The Relationship of Workplace Stress on the Caring Behavior of Staff Nurses

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Abstract—The study aimed to assess the extent of workplace stress experienced by staff nurses in a government hospital in Manila City and continuously improve their caring behavior based on various carative factors. The research used a descriptive research design and an expert-validated questionnaire. The study included 60 permanent staff nurses and 60 admitted patient participants from six areas of the chosen research locale. The results showed that the overall extent of workplace stress factors among staff nurses was primarily demand-related. The highest-level rating of caring behavior of staff nurses was the hope factor, while the helping relationships factor was the least. Patient participants rated the highest expression of emotions, hope, and sensibility, while the least was the needs factor. No significant difference was found in the assessment of staff nurses in terms of workplace stress when they were according to their profiles. Moreover, among all carative factors, there was no significant difference in the assessments of the two groups of participants. The study concluded that the caring behavior of staff nurses is high despite the increase in workplace stress factors, and no significant relationship was identified between the two variables. To reduce workplace stress and continuously enhance the staff nurses' caring behavior, a program development was proposed.

Keywords—caring behavior, program development, staff nurses, stress, workplace stress.

I. INTRODUCTION

Though "stress" is more commonly thought of as harmful, responses to stress encompass the less discussed "eustress," where positive responses such as innovation and improved productivity result in "distress," which is associated to varying degrees with the more well-known negative outcomes of stress (Kaburi et.al., 2019).

Workplace stress has become an increasing worldwide problem, affecting all forms of work, including health professionals. This is a result of how quickly technology is developing and how it raises demands and pressures in the workplace. Stress is currently the second most common health issue, primarily associated with work, and it has a major impact on people's physical and mental well-being (World Health Organization, 2011).

Work stress is described as detrimental physical and emotional reactions that arise when job requirements do not align with an employee's needs, resources, or capabilities by the National Institute of Occupational Safety and Health (2014). It is acknowledged that working in nursing can be stressful and demanding (Higgins, 2003; Zaghloul, 2008). There has never been a professional who has not shown signs of stress. According to Mojdeh et al. (2008), out of 40 stressful professions, nursing is thought to be the most stressful.

According to the American Institute of Stress, stress is determined to be a major cause of 80% of all occupational injuries and 40% of the financial burden in the workplace. Nursing is known as a stressful job since it is associated with complex demands and needs, high expectations, and excessive responsibility. According to data from the International Council of Nurses, nearly 90% of medical issues among employees are caused by workplace stress, and the annual cost of work-related stress in the US is estimated to be between $200 and $300 million. Stress at work can have an impact on a nurse's quality of life and, in turn, care quality (Babapour et al., 2022).

Nurses are one of the most significant groups in the global healthcare workforce. Many nurses work on the front lines every day, providing care and support to patients while also providing a lifeline of information, encouragement, and education to patients' families. According to a study conducted by Dayrit and Jabonete (2018) in a tertiary hospital and a non-government hospital in Metro Manila, the workload is the most common work-related stressor that occurs on occasion. Nurses' awareness of the different stressors will help them take the first step to manage or handle such stressors and later design an evidence-based stress management program to develop a healthy and competent nurse.

Within a hospital setting, nurses often face multiple sources of workplace stress, including dealing with death and dying, conflicts with physicians, inadequate preparations, interpersonal conflicts with other healthcare professionals, a lack of support from coworkers and supervisors, workload demands, uncertainty concerning treatment, patients, and families, and discrimination.

The very nature of the work of nurses can often be stressful. Nurses frequently have little autonomy and control over their jobs, and they are rotated among several patient care settings and units. They encounter disagreements among members of the health care team, and patients' demanding and/or uncooperative family members are frequently encountered. Workplace stressors such as these affect nurses' experiences and perceptions of being overworked and stressed.

This study aimed to determine the relationship of workplace stress on the caring behavior of staff nurses working in a selected government hospital in Manila City, Philippines. The findings of the study served as the basis for a

proposed program development that may be utilized to address the workplace stress encountered by the staff nurses and continuously improve the delivery of quality healthcare.

Moreover, the study intended to support United Nations Sustainable Development Goal No. 3, Good health and wellbeing, in particular "Promoting Mental Health," which aims to guarantee healthy lives and the wellbeing of everyone, including professional nurses who deliver high-quality treatment. Furthermore, the study also aimed to improve the caring behavior of staff nurses in relation to the following caring factors: environment, expression of emotion, health teaching, helping relationships, hope, humanism, needs, and sensibility.

A. Theoretical Framework

The study was anchored on the following theories, which served as a foundation for the conduct of the investigation:

The Theory of Hans Selye's General Adaptation Syndrome in 1936, which explains the response to stress, supported the researcher's study on the relationship of workplace stress on the caring behavior of staff nurses working in a tertiary hospital (Jackson, 2014; Tan & Yip, 2018). Even if the body wants to reduce or control stress, it still has its limits in adapting to stressful environments, and it is even more compromised because of continuous exposure to stressors. Various factors relate to workplace stress. Among the factors identified in the study are demand-related, support-related, relationship-related, and role-related factors.

