

**INFLUENCE OF JOB STRESS ON THE PSYCHOLOGICAL WELLBEING OF NURSES
WORKING IN A GOVERNMENT HOSPITAL
IN SOUTH COTABATO**

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Abstract

Job stress and psychological well-being among nurses remain critical concerns in healthcare settings. This study examined the influence of job stress on the psychological well-being of nurses working in a government hospital in South Cotabato using a predictive correlational research design. Based on G*Power analysis, 150 nurses were conveniently selected as respondents. Job stress was measured using the modified Nursing Stress Scale developed by Gray-Toft and Anderson (1981), which demonstrated excellent validity (CVI = 1.00) and reliability (Cronbach's alpha = 0.903). Psychological well-being was assessed using the General Health Questionnaire (GHQ) developed by Goldberg (1978), with a CVI of 1.00 and Cronbach's alpha of 0.78. Results revealed that most respondents were aged 31–40 years, female, assigned primarily to the Emergency Room, and had more than six years of work experience. Nurses demonstrated a moderate level of job stress, particularly related to workload, while stress due to conflict with colleagues was relatively lower. Psychological well-being was generally high, with the highest scores observed in purpose in life and the lowest in autonomy. Demographic variables showed no significant association with job stress or psychological well-being. However, job stress was significantly related to psychological well-being, with workload and autonomy showing the strongest associations. Specific domains of job stress—such as shiftwork, patient care, and workplace conflict—were found to significantly influence autonomy, while patient care-related stress significantly predicted personal growth. Overall, findings suggest that increasing job stress significantly impacts nurses' psychological well-being, highlighting the need for targeted interventions addressing workload and autonomy.

Keywords: *Job stress, Psychological Wellbeing, Predictive- Correlational, South Cotabato*

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Introduction

Job stress and psychological well-being among nurses have become major global public health concerns, as health systems continue to struggle with heavy workloads, staffing shortages, and the persistent impacts of health emergencies. Globally, 11% to 30% of nurses experience burnout (Ge et al., 2023), and more than one-third of U.S. nurses experience burnout symptoms each year, often accompanied by depression, anxiety, and reduced quality of care (Watson, 2023). In the United Kingdom, 40–50% of nurses and midwives report burnout, frequently working while unwell due to chronic understaffing (Kinman et al., 2023). Comparable patterns appear in Australia, where high levels of depression, anxiety, stress, and workplace violence are linked to emotional demands and inadequate staffing ratios (Yu et al., 2024).

In the Philippines, emerging evidence indicates that job stress and poor psychological well-being among nurses are linked to broader workforce and health system challenges. Alibudbud (2023) notes that burnout worsens the country's already understaffed and migration-prone health system, contributing to resignations and risks to patient care. Similarly, Castro et al. (2024) found that nurses commonly experience increased workloads, reassignment outside their areas of expertise, and elevated stress and burnout symptoms. Feliciano et al. (2022) further reported moderate burnout and secondary traumatic stress, along with significant associations between stress, anxiety, depression, and occupational strain.

At Zamboanga City Medical Center, Fermo (2021) reported a 23.49% overall burnout prevalence, with nurses having the highest rate at 38.83% and only half of the staff expressing job satisfaction. In Davao City, Watanabe and Nieve (2024) found high burnout scores among nurses in private tertiary hospitals during the COVID-19 pandemic despite favorable patient safety climate ratings. Similarly, Sanido and Echalar (2024) noted that

healthcare workers in General Santos City experienced average occupational stress and moderate psychological well-being, with stress moderately and significantly correlated with well-being.

Despite growing national research, evidence from provincial government hospitals remains limited. Alibudbud (2023) highlights structural contributors to nurse burnout but focuses mainly on urban areas, leaving gaps in understanding job stress in provinces like South Cotabato. Additionally, while many Philippine studies examine general stress and burnout, fewer assess specific job stress dimensions or their links to the multidimensional nature of psychological well-being. For example, Castro et al. (2024) identified several work-related stressors but did not connect them to a larger well-being framework.

This study aims to examine the relationship between job stress and psychological well-being among nurses in a government hospital in South Cotabato and to assess the demographic factors and specific dimensions of job stress are associated with psychological well-being.

Methods

This study employed a quantitative predictive–correlational research design to examine the relationship between job stress and psychological well-being among nurses. The descriptive component identified and described the levels and sources of job stress and psychological well-being, while the correlational component assessed the degree and direction of their association. The predictive aspect sought to determine whether job stress significantly predicts psychological well-being. This design is appropriate because it allows the researcher to collect quantitative data without manipulating variables, providing an objective picture of existing conditions and predictive relationships (Creswell & Creswell, 2018). Through this approach, the study aims to generate evidence-based insights that can

guide institutional strategies to reduce stress and enhance nurses' well-being.

