The participants of the study are the following: the chief nurse, all nurse II, and all nurse I who have been a supervisor designate in their tour of duty.

### **Population, Sample Size, and Sampling Method**

The table below shows the distribution of the participants:

<b>Hospital</b>	<b>Total number of Supervisory Nurses</b>	<b>Sample size (as per voluntary participation)</b>
Hospital A	20	19
Hospital B	12	10
Hospital C (Government)	35	26
Hospital D	10	8
Hospital E	12	8
<b>Total</b>	<b>89</b>	<b>71</b>

The participants of the study are the following: the chief nurse, all nurse II, and all nurse I who have been a supervisor designate in their tour of duty. Those nurses I are those who are with the hospital for more than 5 years in service and attained supervisory experience. This comprises a total enumeration. However, as a result of decisions not to participate, there were only 71 supervisory nurses who voluntarily answered the questionnaire, giving the study a 79.78% response rate, which means that the sample is a representative of the population of nurse supervisors.

### **Instrument**

The instrument that was used to survey the stress management practices of the supervisory nurses is adopted from the Brief-COPE Scale, a standard international scale. The scale is modified according to the needs of the study. The 4-point scale was used by the original version with the following interpretations: 4 = I have been doing this a lot, 3 = I have been doing this a medium amount, 2 = I have been doing this a little bit, and 1 = I have not been doing this at all. The modification done on this scale is to adjust the interpretation based on practices: 4 = always, 3 = often, 2 = sometimes, and 1 = never.

The questionnaire of the study is composed of two (2) parts: Part 1-demographic profile of the participants in terms of age, sex, civil status, years of service, position, and department assigned. Part 2-stress management practices in terms of problem-focused (items 2, 7, 10, 12, 14, 17, 23, and 25) and emotion-focused (items 5, 9, 13, 15, 18, 20, 21, 22, 24, 26, 27, and 28). The avoidant coping has 7 items in all (items 1, 3, 4, 6, 11, 16 and 19). The mean scores determined how the nurses practice stress management. After computing the mean scores the coping area with the highest mean will be identified as the most utilized stress management coping style.

## **Data Gathering Procedure**

As all research goes, the study started with requesting approval to do the research by writing a letter to the Chief of Hospital through the Chief Nurse. After approval, the letter was be given to the Chief Nurse, and a preliminary meeting with the Chief Nurse was held to solicit support and assistance from the Chief Nurse to identify the nurses who satisfy the inclusion criteria. After the target nurses are identified, one-on-one and face-to-face meetings with each of the nurse participants was conducted so as to be able to personally explain and discuss the purposes and processes of the study to the individual participants. During this one-on-one face-to-face meeting, the survey questionnaire was administered and retrieved for personal touch and answer any inquiry from the participants on the items of the survey. After all the targeted respondents have answered the survey, and retrieved that tallying and treatment of data shall start, consultation with the research adviser was done from time to time to seek recommendations and support. After the data have been treated, analyzed, and interpreted, the first draft of the manuscript shall be made with the supervision of the research adviser until the manuscript is ready for printing.

## **Data Analysis**

The study used descriptive and inferential analysis of the data gathered. In the descriptive analysis, the study used frequency and percent to interpret the data from the demographic profile of the respondents.

Frequency and percentage were used to describe the stress management practices of the nurse participants. Mean scores were computed for the three coping areas: problem-focused coping (items 2, 7, 10, 12, 14, 17, 23, and 25), emotion-focused coping (items 5, 9, 13, 15, 18, 20, 21, 22, 24, 26, 27, and 28), and avoidant coping (items 1, 3, 4, 6, 11, 16, and 19). After computing the mean scores, the coping area with the highest mean was identified as the predominant stress management practice of the nurse participants.

Inferential analysis will use the Chi-Square Test to find the difference in the practice of stress management of the nurse participants in terms of their demographic profiles.