On the other side, the Theory of Caring by Jean Watson in 2006 focuses on the essence of human caring, the transpersonal caring-to-caring relationship, and the promotion of healing for both the one who is caring, and the one being cared for.

In this study, the carative factors were explored, which were environment, expression of emotions, health teaching, helping relationships, hope, humanism, needs, and sensibility. Through this, the quality of caring and nurse-patient interaction was assessed, which led the researchers to focus more deeply on the caring behavior of staff nurses working in a tertiary hospital and develop a program to continuously strengthen the caring behavior of staff nurses despite being continuously exposed to stressors and challenges in the workplace setting.

Another theory is the Theory of Cognitive Appraisal by Lazarus and Folkman in 1984, wherein stress is perceived as the imbalance between the demands placed on the individual and the individual's resources to cope. According to this idea, how people perceive stress varies greatly based on how they interpret events and the results of a certain series of thought processes known as appraisals. Based on this theory, individuals experience stress when the demands of a situation exceed their capacity to deal with them.

The last theory that supported the researcher's study was the Inverted U theory, also known as Yerkes-Dodson law in 1908, which illustrates the relationship between pressure and performance. This describes how to determine the ideal positive pressure level at which individuals' functions are at

their peak. Inadequate or excessive pressure might result in reduced performance.

Several factors influence how people react under pressure in different circumstances. There are "four influencers" that can affect how much pressure people feel, which include skills, level, personality, trait anxiety, and task complexity.

B. Conceptual Framework

The conceptual framework of the study was anchored to Figure 1, which is the research simulacrum of the study that presents the four sets of variables to describe the extent of workplace stress experienced by the staff nurses as well as their caring behavior towards patients.
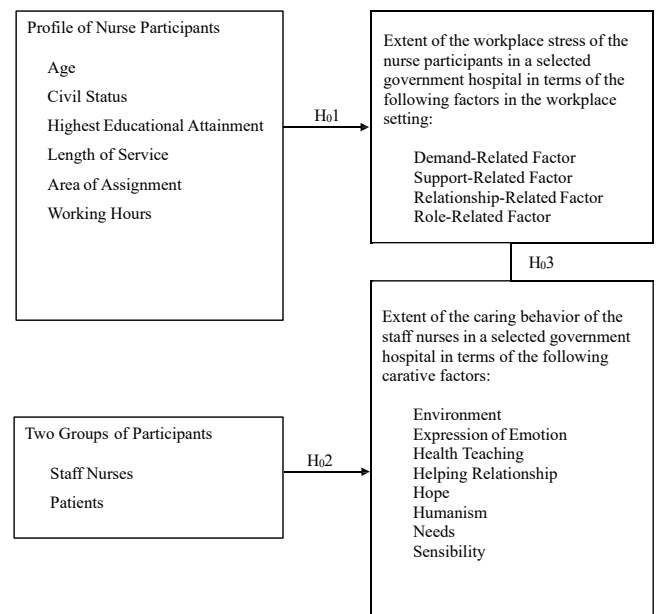
Fig.1. Research Simulacrum

The first set of variables contained the profile of nurse participants in a selected government hospital, namely: age, civil status, highest educational attainment, length of service, area of assignment, and working hours.

The second set of variables contained the extent of the workplace stress of the nurse participants in a selected government hospital as assessed by themselves in terms of the following factors in the workplace setting: demand-related factor, support-related factor, relationship-related factor, and role-related factor. The difference in assessment of this was determined according to the nurse participants' profiles.

The third set of variables included the assessments of the two groups of participants in terms of staff nurses' caring behavior when grouped according to the caring factors.

The fourth set of variables included the extent of the caring behavior of the staff nurses in a selected government hospital in terms of the following caring factors: environment; expression of emotion; health teaching; helping relationships; hope; humanism; needs; and sensibility. The difference in the assessment of this was determined among the groups of participants, while the relationship between the extent of

workplace stress and the caring behavior of staff nurses was determined by themselves and by the patient participants.

C. Statement of the Problem

The study intended to determine the extent of workplace stress experienced by the staff nurses in a selected government hospital in Manila City.

Moreover, the findings of the study served as the basis for a proposed program development to address the workplace stress experienced by the staff nurses and consider their contemporary needs to enable them to provide high-quality healthcare.