The study was conducted in a government hospital in Curva, Barangay Dajay, Surallah, South Cotabato. It is a DOH retained hospital that serves as an end-referral center for region 12 (Agad,2022). The selected institution is one of the primary healthcare facilities in the province, serving a wide range of patients from both urban and rural communities. As a government-operated facility, it functions under conditions of high patient influx, limited staffing, and resource constraints, factors that often heighten nurses' work-related stress. These contextual characteristics make the hospital an ideal setting for exploring the relationship between job stress and psychological well-being, as they reflect the real-world challenges public healthcare professionals in the region face.

The respondents of study were 150 registered nurses (RNs) currently employed at a government hospital in Curva, Barangay Dajay, Surallah, in the province of South Cotabato. This sample size was considered adequate to examine the relationship between job stress and psychological well-being among nurses. The sample size was determined using G*Power, which ensures the study has sufficient statistical power to detect meaningful relationships between variables (Cohen, 2013).

A convenience sampling technique was employed to select the respondents. This method involved recruiting participants who were readily accessible and willing to participate in the study. Convenience sampling was chosen for its practicality and efficiency in data collection within the hospital setting, given time constraints and limited institutional access. Although this sampling approach provided an appropriate means of obtaining responses from nurses who directly experienced the phenomena under investigation, the use of convenience sampling may limit the generalizability of the findings to the broader population of nurses in the region. Future studies should consider employing random sampling techniques to enhance representativeness. The actual distribution of participants is presented in the succeeding tables.

The questionnaire used in this study combines adapted standardized tools and a researcher-developed instrument to address the study's

Department	Sample Size
Intensive Care Unit (ICU)	5
Emergency Room (ER)	42
Medical Ward	36
Surgical Ward	11
Obstetrics Ward (OB)	13
Pediatric Ward	11
Operating Room (OR)	14
Outpatient Department (OPD)	5
Other Units	13
Total	150

objectives comprehensively.

A researcher-developed demographic questionnaire was utilized to gather essential background information about the respondents. The demographic variables included age, sex, job position, assignment area, and years of service. This section of the instrument provided contextual data necessary for analyzing potential differences in job stress and psychological well-being across demographic groups. By combining this researcher-designed tool with standardized, adapted instruments, the study ensured a comprehensive, methodologically sound assessment of the independent, dependent, and moderating variables. This integration strengthened the reliability and validity of the collected data, enabling more accurate interpretation of the relationships examined in the study.

The Nursing Stress Scale (NSS), originally developed by Gray-Toft and Anderson (1981), adapted and modified to reflect stressors relevant to nurses working in a government hospital setting in South Cotabato. The questionnaire consists of five domains of job-related stress: Workload, Shift Work, Patient Care, Exposure to Traumatic Situations, and Conflict. to ensure the appropriateness of the instrument for the local context, the modified NSS underwent content validation by a panel of experts.

The content validity using the average method S-CVI/Ave = 1.00 and the universal agreement method (S-CVI/UA = 1.00. The modified NSS was also subjected to reliability testing with result Cronbach's alpha = 0.903. Responses were rated using a five-point Likert scale ranging from 1 (Strongly Disagree), 2 (Disagree), 3 (Neutral), 4 (Agree), and 5 (Strongly Agree), with higher scores indicating higher levels of perceived job-related stress.

The General Health Questionnaire (GHQ-12), developed by Goldberg (1978), is a widely recognized tool for assessing an individual's psychological well-being was adapted and integrated with the Psychological Well-being (PWB) model of Ryff and Keyes (1995) to better align with the study objectives. The adapted questionnaire focused on six domains of psychological well-being: Autonomy, Environmental Mastery, Personal Growth, Positive Relations with Others, Purpose in Life, and Self-Acceptance. To establish the validity of the adapted GHQ-12, the instrument underwent content validation by a panel of experts. The content validity uses the average method S-CVI/Ave = 1.00 and the universal agreement method S-CVI/UA = 1.00. The adapted GHQ-12 was also subjected to

reliability testing with result Cronbach's alpha = 0.78. Responses were rated using a five-point Likert scale ranging from 1 (Strongly Disagree), 2 (Disagree), 3 (Neutral), 4 (Agree), and 5 (Strongly Agree). Higher scores indicated better psychological well-being.

Mean and Standard Deviation were used to determine the levels of job stress and psychological well-being among nurses working in a government hospital. Furthermore, Eta Correlation was used to determine whether the demographic profile is significantly associated with respondents' psychological well-being. Spearman's rho measures the relationship between job stress and psychological well-being was examine and the strength and direction of the relationship between the two variables, with values ranging from very weak (0.00–0.19) to very strong (0.80–1.00). Kernel Regression was used to determine whether job stress significantly influences respondents' psychological well-being

Results and Discussion

Table 1. Demographic Profile of the Respondents

Demographic Profile		Frequency	Percent
Age	21-30 yrs old	26	17.3
	31-40 yrs old	96	64
	41-50 yrs old	21	14
	51-60 yrs old	7	4.7
	Total	150	100.0
Sex	Male	51	34.0
	Female	99	66.0
	Total	150	100.0
Job Position	Nurse 1	100	66.7
	Nurse 2	13	8.7
	Nurse 3	4	2.7
	Staff Nurse 1	7	4.7
	JO Nurse	10	6.7