## RESULTS

### Part 1. Demographic profile of the respondent nurses

**Table 1**

*Distribution of the Nurse Supervisors according to their Demographic Profile*

<b>Age</b>	<b>f</b>	<b>%</b>
24-28 years old	14	19.7
29-33 years old	9	12.7
34-38 years old	27	38.0
39-43 years old	10	14.1
44-48 years old	6	8.5
49 years old and above	5	7.0
<b>Sex</b>	<b>f</b>	<b>%</b>
Male	17	23.9
Female	54	76.1
<b>Civil Status</b>	<b>f</b>	<b>%</b>
Single	27	38.0
Married	44	62.0
<b>Years of Service</b>	<b>f</b>	<b>%</b>
5 years and below	25	35.2
6-10 years	29	40.8
11 years and above	17	23.9
<b>Hospital</b>	<b>f</b>	<b>%</b>
Hospital A	19	26.8
Hospital B	10	14.1
Hospital C	26	36.6
Hospital D	8	11.3
Hospital E	8	11.3
<b>Department Assigned</b>	<b>f</b>	<b>%</b>
DR	4	5.6
ER	20	28.2
OPD	6	8.5
OR	7	9.9
WARD	34	47.9

In terms of age, as can be gleaned from table 1, the majority of the nurses are between 34-38 years old (38.0%), are female (76.1%), married (62.0%), are with the hospital for 6 to 10 years (40.8%), work in hospital C (36.6%), and are assigned in wards (47.9%). The results implied that the nurses are middle-aged, that the nursing profession is still a female-dominated discipline, are fairly experienced, work in a government hospital and are assigned to general wards of different specialty thereby denoting varied job responsibilities.

## Part 2. Stress Management Practices of Nurse Supervisors

**Table 2**

*Distribution of the Nurse Supervisor According to Their Stress Management Practices*

Category	F	%
Problem Focused Coping	51	71.8
Emotion-Focused Coping	17	23.9
Avoidant Coping	3	4.2

From Table 2, it can be noted that the majority of the nurse supervisors practice problem-focused coping in their stress management (71.8%), followed by emotion-focused coping (23.9%), and the rest of the respondents used avoidant coping in their stress management. This implied that the nurse supervisors prefer to focus on the problem at hand to ease out the stresses of their work rather than concentrating on the emotional aspect of the situation, as well as avoiding the stressful issues.

## Part 3. Differences of Stress Management Practices of the Nurses when grouped according to their Demographic Profile

### 3.1 Age

**Table 3**

*Differences in Nurse Supervisors according to their Stress Management Practices when grouped according to Age*

Age	Stress Management Practices				Total
	Problem Focused Coping	Emotion Focused Coping	Avoidant Coping		
24-28	f 8	f 6	f 0		f 14
	% 11.3%	% 8.5%	% 0.0%		% 19.7%
29-33	f 5	f 4	f 0		f 9
	% 7.0%	% 5.6%	% 0.0%		% 12.7%
34-38	f 23	f 3	f 1		f 27
	% 32.4%	% 4.2%	% 1.4%		% 38.0%
39-43	f 6	f 2	f 2		f 10
	% 8.5%	% 2.8%	% 2.8%		% 14.1%
44-48	f 4	f 2	f 0		f 6
	% 5.6%	% 2.8%	% 0.0%		% 8.5%
49 and above	f 5	f 0	f 0		f 5
	% 7.0%	% 0.0%	% 0.0%		% 7.0%
<b>Total</b>	<b>f</b> <b>51</b>	<b>f</b> <b>17</b>	<b>f</b> <b>3</b>		<b>f</b> <b>71</b>
	<b>%</b> <b>71.8%</b>	<b>%</b> <b>23.9%</b>	<b>%</b> <b>4.2%</b>		<b>%</b> <b>100.0%</b>

Computed  $X^2 = 16.547$  ( $df = 10$ ) ( $p = 0.09$ ) not significance at 0.05 level

A chi-square test for independence was conducted to determine if there were differences in nurse supervisors' stress management practices when grouped by age. The test results revealed no significant differences in nurse supervisors' stress management practices across age groups ( $\chi^2(10) = 16.547, p = 0.09$ ). Thus, the null hypothesis must be accepted at a 0.05 significance level. These results implied that the stress management practices of the nurse supervisors are similar across age groups.