Specifically, the study answered the following questions:

1. What is the profile of staff nurse participants in a selected government hospital in Manila City in terms of the following:
   1.1. age;
   1.2. civil status;
   1.3. highest educational attainment;
   1.4. length of service;
   1.5. area of assignment; and
   1.6. working hours?
2. What is the extent of the workplace stress of the staff nurse participants in a selected government hospital in Manila City as assessed by themselves in terms of the following factors in the workplace setting:
   2.1. demand-related factors;
   2.2. support-related factors;
   2.3. relationship-related factors; and
   2.4. role-related factors?
3. What is the extent of the caring behavior of the staff nurses in a selected government hospital in Manila City as assessed by the two groups of participants in terms of the following carative factors:
   3.1. environment;
   3.2. expression of emotion;
   3.3. health teaching;
   3.4. helping relationship;
   3.5. hope;
   3.6. humanism;
   3.7. needs; and
   3.8. sensibility?
4. Is there a significant difference in the assessments of the staff nurse participants in terms of the extent of their workplace stress when grouped according to their profiles?
5. Is there a significant difference in the assessments of the two groups of participants in terms of staff nurses' caring behavior when grouped according to the carative factors?
6. Is there a significant relationship in the assessments of staff nurse participants between the extent of workplace stress and caring behavior in a selected government hospital?
7. How may the findings of the study be utilized in developing a proposed program to address workplace stress and continuously improve the caring behavior of the staff nurses in the delivery of quality healthcare?

II. METHODOLOGY

A. Research Design

The study employed a descriptive research design utilizing a quantitative approach to describe and investigate the workplace stress experienced by the staff nurses in a selected government hospital in Manila City, Philippines, in terms of demand-related factors, support-related factors, relationship-related factors, and role-related factors. Moreover, the caring behavior of the staff nurses was also measured in terms of carative factors.

According to McCombes (2023), descriptive research design is the most appropriate option when the objective of the study is to determine the characteristics of a certain sample group for investigation. Furthermore, to identify knowledge gaps and develop a proposed program to address workplace stress experienced by staff nurses, the study utilized a survey to gather the necessary data for interpretation, analysis, and presentation of the findings. Survey research allows a researcher to collect suitable data that can be analyzed for averages and patterns, as well as define the distinctive characteristics of a certain sample or group (McCombes, 2023).

B. Participants and Sampling Procedure

In this study, the researchers utilized simple random sampling, which was a fully random method of selecting a subject. The researcher ensured that all the subjects in the population were on the list and then randomly selected the desired number of subjects.

The study included staff nurses from the emergency service complex, medical, surgical, urology, orthopedic, and neurology wards. A total of 60 permanent staff nurse participants and 60 admitted patient participants from the six areas were involved in the study. The availability of the participants was determined by having a communication letter sent to the selected areas or wards addressed to the chief of the division, unit nurse managers of the respective areas or wards, and head nurses' permission to conduct the study and to obtain consent from the selected participants.

C. Instrument of the Study

The instrument that was used in the study was an expert-validated, self-made questionnaire based on the expanded nursing stress scale, caring behavior measurement, areas of management standards, Watson's theory of carative factors, and related literature.

The instrument that was utilized in the study was composed of three (3) parts for the nurse participants' questionnaire and one (1) part for patient participants.

Staff Nurse Participants' Questionnaire

Part 1. Profile of the Staff Nurse Participants. This reflected the profile of the staff nurse participants as to age, civil status, length of service, highest educational attainment, area of assignment, and working hours.

Part 2. Factors in the Workplace Setting. This consisted of four factors in the workplace setting, namely: demand-related, support-related, relationship-related, and role-related factors, which consisted of 28 items.

Part 3. The Caring Behavior of the Staff Nurses in the Workplace Setting. This contained the carative factors about the caring behavior measurement of staff nurses, such as environment, expression of emotion, health teaching, helping relationships, hope, humanism, needs, and sensibility, which consisted of 26 items.

Patient Participants' Questionnaire

Part 1. The Caring Behavior of the Staff Nurses in the Workplace Setting. This contained the carative factors concerning the caring behavior measurement of staff nurses, which also consisted of 26 items.

A four-point Likert scale was used, with 4 as "always stressful," 3 as "frequently stressful," 2 as "occasionally stressful," and 1 as "never stressful" to measure the extent of workplace stress experienced by the staff nurses. For the caring behavior of staff nurses, 4 as "always," 3 as "often," 2 as "seldom," and 1 as "never." Moreover, the instrument of the study was subjected to face and content validity by the experts.

D. Data Gathering Procedure

Before the actual conduct of the study. The instrument was subjected to a pilot study that involved 15 staff nurse participants and 15 patient participants from the six areas of the hospital. The participants from the pilot study were not included in the actual data collection of the study. The findings of the pilot study were subjected to reliability testing using Cronbach's alpha, obtaining outputs of 0.76 for Part 1 and 0.72 for Part 2, respectively, for the staff nurses' instrument and 0.75 for the patients' instrument, indicating high consistency, which means reliable.

Through a letter addressed to the Chief of the Division, Unit Nurse Managers, and Head Nurses for the conduct of the study within their respective areas, the researchers requested permission to carry out the study. Upon approval from the management, qualified staff nurses were directed to follow the criteria outlined in this study.

The survey was distributed through e-forms and was individually shared with the staff nurse and patient respondents. Once answered, it was set to a single response; a question not answered or left blank would cause the form not to be submitted, but once completed and submitted, the form was automatically retrieved by the researchers.