	Permanent/Regular	3	2.0
	Casual Nurse A	2	1.3
	Casual Nurse B	2	1.3
	Laboratory Aide 1	1	0.7
	Unit Head	1	0.7
	ER Nurse	1	0.7
	Hemodialysis Nurse	1	0.7
	Administrative Officer V	1	0.7
	Care Navigator	2	1.3
	Total	150	100.0
Area of Assignment	ICU	4	2.7
	ER	39	26.0
	Medical Ward	32	21.3
	Surgical Ward	3	2.0
	OB Ward	15	10.0
	Pediatric Ward	4	2.7
	OR	10	6.7
	OPD	8	5.3
	Other	35	23.3
	Total	150	100.0
Years of Experience	Less than 1 yr	7	4.7
	1-3 years	50	33.3
	4-6 years	20	13.3
	More than 6 years	73	48.7
	Total	150	100.0

Table 1 presents the demographic profile of the respondents. Most of the participants were aged 31–40 years old (64%), followed by 21–30 years old (17.3%). The majority were female (66%), while male respondents comprised 34%. In terms of job position, Nurse I constituted the largest group (66.7%), with smaller proportions across other nursing and allied roles. Most respondents were assigned in the Emergency Room (26%), Medical Ward (21.3%), and other areas (23.3%). Regarding work experience, nearly half had more than six years of experience (48.7%), followed by 1–3 years (33.3%), indicating a generally experience group of respondents

Table 2. Level of Job Stress of Nurses

Indicators	Mean	SD	Interpretation
Workload	3.80	0.81	High
Shift Work	3.20	0.90	Moderate
Patient Care	2.80	0.96	Moderate
Exposure to Traumatic Situation	3.00	0.91	Moderate
Conflict	2.80	1.01	Moderate
Overall Mean	3.10	0.92	Moderate

Note: 4.21-5.00---Very High ;3.41-4.20---High; 2.61-3.40---Moderate; 1.81-2.60---Low; 1.00-1.80---Very Low; SD- Standard Deviation.

Table 2 presents the level of job stress among nurses, with an overall mean of 3.10 (SD = 0.92), indicating a Moderate level of job stress. Among the indicators, workload recorded the highest mean score (M = 3.80, SD = 0.81), indicating High levels of stress due to the volume and intensity of tasks and responsibilities assigned to nurses. This implies that staffing shortages, high patient ratios, or demanding workloads may be major contributors to their overall stress, potentially affecting their performance, efficiency, and mental well-being.

In contrast, the indicators Patient Care (M = 2.80, SD = 0.96) and Conflict (M = 2.80, SD = 1.01) reflected the lowest mean scores, both interpreted as Moderate. This suggests that nurses generally manage patient care demands and interpersonal interactions more effectively than other job stressors. The moderate stress levels imply that while challenges remain, these areas are not the primary sources of strain. Nevertheless, continued support through communication enhancement, patient-handling strategies, and conflict-resolution mechanisms can help prevent stress in these domains from escalating.

Overall, the findings suggest that workload pressures primarily drive job stress among nurses. In contrast, stress arising from patient care and interpersonal conflict is less pronounced, highlighting the need for organizational measures focused on staffing adequacy and workload management to address the most significant stressor for nurses.

The results align with previous studies showing that moderate job stress is prevalent among nurses worldwide in hospital settings. For example, a cross-sectional study in Ghana reported that 77.8% of nurses experienced moderate stress, with mean scores on a 4-point scale closely approximating the 3.10 mean observed in the current study (Gmayinaam et al., 2024). Similar trends were noted in China and Indonesia, where nurses also frequently reported moderate levels of job stress (Zhong et al., 2025).

Further supporting evidence from Adriani et al. (2022) demonstrates that workload is a key determinant of nurses' work stress. Their study found that most nurses experienced heavy workloads (67.6%) and moderate work stress (61.8%), with statistical analysis revealing a significant relationship between the two variables ($p = 0.000$), indicating that increased workload is strongly associated with heightened stress. Likewise, Yuninda and Nababan (2025) reported that workload and work stress significantly affect nurses' well-being and performance in outpatient health services, underscoring the need for balanced workload distribution to prevent overload and maintain high-quality nursing care.