### 3.2 Sex

**Table 4**

*Differences in Nurse Supervisors according to their Stress Management Practices when grouped according to Sex*

Sex	Stress Management Practices				Total
	Problem Focused Coping	Emotion Focused Coping	Avoidant Coping		
Male	f	10	6	1	17
	%	14.1%	8.5%	1.4%	23.9%
Female	f	41	11	2	54
	%	57.7%	15.5%	2.8%	76.1%
<b>Total</b>	<b>f</b>	<b>51</b>	<b>17</b>	<b>3</b>	<b>71</b>
	<b>%</b>	<b>71.8%</b>	<b>23.9%</b>	<b>4.2%</b>	<b>100.0%</b>

*Computed  $X^2 = 1.874$  ( $df = 2$ ) ( $p=0.39$ ) not significance at 0.05 level*

A chi-square test for independence was conducted to determine if there were differences in nurse supervisors' stress management practices when grouped by sex. The test results revealed no significant differences in nurse supervisors' stress management practices when grouped by sex ( $\chi^2(2) = 1.874, p = 0.39$ ). Thus, the null hypothesis must be accepted at a 0.05 significance level. The results implied that both male and female nurse supervisors use the same type of coping mechanisms in dealing with stress in their workplace.

### 3.3 Civil Status

**Table 5**

*Differences in Nurse Supervisors according to their Stress Management Practices when grouped according to Civil Status*

Civil Status	Stress Management Practices				Total
	Problem Focused Coping	Emotion Focused Coping	Avoidant Coping		
Single	f	18	9	0	27

	%	25.4%	12.7%	0.0%	38.0%
Married	f	33	8	3	44
	%	46.5%	11.3%	4.2%	62.0%
<b>Total</b>	<b>f</b>	<b>51</b>	<b>17</b>	<b>3</b>	<b>71</b>
	<b>%</b>	<b>71.8%</b>	<b>23.9%</b>	<b>4.2%</b>	<b>100.0%</b>

Computed  $X^2 = 3.607$  ( $df = 2$ ) ( $p=0.17$ ) not significance at 0.05 level

A chi-square test for independence was conducted to determine if there were differences in nurse supervisors' stress management practices, categorized by civil status. The test results revealed no significant differences in nurse supervisors' stress management practices, grouped by civil status ( $\chi^2(2) = 3.607$ ,  $p = 0.17$ ). Thus, the null hypothesis must be accepted at a 0.05 significance level. These results mean that stress management practices are similar between single and married nurses.

### 3.4 Years in Service

**Table 6**

*Differences in Nurse Supervisors according to their Stress Management Practices when grouped according to Years of Service*

Years of Service	Stress Management Practices				Total
	Problem Focused Coping	Emotion Focused Coping	Avoidant Coping		
5 years and below	f	19	5	1	25
	%	26.8%	7.0%	1.4%	35.2%
6-10 years	f	20	9	0	29
	%	28.2%	12.7%	0.0%	40.8%
11 years and above	f	12	3	2	17
	%	16.9%	4.2%	2.8%	23.9%
<b>Total</b>	<b>f</b>	<b>51</b>	<b>17</b>	<b>3</b>	<b>71</b>
	<b>%</b>	<b>71.8%</b>	<b>23.9%</b>	<b>4.2%</b>	<b>100.0%</b>

Computed  $X^2 = 4.665$  ( $df = 4$ ) ( $p=0.32$ ) not significance at 0.05 level

A chi-square test for independence was conducted to determine if there were differences in nurse supervisors' stress management practices, categorized by years of service. The test results revealed no significant differences in nurse supervisors' stress management practices, grouped by years of service ( $\chi^2(4) = 4.665$ ,  $p = 0.32$ ). Thus, the null hypothesis must be accepted at a 0.05 significance level. This implies that regardless of how long the nurse supervisors have been working with the hospital, they have similar stress management practices to cope with the stresses experienced at work.