E. Ethical Considerations

The following ethical considerations were upheld throughout the process of conducting the study:

The study utilized the data gathered solely for the study and relevant studies. Only necessary information, such as the profiles of the participants and responses, was collected, and no other revealing personal information was documented throughout the study.

A non-disclosure agreement was obtained. The protocol was submitted to the Institutional Review Board for approval. The involved patients were anonymized by using a code.

The informed consent of the participants was given with clear instructions. Participants were informed about the purpose, nature, and process of the data collection.

The risks to participants might include discomfort and hesitancy about participating in the study since the participants included staff nurses and patients. They were informed that they had the right to decide whether to participate or not. If, while answering the questionnaire, the respondents are not comfortable, they have the right to withdraw at any time. Some pictures were taken during the study; hence, they were assured that confidentiality of the data was employed.

The survey questionnaire was stored for data protection via drive; collecting data from the respondents was solely the responsibility of the researchers. Data collection was initiated, upholding ethical principles throughout the process, after approval by the IRB, and lasted for the whole duration of the study.

III. RESULTS AND DISCUSSION

The section deals with the presentation of findings, analysis, and interpretation of the data gathered by the researchers.

A. Profile of Staff Nurse Respondents

The overall distribution profile of the staff nurse participants was determined with the following general findings:

In terms of age, seven (11.7%) of the staff nurse participants are aged 20 to 29, forty-seven (78.3%) of them are aged 30 to 39, five (8.3%) of them are aged 40 to 49, and only one (1.7%) of them is from the 50–59 age group.

In terms of civil status, thirty-one (51.7%) of the staff nurse participants are single, while 29 (48.3%) of them are married.

In terms of educational attainment, fifty-two (86.7%) of the staff nurse participants are bachelor's degree holders, six (10.0%) of them have master's degree units, and only two (3.3%) of them are master's degree holders.

In terms of length of service, forty-nine (81.7%) of the staff nurse participants have been serving for one to five years, ten (16.7%) are in service for six to 10 years, and only one (1.7%) of them has been serving for 11 to 15 years already.

In terms of area of assignment, eighteen (30.0%) of the staff nurse participants are assigned to the ESC, sixteen (26.7%) are working in the medical area, eleven (18.3%) are assigned to the surgical department, six (10.0%) of them are working in the neurology area, five (8.3%) are working in the urology area, and four (6.7%) of them work in the orthopedic area.

In terms of working hours, fifty-five (91.7%) of the staff nurse participants work for 12 hours and eight hours, three (5.0%) of them work for 12 hours, and only two (3.3%) of them work for eight hours.

B. The Extent of the Workplace Stress of the Staff Nurse

Participants

TABLE 1. The Extent of the Workplace Stress of the Staff Nurse Participants

Indicators	Staff Nurse Participants	
	Weighted Mean	Interpretation
1. Demand-Related Factors	2.63	LgE
2. Support-Related Factors	2.35	LtE
3. Relationship-Related Factors	2.10	LtE
4. Role-Related Factors	2.40	LtE
Overall Mean	2.37	LtE

Note. Legend: 3.26 – 4.00 (Very Large Extent – VLgE); 2.51 – 3.25 (Large Extent-LgE); 1.76 – 2.50 (Little Extent-LtE); 1.00 – 1.75 (No Extent-NE)

As shown from Table 1, the findings of the study regarding the extent of workplace stress as assessed by staff nurses, showed that demand-related factors obtained the highest extent with a weighted mean of 2.63 and an interpretation of "large extent." Demand-related factors include issues concerning workload, work schedules, and the actual workplace of staff nurses in a particular government hospital. Relationship-related factors received the lowest score, with a weighted mean of 2.10 and an interpretation of "little extent." Relationship-related factors include a standard that promotes a positive workplace culture and addresses inappropriate behavior to avoid conflict among nurses, administrators, physicians, and other healthcare workers.

Empirical data from throughout the globe demonstrates that nursing is a career with high expectations and a great deal of stress. Numerous reliable sources support this statement. Staff nurses deal with long and varied shifts, complex working settings, and a variety of occupational risks and accidents. According to findings, staff nurses are more likely than other healthcare professionals to experience bodily conditions, mental health problems, and emotional tiredness. Nursing tasks are known to induce stress and expose nurses to the grief and suffering of patients. Additionally, research has shown that work environment factors in healthcare institutions can have an impact on the physical and emotional health of nurses. Workload demands, the ability of nurse managers, leadership, staffing resources, and the availability of support and teamwork climate have all been identified as aspects of the work environment that can affect nurses' health (Elbejjani et al., 2020).

According to a study by Parikh et al. (2004), occupational stresses and coping methods in nurses can be induced by personality and job traits, as well as work-family conflict. Workload, position ambiguity, interpersonal interactions, and death and dying worries were identified as common professional stressors among nurses. Chang et al. (2005) investigated occupational stress and identified solutions. According to this study, one of the leading causes of nurse attrition is work overload. The authors proposed that revolutionary methods of assisting nurses be created. According to Hegney et al. (2015), over three-quarters of private and public sector nurses reported 'very high' or 'rather high' stress levels. Similarly, Wong et al. (2007) discovered that work-related stress can be harmful (Veda et al., 2020).