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Table 3. Level of Psychological Wellbeing of Nurses

	Mean	SD	Interpretation
Autonomy	3.30	0.55	Moderate
Environmental Mastery	3.40	0.45	Moderate
Personal Growth	4.00	0.54	High
Positive Relations with Others	3.50	0.36	High
Purpose in Life	4.10	0.60	High
Self-Acceptance	3.60	0.51	High
Overall Mean	3.70	0.50	High

Legend: 4.21-5.00---Very High ;3.41-4.20---High; 2.61-3.40---Moderate; 1.81-2.60---Low; 1.00-1.80--Very Low;

Table 3 presents the level of psychological well-being among nurses, with an overall mean of 3.70 (SD = 0.50), indicating a high level and suggesting that nurses generally maintain a positive psychological state despite workplace challenges. Among the indicators, Purpose in Life had the highest mean score (M = 4.10, SD = 0.60), indicating a high level of meaning, direction, and motivation in their professional and personal lives, suggesting that nurses possess a strong sense of purpose. This indicates that they view their roles as purposeful and fulfilling, which may serve as a protective factor against workplace stress and emotional exhaustion.

In contrast, autonomy recorded the lowest mean score (M = 3.30, SD = 0.55), which was interpreted as Moderate, indicating that nurses feel only moderately capable of making independent decisions or exercising control over their work environment. This may reflect organizational constraints, hierarchical structures, or limited decision-making authority, which could affect confidence, job satisfaction, and overall psychological resilience.

Overall, the findings suggest that while nurses generally maintain strong psychological well-being grounded in purpose, growth, and positive relationships, the moderate level of autonomy indicates a need for greater empowerment, participatory decision-making, and opportunities for greater professional independence. These findings are consistent with Yi and Lee's (2024) research, which found that purpose in life and personal growth remain the highest-rated dimensions of psychological well-being among nurses, reflecting their strong sense of fulfillment and professional motivation. Conversely, autonomy often receives lower ratings, suggesting that limited participation in decision-making and hierarchical workplace structures may constrain nurses' independence (Faridi et al., 2025).

However, intervention-based research supports the importance of addressing autonomy. A recent study involving nursing students showed that self-compassion training significantly improved psychological well-being, with marked increases in autonomy and self-kindness, as well as reductions in self-judgment and over-identification (Carmona-Gutiérrez et al., 2025). These findings suggest that autonomy is a modifiable dimension of well-being and can be strengthened through targeted psychological skills training. Incorporating such interventions into nursing education and professional development may help address the moderate autonomy observed in this study and enhance nurses' overall resilience and quality of care.

Table 4. Test of Association between Job Stress and the Demographic Profile

Measures of Association	Eta	Eta Squared	F	Sig.	Decision	Remarks
Workload * Age	0.076	0.006	0.284	0.837	Accept Ho ₁	Not significant
Shift Work * Age	0.071	0.005	0.248	0.863	Accept Ho ₁	Not significant
Patient Care * Age	0.098	0.010	0.474	0.701	Accept Ho ₁	Not significant
Exposure to Traumatic Situation * Age	0.174	0.030	1.52	0.212	Accept Ho ₁	Not significant
Conflict * Age	0.145	0.021	1.05	0.373	Accept Ho ₁	Not significant
Workload * Sex	0.141	0.020	3.021	0.084	Accept Ho ₁	Not significant
Shift Work * Sex	0.084	0.007	1.055	0.306	Accept Ho ₁	Not significant
Patient Care * Sex	0.003	0.000	0.002	0.966	Accept Ho ₁	Not significant
Exposure to Traumatic Situation * Sex	0.112	0.013	1.896	0.171	Accept Ho ₁	Not significant
Conflict * Sex	0.002	0.000	0.001	0.976	Accept Ho ₁	Not significant
Workload * Job Position	0.363	0.132	1.359	0.177	Accept Ho ₁	Not significant
Shift Work * Job Position	0.409	0.167	1.793	0.042	Accept Ho ₁	Not significant
Patient Care * Job Position	0.314	0.099	0.976	0.484	Accept Ho ₁	Not significant
Exposure to Traumatic Situation * Job Position	0.317	0.101	0.999	0.460	Accept Ho ₁	Not significant
Conflict * Job Position	0.365	0.133	1.376	0.168	Accept Ho ₁	Not significant
Workload * Area of Assignment	0.361	0.130	2.639	0.010	Reject Ho ₁	Significant
Shift Work * Area of Assignment	0.349	0.121	2.437	0.017	Reject Ho ₁	Significant
Patient Care * Area of Assignment	0.207	0.043	0.785	0.616	Accept Ho ₁	Not significant
Exposure to Traumatic Situation * Area of Assignment	0.157	0.025	0.446	0.892	Accept Ho ₁	Not significant
Conflict * Area of Assignment	0.221	0.049	0.902	0.516	Accept Ho ₁	Not significant
Workload * Years of Experience	0.412	0.170	9.953	0.000	Reject Ho ₁	Significant
Shift Work * Years of Experience	0.249	0.062	3.216	0.025	Reject Ho ₁	Significant
Patient Care * Years of Experience	0.305	0.093	4.985	0.003	Reject Ho ₁	Significant

Exposure to Traumatic Situation *	0.198	0.039	1.978	0.120	Accept H_{01}	Not significant
Years of Experience						
Conflict * Years of Experience	0.236	0.056	2.878	0.038	Accept H_{01}	Not significant

Legend: ETA = measure of association; ETA^2 = effect size; F = F-value; Sig. = p-value; H_{01} = null hypothesis. Decision based on $\alpha = 0.05$; Sig. ≤ 0.05 indicates rejection of H_{01} , while Sig. > 0.05 indicates acceptance

In Table 4, the Eta correlation analysis revealed that age and sex were not significantly associated with any of the job stress dimensions, as all p-values were above 0.05 and Eta values were minimal, indicating negligible effects. In contrast, job position demonstrated a significant and moderate association only with shift work stress ($\eta = 0.409$, $p = .042$), suggesting that perceptions of shift-related stress vary across job roles.