### 3.5 Hospital Affiliation

**Table 7**

*Differences in Nurse Supervisors according to their Stress Management Practices when grouped according to Hospital Affiliation*

Hospital	Stress Management Practices				Total
	Problem Focused Coping	Emotion Focused Coping	Avoidant Coping		
Hospital A	f	8	10	1	19
	%	11.3%	14.1%	1.4%	26.8%
Hospital B	f	8	1	1	10
	%	11.3%	1.4%	1.4%	14.1%
Hospital C	f	21	5	0	26
	%	29.6%	7.0%	0.0%	36.6%
Hospital D	f	7	0	1	8
	%	9.9%	0.0%	1.4%	11.3%
Hospital E	f	7	1	0	8
	%	9.9%	1.4%	0.0%	11.3%
<b>Total</b>	<b>f</b>	<b>51</b>	<b>17</b>	<b>3</b>	<b>71</b>
	<b>%</b>	<b>71.8%</b>	<b>23.9%</b>	<b>4.2%</b>	<b>100.0%</b>

*Computed  $\chi^2 = 11.774$  (df = 8) ( $p=0.33$ ) not significance at 0.05 level*

A chi-square test for independence was conducted to determine if there were differences in nurse supervisors' stress management practices when grouped by hospital. The test results revealed no significant differences in nurse supervisors' stress management practices when grouped by hospital ( $\chi^2(8) = 11.774$ ,  $p = 0.33$ ). Thus, the null hypothesis must be accepted at a 0.05 significance level. The results mean that hospital affiliations showed no differences in the stress management of the nurse supervisors.

### 3.6 Department Assigned

**Table 8**

*Differences in Nurse Supervisors according to their Stress Management Practices when grouped according to Department Assigned*

Department Assigned	Stress Management Practices				Total
	Problem Focused Coping	Emotion Focused Coping	Avoidant Coping		
DR	f	1	2	1	4
	%	1.4%	2.8%	1.4%	5.6%

ER	f	15	4	1	20
	%	21.1%	5.6%	1.4%	28.2%
OPD	f	6	0	0	6
	%	8.5%	0.0%	0.0%	8.5%
OR	f	6	1	0	7
	%	8.5%	1.4%	0.0%	9.9%
WARD	f	23	10	1	34
	%	32.4%	14.1%	1.4%	47.9%
<b>Total</b>	<b>f</b>	<b>51</b>	<b>17</b>	<b>3</b>	<b>71</b>
	<b>%</b>	<b>71.8%</b>	<b>23.9%</b>	<b>4.2%</b>	<b>100.0%</b>

*Computed  $X^2 = 10.377$  ( $df = 8$ ) ( $p=0.24$ ) not significance at 0.05 level*

A chi-square test for independence was conducted to determine if there were differences in nurse supervisors' stress management practices when grouped by assigned department. The test results revealed no significant differences in nurse supervisors' stress management practices when grouped by department assigned ( $\chi^2$  (8) = 10.377,  $p = 0.24$ ). Thus, the null hypothesis must be accepted at a 0.05 significance level. The results mean that regardless of the area the nurse supervisors are assigned, they practice the same stress management to cope with the stresses they encounter in the workplace.