C. The Extent of the Caring Behavior of the Staff Nurses as Assessed by the Two Groups of Participants in Terms of

the Carative Factors

TABLE 2. The Extent of the Caring Behavior of the Staff Nurses as Assessed by the Two Groups of Participants in Terms of the Carative Factors

Indicators	Staff Nurses		Patients	
	Weighted Mean	Interpretation	Weighted Mean	Interpretation
1. Environment	3.67	VLgE	3.56	VLgE
2. Expression of Emotions	3.59	VLgE	3.66	VLgE
3. Health Teaching	3.63	VLgE	3.49	VLgE
4. Helping Relationship	3.40	VLgE	3.57	VLgE
5. Hope	3.76	VLgE	3.66	VLgE
6. Humanism	3.73	VLgE	3.63	VLgE
7. Needs	3.48	VLgE	3.46	VLgE
8. Sensibility	3.58	VLgE	3.66	VLgE
Overall Mean	3.60	VLgE	3.59	VLgE

Note. Legend: 3.26 – 4.00 (Very Large Extent – VLgE); 2.51 – 3.25 (Large Extent-LgE); 1.76 – 2.50 (Little Extent-LtE); 1.00 – 1.75 (No Extent-NE)

As shown from Table 2, the nurse perceived themselves as having a very large extent of caring behavior across indicators of carative factors as assessed and experienced by themselves. The highest extent of caring behavior perceived by the staff nurses as assessed by themselves in terms of carative factors was hope, with a weighted mean of 3.76 and an interpretation of "very large extent," while the lowest was helping relationships, with a weighted mean of 3.40 and an interpretation of "very large extent." The overall mean of all indicators shows that the staff nurses perceived themselves as having a very high extent of caring behavior, with a weighted mean of 3.60 and an interpretation of "very large extent."

Moreover, the extent of caring behavior among staff nurses as assessed by the patients shows that the gathered data revealed that the highest extent of caring behavior in terms of carative factors were expression of emotions, hope, and sensibility with a similar weighted mean of 3.66 and an interpretation of "very large extent," while the lowest was needs with a weighted mean of 3.46 and an interpretation of "very large extent." The overall mean of all indicators shows that the staff nurses' caring behavior as assessed by patient participants received a weighted mean of 3.59 and an interpretation of "very large extent."

Through the instillation of faith-hope in this carative factor (CF), patient's beliefs are encouraged, honored, and respected as significant influences in promoting and maintaining health. A helping relationship is the development of a helping-trusting, human-caring relationship. The human caring relationship is transpersonal. In that sense, it connotes a special kind of relationship: a connection with the person, a high regard for the whole person, and their being in the world. Expression of feelings, encouragement of and acceptance of both positive and negative emotional expression. If the nurse permits this carative aspect, the caring connection has the potential to progress to a more profound, genuine, and honest level.

Cultivation of sensibility to oneself and to others. Nurses who are aware of and efficient at using their sensitivity help patients grow as people and can inspire others to do the same.

Nursing care would decline in the absence of this aspect (Vujanic et al. 2020).

D. The Difference in the Assessments of the Staff Nurse Participants in Terms of the Extent of Their Workplace Stress When Grouped According to Their Profiles

TABLE 3. The Difference in the Assessments of the Staff Nurse Participants in Terms of the Extent of Their Workplace Stress When Grouped According to Their Profiles

Indicators	Comp. Values	Profile Variables					
		Age	Civil Status	Educational Attainment	Length of Service	Area of Assignment	Working Hours
Demand-Related Factors	p	0.183	0.831	0.145	0.313	0.393	0.328
	F	1.673	0.046	1.999	1.184	1.059	1.136
Support-Related Factors	p	0.486	0.859	0.180	0.939	0.209	0.072
	F	0.824	0.032	1.768	0.063	1.488	2.762
Relationship-Related Factors	p	0.313	0.833	0.594	0.861	0.106	0.220
	F	1.213	0.045	0.525	0.150	0.918	1.554
Role-Related Factors	p	0.469	0.238	0.859	0.948	0.183	0.483
	F	0.857	1.423	0.153	0.054	1.576	0.736

Note. The *p*-value (Reject Ho) is significant below alpha 0.05.

Based on the profile of the participants, which included their age, civil status, educational attainment, length of service, area of assignment, and working hours, it was found that there was no significant difference in the assessments of the staff nurse participants in terms of the extent of their workplace stress when they were grouped according to their profiles across the variables of the workplace setting, which consisted of demand-related, support-related, relationship-related, and role-related factors.