A stronger pattern emerged for area of assignment, showing significant moderate associations with workload stress ($\eta = 0.361$, $p = .010$) and shift work stress ($\eta = 0.349$, $p = .017$), indicating that stress levels differ across clinical assignments.

The most substantial effects were found for years of experience, which showed significant moderate associations with workload stress ($\eta = 0.412$, $p < .001$), shift work stress ($\eta = 0.249$, $p = .025$), patient care stress ($\eta = 0.305$, $p = .003$), and conflict stress ($\eta = 0.236$, $p = .038$). This indicates that stress perceptions vary significantly with professional experience.

Overall, years of experience and the assignment area emerged as the most influential demographic factors associated with job stress among respondents.

The findings of the present study align with recent evidence on demographic and work-related determinants of stress among nurses. Consistent with the nonsignificant associations found for age and sex in Table 6, Omotosho et al. (2025) similarly reported that although most nurses were young adults and predominantly female, these demographic characteristics did not independently predict work-related stress. Instead, their study identified psychological distress and assignment to high-intensity clinical areas, such as Accident & Emergency/ICU, as significant predictors of stress, supporting the present study's finding that the assigned area is a key factor influencing workload and shift-related stress. Moreover, Narbona-Gálvez et al. (2024) found that novice nurses working in high-demand units reported significantly greater workload and interpersonal stress.

The significant relationship between job position and shift-work stress in this study is consistent with the findings of Al-Yaqoubi et al. (2023), who observed that staff nurses, particularly those performing night shifts, experienced higher levels of work-related stress, especially in relation to workload and emotionally demanding clinical environments. Similarly, Kida and Takemura (2024) demonstrated that specific shift assignments and perceptions of organizational fairness significantly contributed to job stress among nurses. The study by Kwak et al. (2024) further confirmed that nurses in more intense clinical settings or with more challenging shift patterns experienced higher stress levels.

Moreover, the strongest associations in the present study were observed for years of experience, which aligns with evidence showing that stress responses and coping abilities vary with professional tenure. Ali et al. (2022) demonstrated that older frontline nurses evaluated coping strategies and social support differently compared to younger nurses, highlighting that experience shapes both stress perception and stress management. Similarly, Hussein et al. (2024) suggested that accumulated work stress over time may exacerbate psychological burden and affect performance.

Table 5. Association of the Demographic Profile with the Level of Psychological Wellness of Nurses

Measures of Association	ETA	ETA Squared	F	Sig.	Decision	Remarks
Autonomy * Age	0.082	0.007	0.36	0.807	Accept Ho ₂	Not Significant
Autonomy * Sex	0.057	0.003	0.485	0.487	Accept Ho ₂	Not Significant
Autonomy * Job Position	0.301	0.091	0.89	0.577	Accept Ho ₂	Not Significant
Autonomy * Area of Assignment	0.218	0.048	0.882	0.533	Accept Ho ₂	Not Significant
Autonomy * Years of Experience	0.175	0.031	1.542	0.206	Accept Ho ₂	Not Significant
Environmental Mastery * Age	0.059	0.004	0.171	0.916	Accept Ho ₂	Not Significant
Environmental Mastery * Sex	0.066	0.004	0.649	0.422	Accept Ho ₂	Not Significant
Environmental Mastery * Job Position	0.351	0.123	1.258	0.238	Accept Ho ₂	Not Significant
Environmental Mastery * Area of Assignment	0.177	0.031	0.572	0.799	Accept Ho ₂	Not Significant
Environmental Mastery * Years of Experience	0.084	0.007	0.349	0.79	Accept Ho ₂	Not Significant
Personal Growth * Age	0.123	0.015	0.744	0.528	Accept Ho ₂	Not Significant
Personal Growth * Sex	0.149	0.022	3.376	0.068	Accept Ho ₂	Not Significant
Personal Growth * Job Position	0.269	0.072	0.697	0.784	Accept Ho ₂	Not Significant
Personal Growth * Area of Assignment	0.176	0.031	0.562	0.807	Accept Ho ₂	Not Significant
Personal Growth * Years of Experience	0.159	0.025	1.262	0.29	Accept Ho ₂	Not Significant
Positive Relationship with Others * Age	0.087	0.007	0.367	0.777	Accept Ho ₂	Not Significant
Positive Relationship with Others * Sex	0.092	0.008	1.259	0.264	Accept Ho ₂	Not Significant
Positive Relationship with Others * Job Position	0.212	0.045	0.422	0.97	Accept Ho ₂	Not Significant
Positive Relationship with Others * Area of Assignment	0.131	0.017	0.307	0.962	Accept Ho ₂	Not Significant
Positive Relationship with Others * Years of Experience	0.137	0.019	0.927	0.429	Accept Ho ₂	Not Significant
Purpose in Life * Age	0.102	0.010	0.516	0.672	Accept Ho ₂	Not Significant
Purpose in Life * Sex	0.063	0.004	0.595	0.442	Accept Ho ₂	Not Significant
Purpose in Life * Job Position	0.276	0.076	0.738	0.742	Accept Ho ₂	Not Significant
Purpose in Life * Area of Assignment	0.260	0.068	1.281	0.258	Accept Ho ₂	Not Significant
Purpose in Life * Years of Experience	0.140	0.020	0.975	0.406	Accept Ho ₂	Not Significant