## DISCUSSION

### I. Demographic Profile of the Nurse Supervisors

The majority of the nurses are between 34-38 years old, are female, married, have been with the hospital for 6 to 10 years, work in hospital C, and are assigned to wards. The results implied that the nurses are middle-aged, that the nursing profession is still a female-dominated discipline, are fairly experienced, work in a government hospital, and are assigned to general wards of different specialty thereby denoting varied job responsibilities. According to Bai and Ravindran (2019), the capacity to deal or cope with stressors depends on the capability of a person inherent in the nature of work. The level of understanding of the stress in terms of its nature and origin can lead to better coping and stress management (Nwobodo et al., 2023).

Research has suggested that older adults may experience lower levels of stress reactivity, particularly when exposed to familiar or routine stressors. However, findings remain inconsistent because other studies reported that stress responses may still vary depending on health status, coping abilities, and environmental factors (Kim et al., 2020).

In terms of age and sex, Antczak-Komoterska et al. (2023) explained in their study that there are differences in the coping strategies between male and female nurses, younger and older ones who have more work experience. It said that the level of experiences have better and active coping in terms of emotional support, religion, while younger ones tend to use substance especially among males.

## **II. Stress Management Practices of the Nurse Supervisors**

Nurse supervisors have more workloads than the ordinary nurses because of the additional responsibilities of leadership, strategic planning and other tasks related to administering to the staff nurses (Hepsi & Ravindran, 2019). A great amount of stress is brought about by fostering a productive workforce and work environment (Jappinen et al., 2022).

The expanding responsibilities of nurses, particularly those in leadership and supervisory roles, have increased the complexity of nursing practice and contributed to elevated levels of occupational stress due to administrative demands and broader accountability (Wei et al., 2020). Roles and responsibilities are the main sources of stress among supervisory, head nurses and administrative nurses, and the perceived organizational support seems to be lacking, especially in public hospitals because of funding and other political issues.

Mindfulness-based interventions for reducing stress were reviewed in the study of Lu et al. (2023). This type of cognitive management of stress is found to be effective in reducing stress in the workplace, especially among healthcare professionals and nurses. Seeking assistance and emotional support from colleagues and hospital administrators is considered an important coping strategy that helps nurses reduce the negative effects of workplace stress and improve emotional well-being (Labrague & De los Santos, 2020).

The most dominant stress management practiced by the nurse supervisors is problem-focused coping, which means taking direct action to deal with or eliminate the cause of stress. This is most effective when the stress is identified and understood of its occurrence. In this way, the nurses can seek solutions and methods to lessen the impact of the stress (Nowrouzi-Kia et al., 2019). Emotion-focused coping is commonly utilized by nurse supervisors when stressful situations are difficult to control or fully understand. Regulating emotional responses helps them remain calm, think clearly, and maintain positive interpersonal relationships, especially during organizational conflicts and workplace disagreements (Babore et al., 2020; Labrague & De los Santos, 2020).

Avoidant coping is considered the least effective stress management strategy because it involves ignoring or distancing oneself from stressful situations rather than resolving them. Although it may provide temporary relief, prolonged avoidance can worsen workplace problems, contribute to burnout, reduce staff morale, and negatively affect team relationships and job satisfaction (Mahmoud et al., 2021).

## **III. Difference in Stress Management Practices of the Nurse Supervisors According to their Profile.**

The present study found no significant difference in the stress management practices of nurse supervisors when grouped according to profile variables. Recent studies have similarly reported inconsistent findings regarding the influence of age and demographic factors on stress perception and coping behaviors among healthcare

workers (Spoorthy et al., 2020). In terms of age and sex, Antczak-Komoterska et al. (2023) explained in their study that there are differences in the coping strategies between male and female nurses, younger and older ones who have more work experience. It said that the level of experiences have better and active coping in terms of emotional support, religion, while younger ones tend to use substance especially among males.

Organizational support and institutional interventions play an essential role in managing work-related stress among nurses. Improvements in staffing, workplace conditions, leadership support, and access to resources are largely dependent on the capability and commitment of the healthcare organization (De Los Santos & Labrague, 2021). Interventions appear to have stronger effects when it comes from the organization, particularly in emphasizing the roles of each level of authority and defining the range of how they could help the employees cope with natural and inherent stresses of work (Dantis et al., 2024; Tsurugano et al., 2021). The organization is the pivot point for effective stress management of nurse supervisors as well as the whole workforce (Iswarya and Amutha, 2019; Odigie, 2023).