A study conducted by Faraji et al. (2019), which included nurses' profiles, revealed a higher-than-average level of workplace stress, though, the difference was not substantially significant when compared to other profile groups (Faraji et al., 2019; Mehrabi et al, 2008) and accounted for just a small proportion of the variance in nurses' work stress (Ezenwaji et al., 2019) which supported the findings of the present study. This indicated that the workplace stress factors experienced by staff nurses were not significantly differentiated by the variables of their profile groups; the staff nurse participants had quite similar assessments concerning the extent of workplace stress factors as evidenced by computed *p*-values (*p*>0.05) and their experiences.

E. The Difference in the Assessments of the Two Groups of Participants in Terms of Staff Nurses' Caring Behavior When Grouped According to the Carative Factors

As shown in Table 4, there was no significant difference between the two groups of participants' perceptions of the staff nurses' caring behavior across the carative factor variables. The findings indicate that both groups of participants had similar perspectives on their observations and experiences with staff nurses' caring behavior. Although they differed, participants who were patients and staff nurses reflected similarly about the nurturing actions of nursing professionals.

TABLE 4. The Difference in the Assessments of the Two Groups of Participants in Terms of Staff Nurses' Caring Behavior When Grouped According to the Carative Factors

Carative Factors	t-value	p-value	Decision	Interpretation
1. Environment	1.28	.202	Accept Ho	Not Significant
2. Expression of Emotion	-0.71	.482	Accept Ho	Not Significant
3. Health Teaching	1.37	.172	Accept Ho	Not Significant
4. Helping Relationships	-1.78	.078	Accept Ho	Not Significant
5. Hope	1.18	.241	Accept Ho	Not Significant
6. Humanism	1.07	.288	Accept Ho	Not Significant
7. Needs	0.18	.861	Accept Ho	Not Significant
8. Sensibility	-.093	.352	Accept Ho	Not Significant

Note. The *p*-value is significant below alpha 0.05

In a study conducted by Pajnkihar et al. (2017), nurses' compassionate actions can improve patient satisfaction and well-being, and they go beyond the efficiency of healthcare institutions (Burt, 2007; Kaur et al., 2013; Sherwood, 1997; Wolf et al., 1998) or a particular form of organization or individual interaction. Non-caring consequences and care dissatisfaction, in which the person receiving feels treated like an object, can happen when caring is absent. Since a lack of caring poses a serious threat to the quality of medical care, caring must be addressed in both practice and research (Watson, 2006). Knowledge about care in practice must be continually reexamined, resulting in rapid advances in knowledge and technology.

F. The Significant Relationship in the Assessments of Staff Nurse Participants Between the Extent of Workplace Stress and Caring Behavior in a Selected Government Hospital

As shown in Table 5, there is a very weak negative relationship between the overall caring behavior of the staff nurses and each of the workplace stress factors they experience. Specifically, there is no significant relationship between the four factors (demand, support, relationship, and role) and caring behavior as evident of the computed *p*-values (*p*>0.05).

TABLE 5. The Significant Relationship in the Assessments of Staff Nurse Participants Between the Extent of Workplace Stress and Caring Behavior in a Selected Government Hospital

Indicators	r-value	p-value	Decision	Interpretation
Demand-Related Factors	-0.06	0.659	Accept Ho	Not Significant
Support-Related Factors	-0.18	0.169	Accept Ho	Not Significant
Relationship-Related Factors	-0.19	0.138	Accept Ho	Not Significant
Role-Related Factors	-0.04	0.792	Accept Ho	Not Significant

Note. The *p*-value is significant below alpha 0.05

The values of the computed Pearson *r* are negative, which means that as workplace stress factors increase, the caring behavior of the nurses decreases. However, this is not conclusive since the relationships were found not to be significant. Therefore, it can be concluded that there is no

significant relationship in the assessments of staff nurse participants between the extent of workplace stress and caring behavior in a selected government hospital.

Based on the results, despite the different factors encountered in the workplace setting, staff nurse participants were not concerned with their caring behavior despite challenges and still continued to render and promote quality nursing care to all patients. Staff nurse participants perceived themselves as always having a high extent of caring behavior. Even though workplace stress factors increase, caring behavior has always been regarded as the highest among staff nurse participants.

In a study by Rizkianti and Haryani (2020), the results revealed that there was no link between workload, job stress, and caring behaviors. Data from Sarafis et al. (2016) revealed that work-related stress has a negative influence on nurses' health-related quality of life, emphasizing the need for greater research in this area. The potential basics and consequences of job stress for nurses have been assessed. Individual variations and working conditions. On the other hand, it might have an impact; therefore, major disputes in work-related stress between nurses may be attributable to workplaces, general settings, and cultural settings.

Because nurses strive to improve the quality of treatment and patients' quality of life as members of the healthcare system, it is critical to address the variables affecting their quality of life. To improve the efficiency and efficacy of nurses' actions, it is also necessary to examine the dimensions of quality of life and job stress, identify psychosocial risk factors, and plan for preventative measures. Work-related stress degrades nurses' physical and mental health and has a detrimental impact on nurses' caring behaviors (Babapour et al., 2022).