Self-Acceptance * Age	0.074	0.006	0.271	0.846	Accept Ho ₂	Not Significant
Self-Acceptance * Sex	0.126	0.016	2.397	0.124	Accept Ho ₂	Not Significant
Self-Acceptance * Job Position	0.261	0.068	0.652	0.826	Accept Ho ₂	Not Significant
Self-Acceptance * Area of Assignment	0.172	0.029	0.535	0.829	Accept Ho ₂	Not Significant

Legend: ANOVA = Analysis of Variance; ETA = measure of association; ETA² = effect size; F = F-value; Sig. = p-value; Ho₂ = null hypothesis. Decision based on $\alpha = 0.05$; Sig. > 0.05 indicates acceptance of Ho₂.

Table 5 presents the association between nurses' demographic profiles and their levels of psychological wellness using Eta correlation. Results revealed that all computed Eta values ranged from 0.057 to 0.351, indicating very weak to weak relationships between the demographic variables and the six dimensions of psychological wellness: autonomy, environmental mastery, personal growth, positive relationships with others, purpose in life, and self-acceptance.

Furthermore, the corresponding p-values (Sig.) for all associations were greater than 0.05, indicating acceptance of the null hypothesis. This implies that age, sex, job position, assignment area, and years of experience do not significantly affect nurses' psychological well-being.

The findings suggest that nurses' psychological well-being is not dependent on demographic factors but may instead be shaped by individual coping mechanisms, organizational support, workload conditions, and interpersonal relationships within the workplace. Interventions aimed at enhancing nurses' well-being should therefore focus on creating supportive work environments, implementing stress management programs, and promoting mental health initiatives, rather than on demographic characteristics.

This is consistent with Zhang et al. (2025), who emphasized that nurses' psychological well-being is primarily shaped by work-related stressors and organizational conditions rather than demographic characteristics, underscoring the importance of workplace support systems in promoting mental health. Similar findings were reported by Tang et al. (2023), who found that organizational support and psychological capital significantly reduced burnout among psychiatric nurses, indicating that internal coping resources and supportive environments play a more decisive role in maintaining psychological wellness. In the same vein, Xie et al. (2025) demonstrated that both psychological capital and perceived organizational support were strongly associated with lower compassion fatigue among emergency nurses, with psychological capital mediating this relationship.

Cohen et al. (2023) showed that workplace-based well-being programs, including resilience training and stress-management initiatives, lead to significant improvements in well-being and reductions in burnout. Likewise, Delgado et al. (2021) found that workplace resilience was strongly associated with greater psychological well-being among mental health nurses. Together, these studies reinforce the need for interventions aimed at enhancing nurses' well-being to focus on strengthening organizational support, improving workplace conditions, and developing coping and resilience programs, rather than targeting demographic characteristics.

Table 6. Relationship between the Level of Stress and Psychological Well-being of Nurses

Stress Indicator	Psychological Well-being			
	r- value	p-value	Decision	Remarks
Indicator 1 – Workload	0.198	0.015	Reject Ho ₃	Significant

Indicator 2 – Shift Work	0.169	0.039	Reject Ho ₃	Significant
Indicator 3 – Patient Care	0.343	0.000	Reject Ho ₃	Significant
Indicator 4 – Exposure to Traumatic Situations	0.300	0.000	Reject Ho ₃	Significant
Indicator 5 – Conflict	0.311	0.000	Reject Ho ₃	Significant

***.* Correlation is significant at the 0.01 level (2-tailed).

*.** Correlation is significant at the 0.05 level (2-tailed)

Table 6 presents the relationship between job stress indicators and psychological well-being dimensions of nurses working in a government hospital. The results reveal that workload has a significant positive relationship with autonomy ($r = .198$, $p = .015$), environmental mastery ($r = .237$, $p = .003$), and personal growth ($r = .169$, $p = .039$). This suggests that moderate workload levels enhance nurses' sense of control, adaptability, and professional development.