It can be noted that the proposed intervention and support from the organization management, as nurse supervisors perceived that they could cope with the stresses of work when given time to rest and relax after a busy schedule. Incentives and salaries are the least of their concerns when dealing with stress in the workplace. This finding means that the organization must understand its need to recharge and be ready again for the next shift to face the same stress. According to Can et al. (2020), applying relaxation and reduction of physical activity helps in the reduction of the impact of stress on the physical body and mental health. The study gives insights into the success of both traditional and mobile relaxation methods in reducing stress-related health issues.

Providing additional day-offs, flexible work schedules, wellness programs, mental health services, recognition initiatives, and supportive workplace environments can help reduce occupational stress and improve the well-being and job satisfaction of nurses and healthcare employees (Al Maqbali et al., 2021; Kelly et al., 2021).

## **Conclusions**

The nurse supervisors were predominantly middle-aged, female, married, and had moderate work experience, with most having served the hospital for six to ten years. The majority were assigned to government hospitals, particularly Hospital C, and were mostly deployed in ward areas. This demographic distribution indicates that nurse supervisors are generally experienced professionals who handle diverse responsibilities in general care settings.

Problem-focused coping was the most dominant stress management practice among nurse supervisors, followed by emotion-focused coping, while avoidant coping was minimally utilized.

The study revealed that there were no significant differences in the stress management practices of nurse supervisors when grouped by age, sex, civil status, years of service, hospital affiliation, or department assigned.

The nurse supervisor respondents emphasized the need for rest as their priority proposal from the organization, which means the need for the organization to understand such necessity after a hard day's work.

## **Recommendations**

1. Since healthcare is a stressful job, as inherent to its natural setting of dealing with life and death situations. All employees, depending on the degree of stress in their area of responsibility, should be given organizational support through identification of stress and understanding its occurrence through needs assessment and training to cope with stress. Conduct of stress management seminars catered to the needs of the employee, not only among nurses, must be regularly made by the organization through the human resource management office or department involved.

2. Since nurses are the most affected in healthcare institutions, organizational intervention and support must be part of the institutional strategy to reduce turnover and burnout among its nurses, especially now that the nursing shortage is a constant and potential threat to the hospital.

3. The expanding roles and responsibilities of nurse managers must be addressed through additional intervention and support systems from the administration, especially assigned in highly stressful departments such as the intensive care units, emergency room, and the operating room. These are areas that can be made more conducive and appealing if made better through additional incentives, day-offs or monthly rest, and recreation.

4. Review of organizational structures and practices must be done, and revision or amendments of policies concerning the amount of workload, overtime, and incentives must be looked into to make the work more appealing to the nurses, regardless of the demographics of the workers.

5. Nurses must be taught through seminars and mental health maintenance initiatives to have a personal strategy because ultimately, the individual coping is still the most effective, such as lifestyle modification, attitude adjustments, social support, emotional regulation, and time management.

6. The study has its limitations, to which further studies must be conducted, not only among supervisors, but among other healthcare professionals, to come up with a general strategic plan to address the needs of healthcare workers.

## Compliance with Ethical Standards

The conduct of the research followed the standard ethical protocols of research. Observance of ethical conduct in research is very important in order to uphold the moral and legal rights not only of the researcher but also of the participants. It is very important to consider the two most important ethical elements: 1. Informed consent to ensure that all respondents participate with adequate knowledge of the purposes and processes of the study, so as to participate voluntarily and without pressure; 2.) Confidentiality and data protection. All delicate and confidential information shall be kept in consonance with the data privacy law. Use of the data from the participants will be with permission and given proper credit in the way its contribution in the conduct of the study.

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