Workplace stress is a fatigue-accompanied physical-psychological syndrome that results in negative actions and attitudes toward oneself. Apparently resulting from nurses' mental stress and lack of sleep, absenteeism, immorality, and job dissatisfaction, having a stressful job can have negative impacts on their well-being (Babapour et al., 2022).

IV. CONCLUSIONS

Based on the above findings of the study, the researcher has drawn the following conclusions:

The study reveals that the majority of staff nurses are in their mid-adulthood, single, and hold bachelor's degrees. They have been working for 1-5 years, with only one having 11-15 years. They have an equal number of assignments in Emergency Service Complex, Medical, and Surgical areas, with the least number working in neurology, urology, and orthopedic. Additionally, they worked 12 and 8 hours during the pandemic, adjusting their schedules accordingly.

Workplace stress among staff nurses is primarily influenced by demand-related factors such as workload, work schedules, and the actual workplace. These factors regularly affect nurses, highlighting the need for consideration to reduce workload, improve work schedules, and make the workplace more helpful and meaningful for them.

The study reveals that staff nurses exhibit the highest level

of caring behavior in terms of hope, indicating a high regard for patient beliefs. This is crucial for promoting and maintaining quality healthcare. However, helping relationship factors show the least caring behavior among all carative behaviors. This suggests that various factors need to be considered and given importance to strengthen and continuously enhance the caring behavior of staff nurses. Patient-participants also assessed the extent of caring behavior, with the highest level in terms of expression of emotions, hope, and sensibility. The needs factor, which emphasizes providing quality healthcare to patients, shows the least caring behavior. Therefore, it is essential to emphasize various factors to establish and enhance nursing caring behavior towards patients.

The study found no significant difference in the assessment of workplace stress among staff nurses across various demographics, including age, civil status, education, length of service, assignment area, and working hours. Despite these differences, staff nurses generally have comparable assessments of the extent of workplace stress they have experienced, indicating that there is no significant difference in their overall stress levels.

The study found no significant difference in staff nurses' caring behavior among two groups of participants. Both staff nurses and patient participants viewed nurses' caring behaviors as similar in terms of environment, expression of emotion, health teaching, helping relationships, hope, humanism, needs, and sensibility. However, the findings suggest that there are still various factors that need to be enhanced to continuously strengthen staff nurses' caring behaviors and provide quality patient care.

The study found no significant relationship between workplace stress and caring behavior among staff nurses in a government hospital. Despite challenges, staff nurses remained focused on providing quality nursing care to patients. They showed the highest regard for their caring behavior, which was considered the most excellent among them. This suggests that caring behavior has always been at a high level among staff nurses, despite the increase in workplace stress factors. The results indicates that despite the challenges faced in the workplace, staff nurses continue to provide quality care to patients.

V. RECOMMENDATIONS

The researcher proposed the following recommendations based on the findings and conclusions of the study:

It is advocated to implement psychosocial intervention in order to identify psychosocial risk factors at work. It aims to identify and improve employees' health, well-being, and performance by optimizing the balance between job demands, job resources, and recovery from work, as well as the implementation of cognitive-behavioral interventions to improve resilience to stress and enhance nurse strategies to respond effectively to stressors.

It is recommended to implement multi-modal program that combines approaches, including relaxation, individual level of intervention, and cognitive-behavioral skills.

It is suggested to add other demographic profiles in future

studies, like gender, trainings attended, certification, and other significant variables, in order to gather more data that may produce statistically significant results.

It is recommended to implement promotion of health and wellness to deliberately integrate wellness and resiliency activities into all aspects of education and training. Information about wellness as well as resiliency and self-care skills can be embedded to help lessen stress and anxiety. Moreover, aligning supportive policies in creating and training role models is also recommended to support health workers so that healthy environments are created. Within these environments, health professionals are encouraged to identify and obtain moral courage to advocate for the right solutions for care and to be leaders in changing negative cultures. Educating the health workforce to better understand one's emotional state and to develop emotional intelligence is a tool for building a more collaborative, team-based patient- and person-centered workforce, as well as a tool for improving care for patients and employees facing challenging situations.

A future investigation on the topic of the relationship of workplace stress on the caring behavior of staff nurses may also include private hospitals in order to explore and discover the relationship and difference between both factors.

In order to lessen the workplace stress factors experienced by staff nurses and continuously enhance the caring behavior of staff nurses towards patients, it is recommended to implement the proposed cognitive psychosocial intervention program to address workplace stress for continuous improvement of caring behavior among staff nurses for quality delivery of healthcare services.

It is suggested the study be conducted to a bigger sample size to capture a wide range of areas like ICUs which may be considered for future investigations of the same nature. Adding to that, head nurses may also be included in future studies to explore more about workplace stress and the caring behavior of nurses.