Shift work also showed significant correlations with autonomy ($r = .169$, $p = .039$) and environmental mastery ($r = .216$, $p = .008$), suggesting that nurses on rotating schedules develop greater adaptability and decision-making skills. Patient care demonstrated significant positive correlations with autonomy ($r = .343$, $p = .000$) and environmental mastery ($r = .200$, $p = .014$), implying that patient interactions strengthen nurses' confidence and ability to manage their environment effectively.

Overall, these findings suggest that certain forms of job stress, when experienced at manageable levels, may support the development of key psychological capacities, particularly autonomy and environmental mastery. Rather than uniformly harming well-being, job demands that require problem-solving, emotional regulation, and rapid decision-making can function as developmental catalysts, reinforcing nurses' confidence and coping resources. This pattern is consistent with Maisonneuve et al. (2025), who found that job autonomy combined with a manageable workload enhances resilience and psychological self-care, suggesting that reasonable job demands can strengthen rather than deplete personal resources. Similarly, Gast et al. (2022) reported that structured professional activities promote environmental mastery and personal growth, while Pursio et al. (2021) emphasized that autonomy and competence flourish in supportive work environments, reinforcing the positive associations between workload and several psychological well-being dimensions in this study.

Martela et al. (2021) further noted that greater autonomy improves decision-making and adaptability, aligning with the finding that nurses on rotating schedules develop greater autonomy and mastery. Likewise, Parker and Knight (2023) observed that job designs that allow decision-making freedom enhance performance and satisfaction, consistent with the correlations among shift work, workload, and autonomy.

Evidence also shows that challenging clinical experiences can build resilience and self-reliance. Michel et al. (2022) found that stressful environments strengthen environmental mastery and coping, while Whittenbury et al. (2025), Edmondson et al. (2025), and Slone et al. (2025) highlighted that trauma exposure can foster emotional regulation, self-mastery, and adaptive coping. Recent nursing research echoes this adaptive viewpoint: Tang et al. (2024), Bai et al. (2025), and Al-Mashaykhi and Turngan (2024) all reported that nurses facing moderate stress and engaging in effective coping develop greater autonomy, mastery, and personal growth.

Table 7. Influence of Job Stress on Psychological Well-being of Nurses

Indicators	R Square	p-value	Decision	Remarks
Autonomy	0.7557			
Workload		0.217	Accept Ho ₄	Not Significant
Shiftwork		0.000	Reject Ho ₄	Significant
Patient Care		0.000	Reject Ho ₄	Significant
Exposure to Traumatic Situation		0.617	Accept Ho ₄	Not Significant
Conflict		0.001	Reject Ho ₄	Significant
Environmental Mastery	0.7667			
Workload		0.289	Accept Ho ₄	Not Significant
Shiftwork		0.638	Accept Ho ₄	Not Significant
Patient Care		0.811	Accept Ho ₄	Not Significant
Exposure to Traumatic Situation		0.735	Accept Ho ₄	Not Significant
Conflict		0.221	Accept Ho ₄	Not Significant
Personal Growth	0.6586			
Workload		0.001	Reject Ho ₄	Significant
Shiftwork		0.994	Accept Ho ₄	Not Significant
Patient Care		0.046	Reject Ho ₄	Significant
Exposure to Traumatic Situation		0.686	Accept Ho ₄	Not Significant
Conflict		0.269	Accept Ho ₄	Not Significant
Positive Relationship	0.6105			
Workload		0.238	Accept Ho ₄	Not Significant
Shiftwork		0.459	Accept Ho ₄	Not Significant
Patient Care		0.725	Accept Ho ₄	Not Significant
Exposure to Traumatic Situation		0.825	Accept Ho ₄	Not Significant
Conflict		0.373	Accept Ho ₄	Not Significant
Purpose in Life	0.7432			
Workload		0.946	Accept Ho ₄	Not Significant
Shiftwork		0.755	Accept Ho ₄	Not Significant
Patient Care		0.573	Accept Ho ₄	Not Significant
Exposure to Traumatic Situation		0.938	Accept Ho ₄	Not Significant
Conflict		0.397	Accept Ho ₄	Not Significant

Note: R² = coefficient of determination; p-value = level of significance; Ho₄= null hypothesis. Decision based on $\alpha = 0.05$; p-value ≤ 0.05 indicates rejection of Ho₄, while p-value > 0.05 indicates acceptance

In Table 7, Kernel regression analysis revealed that job stress factors explained a substantial proportion of the variance in nurses' psychological well-being, with R^2 values ranging from 0.6105 to 0.7667. For autonomy, shift work, patient care demands, and conflict, significant effects on nurses' sense of independence were found, indicating that irregular schedules, caregiving pressures, and interpersonal tensions undermine their ability to exercise control over their work.