The Proposed Cognitive Psychosocial Intervention Program to Address Workplace Stress and Continuously Improve the Caring Behavior of the Staff Nurses in the Delivery of Quality Healthcare

Nursing, by virtue of the profession and its nature, can be concluded to be stressful, confronted by a series of tasks that may be exacerbated by a range of psychosocial hazards of work as to demand, support, relationships, and role-related factors. Across the world, there is empirical evidence that shows nursing to be a profession with rigorous demands and a significant amount of stress. Nurses work in complex environments, dealing with extended and diverse shifts, and are exposed to various occupational hazards and incidents. A work situation typically experienced and perceived as threatening is one where (1) demands are not matched with the knowledge, skills, and abilities of the nurse; (2) support is received in the workplace or outside; (3) relationship challenges and unmet needs; and (4) roles that may become multiple and conflicting competency needs that may have little control over work.

Hence, it is surmised that work-related stress is becoming an increasingly global phenomenon, affecting all types of workers. The trend, coupled with heightened awareness of the need for effective and innovative ways to combat stress, is to attack its roots and causes rather than merely address its effects for satisfactory results. Further, identified measures can become an integral part of the necessary organizational development of a sound intervention program for continuous improvement of caring behavior and positive change in healthcare delivery.

Three (3) separate and collaborative interventions are identified to cover a variety of factors related to workplace stress. The individual-level intervention, which focuses on the individual capacity of the staff nurses to manage stress experienced in the workplace; the organization-focused intervention, which means the support available in the workplace when managing stress becomes higher and makes nurses vulnerable; and the system approach, which is a combination of individual and organization-focused interventions.

The following list of activities may be implemented on a regular basis to further strengthen the organizational development of a sound intervention program for continuous improvement of caring behavior and positive change in healthcare delivery.

Moreover, it should be taken into account that the implementation of each activity requires the identification of a separate and systematic plan that relies on applicability, advocacy, and/or specific orientation and may include funding and additional manpower.

Individual-Level Intervention. The skill of being able to focus purposefully on an activity without distraction will get stronger with practice, and its application may affect different aspects of life.

Cognitive-Behavioral Intervention. Changing cognitions and reinforcing active coping skills. One of the main problems facing many health care concerns is strengthening nurses' ability to withstand stress and their ability to respond to stressors in an efficient manner. Parts of the plan may be designed to help improve skills in areas such as time management; other elements might include identifying employer-sponsored wellness resources and trainings, enriching work to include more challenging or meaningful tasks, breakthroughs, or making changes to your physical workspace to make it more comfortable and reduce strain.

Psychosocial Intervention. Identification of psychosocial risk factors at work and subsequent development and implementation of tailored work stress interventions, the so-called. This aims at improving employee health, well-being, and performance by optimizing the balance between job demands, job resources, and recovery from work. Although people have different preferences when it comes to how much they blend their work and home lives, creating some clear boundaries between these realms can reduce the pressure that arises from work-life conflict.

Multimodal Program. Acquiring passive and active coping skills. They consist of a combination of approaches, including relaxation, individual-level intervention, and cognitive-behavioral skills.

Assistance and Support Program. Acknowledge the need for help through an employee assistance program, including online information, available counseling, and referrals to mental health professionals if needed. Accepting help from others—trusted friends, colleagues, superiors, and family members—can improve your ability to manage stress. This includes referral to behavioral medicine by the institutions when persistent, unmanaged stress occurs. skills and individual-level intervention. For role-related factors, psychosocial intervention is recommended because it aims for subsequent development and intervention that aim to improve employees' health, well-being, and performance by optimizing the balance between job demands, job resources, and recovery from

Organization-Focused Intervention. This pertains to organizational development and job redesign, including changing working conditions and employee participation.

Control Cycle Approach. This pertains to steps that represent a cycle to stress management; viewed together, risk assessment and risk management form two of the critical and inseparable activities in the cycle protecting nurses from the negative effects of work-related stress. The goal of this intervention is to describe the risk assessed in detail and follow a more predictable course or sequence of activities. It relies, by its nature, on the success of supporting negotiation and education within the organization. This will begin with an analysis of the nurse's situation, followed by the design and implementation of an intervention, and finally the evaluation of the intervention applied.

Addressing Organizational Culture. This is to address concerns about excessive workloads, excessive work hours, and limited or no access to administrative support for relief. It includes an assessment of where attention needs to be placed and should be recognized for promoting cultures that are supportive of wellness.

Promoting Health and Wellness. Deliberate integration of wellness and resilience activities into all aspects of education and training. Information on wellness as well as resiliency and self-care skills can be embedded to help ameliorate stress and anxiety. Should it incentivize leadership to integrate such practices into the workplace, health and wellness can be incorporated into accreditation requirements.

Aligning Supportive Policies. In creating and training role models with overtly stated goals of training, it is expected that structures are in place to support health workers and healthy environments are created; within these environments, health professionals are encouraged to identify and obtain moral courage to advocate for the right solutions for care and to be leaders in changing negative cultures. Developing emotional intelligence and improving understanding of one's emotional condition in the health workforce are two strategies to create a more productive, team-oriented, patient- and person-centered workforce., as well as a tool for improving care for patients and employees facing challenging situations.

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