In contrast, workload and exposure to traumatic situations did not significantly influence autonomy. For environmental mastery, none of the job stressors showed a significant effect, suggesting that nurses can maintain their capacity to manage responsibilities and adapt to their environment despite workplace pressures. In terms of personal growth, workload, and patient care, stress emerged as a significant predictor, suggesting that heavy task demands and caregiving challenges may hinder nurses' sense of development and progress, whereas other stressors had no meaningful impact.

Overall, the findings highlight that while specific stressors, particularly shift work, patient care, and conflict, negatively affect certain aspects of psychological well-being, other domains, such as environmental mastery, positive relationships, and purpose in life, remain largely unaffected.

This aligns with findings by Alruwaili and Abuadas (2023), who reported that nurses experience reduced autonomy when organizational structures and clinical demands intensify, and by Sani et al. (2024), who found that shift patterns and workplace conflict diminish decision-making capacity. Similarly, Haris et al. (2021) noted that conflict exerts a substantial negative impact on autonomy-related outcomes, supporting the present results. In contrast, neither workload nor exposure to traumatic situations significantly influenced autonomy. For environmental mastery, none of the job stressors showed a significant influence, suggesting that nurses maintain their capacity to manage responsibilities and adapt to workplace demands despite stress exposure. This is consistent with the work of Chen et al. (2022), who found that resilience and coping strategies enable nurses to preserve functional adaptability even under stressful conditions. Related studies by Sani et al. (2024) and Haris et al. (2021) also showed that workload, conflict, and shift-work do not directly predict adaptability-related constructs, reinforcing the current findings.

In terms of personal growth, workload and patient-care stress emerged as significant predictors, implying that heavy task demands and caregiving challenges may hinder nurses' sense of development and progress. This is reflected in the findings of Xie et al. (2024), who reported that workload influences personal development depending on available support, and Misni et al. (2025), who found that patient-care stress is closely associated with reduced professional growth. The Job Demands–Resources model further supports this interpretation, where job demands stimulate growth only when resources are sufficient (Al-Hakim et al., 2022).

Moreover, positive relationships were not significantly influenced by any job stress factor. This corresponds with Elliason (2022), who found only weak associations between job stress and social relationships among nurses, and Jin et al. (2025), who reported that interpersonal relationships are more strongly shaped by emotional resilience and supportive environments than by stress. Fu et al. (2025) further emphasized that organizational and peer support are the primary predictors of positive workplace relationships, regardless of stress levels.

Similarly, the dimension of purpose in life was unaffected by all job stressors examined, showing that nurses' sense of meaning and direction remains resilient even in the presence of workplace stress. This mirrors the conclusions of Bamforth et al. (2023), who found that meaning and purpose are sustained through intrinsic motivation and personal values rather than external work pressures. Supporting evidence from Rafiei et al. (2024) and Pank et al. (2025) suggests that internal psychological resources such as self-efficacy, emotional regulation, and self-compassion are stronger determinants of purpose in life than job stress.

Conclusions and Recommendations

Based on the findings of the study on the influence of job stress on the psychological well-being of nurses working in a government hospital in South Cotabato, the following conclusions are drawn. Most nurses were aged 31–40 years, female, assigned mainly to high-demand clinical areas such as the Emergency Room, and had more than six years of service. This indicates a stable and experienced workforce that is regularly exposed to demanding work environment. Nurses experienced a moderate level of job stress, with workload emerging as the primary stressor. This suggests that excessive duties and work demands remain central concerns affecting nurses' mental health. Despite the presence of job stress, nurses generally demonstrated high levels of psychological well-being, particularly in the dimensions of purpose in life and personal growth. Autonomy and environmental mastery were only moderate, indicating limitations in control over the work environment and decision-making processes. The study further revealed that job stress selectively affects certain dimensions of psychological well-being rather than all domains. Stressors such as workload, shift work, patient care demands, and workplace conflict were found to significantly influence autonomy and environmental mastery. These findings highlight that while nurses demonstrate resilience, work-related stress continues to weaken aspects of well-being related to control, adaptability, and professional empowerment.

The study contributes local empirical evidence on job-related stress and psychological well-being among nurses in South Cotabato, highlighting the need for targeted organizational strategies. Addressing workload management, optimizing staffing patterns, and fostering supportive leadership structures may enhance autonomy and environmental mastery, thereby strengthening overall psychological well-being. Institutional efforts aimed at participatory decision-making and structured stress-management programs may further promote resilience and professional growth.

Given the selective impact of stressors on well-being, future research should explore potential mediating and moderating variables such as coping strategies, resilience, emotional intelligence, and social support. Qualitative or mixed-method approaches may provide deeper insights into nurses lived experiences and clarify contextual factors influencing stress and well-being. Furthermore, Future studies should consider employing random sample techniques to enhance representativeness.

Overall, the findings emphasize the importance of positive organizational interventions in safeguarding the psychological well-being of nurses. Strengthening workplace support systems not only benefits individual mental health outcomes but also contributes to workforce sustainability and improved quality of healthcare delivery in South Cotabato.

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