International Journal of Clinical, Nursing, and Population Health Sciences (INCLINPHS)
Print ISSN: 3116-3866; Electronic ISSN: 3116-3874
National Book Development Board Registration as Book Publisher (Print & Digital): 6312
PRC-CPD Accredited Provider: PTR-2025-749

Organizational wellness and resilience among hospital-based and academe-based Master of Arts in Nursing Students: A comparative-correlational analysis

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Received: 28 April 2026 **Revised**: 03 June 2026 **Accepted**: 12 June 2026

Available Online: 13 June 2026

Volume 1 (2026), Issue 2, P-ISSN – 3116-3866; E-ISSN - 3116-3874

https://doi.org/10.63498/inclinphs13

Abstract

Aim: This study examined organizational wellness and resilience among Master of Arts in Nursing (MAN) students, compared these variables between hospital-based and academe-based respondents, and explored their relationship to inform nursing workforce development, graduate nursing education, and organizational support strategies.

Methods: A quantitative descriptive-comparative-correlational design was employed. Total enumeration yielded 128 eligible MAN students (64 hospital-based and 64 academe-based) enrolled at a selected higher education institution in Metro Manila during the 2025–2026 academic year. Data were collected using a researcher-developed, content-validated three-part questionnaire comprising a demographic profile, a 25-item Organizational Wellness Scale grounded in the Job Demands–Resources Model, and a 20-item Resilience Scale grounded in Richardson's resiliency metatheory. Data were analyzed using descriptive statistics, independent samples t-tests, and Pearson product-moment correlation.

Results: Respondents reported high levels of organizational wellness ($M = 3.62$, $SD = 0.46$) and resilience ($M = 3.68$, $SD = 0.41$). Academe-based MAN students demonstrated significantly higher organizational wellness than hospital-based respondents across all dimensions and the overall composite ($d = 0.39–0.55$). No significant differences were found between groups in resilience (all $d \leq 0.13$). A statistically significant moderate positive relationship was identified between organizational wellness and resilience ($r = .393$, $p < .001$, 95% CI [.240, .530]).

Conclusion: Practice setting influences perceptions of organizational wellness among MAN students, whereas resilience remains consistent across work environments. The positive relationship between organizational wellness and resilience highlights the importance of workplace support, professional recognition, and wellness initiatives in strengthening nurses' adaptive capacity. These findings may assist nursing administrators and educational institutions in developing interventions that promote workforce well-being, resilience, and long-term professional sustainability.

Keywords: *organizational wellness, resilience, graduate nursing students, hospital-based, academe-based, Job Demands–Resources Model, resiliency metatheory, Philippines*

INTRODUCTION

The global nursing workforce has faced sustained occupational pressures across hospital and academe settings, with job demands and job resources shaping nurses' burnout, engagement, and adaptive functioning (Bakker & Demerouti, 2017; Kohnen et al., 2023). Recent multi-site evidence has documented urban–rural differences in nurses' work system factors — staffing adequacy, workflow efficiency, and administrative burden — alongside concurrent differences in burnout, depression, and post-traumatic stress symptoms (Mazur et al., 2025). Organizational wellness — the extent to which the work environment sustains physical, psychological, emotional, social, and role-satisfaction needs — and resilience — the adaptive capacity to manage stress, adapt to change, regulate emotions, and persist through sustained demands — have been widely studied as two central indicators of nurse workforce health (Almeida et al., 2024; Yu et al., 2025). Resilience, in turn, has been associated with better well-being and professional quality of life in cross-sectional nurse samples (Gunduz et al., 2024; Tzeng et al., 2023).

In the Philippine setting, these pressures are intensified by structural conditions specific to the local workforce. Low salaries, delayed benefits, chronic understaffing, and compressed staffing ratios have been documented as persistent drivers of burnout and attrition (Alibudbud, 2023; Corpuz, 2023). Pandemic-era Filipino evidence showed that resilience mediated the relationship between compassion fatigue and nurses' job satisfaction, turnover intention, and quality of care (Labrague & de Los Santos, 2021), as well as the relationship between

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pandemic fatigue and mental health, sleep quality, and job contentment (Labrague, 2021). Among Filipino nursing students during the pandemic, quality of life and academic resilience were examined as distinct indicators of holistic well-being, with gender and year level identified as significant predictors (Berdida & Grande, 2022). The local evidence base, however, remains concentrated on pre-licensure students and hospital-based frontline nurses, with Filipino nurses simultaneously pursuing graduate study — specifically Master of Arts in Nursing (MAN) students — not receiving comparable attention.

Three gaps justified the present investigation. First, a population gap existed: MAN students occupy a dual identity as practicing nurses and graduate learners, producing a demand profile that differs structurally from both pre-licensure students and non-graduate-enrolled clinicians; their organizational wellness and resilience had not been directly examined in the Philippine context. Second, a contextual gap existed: although international evidence documents setting-level differences in nurse work systems (Mazur et al., 2025), comparable Philippine evidence placing hospital-based and academe-based MAN students within the same sample is not readily available in the published literature. Third, an empirical gap existed: while the wellness–resilience association is established in cross-sectional nurse samples internationally (Gunduz et al., 2024; Tzeng et al., 2023), its magnitude and pattern within the Filipino MAN student population were unknown. These gaps warranted a comparative-correlational investigation situating both constructs in this specific population.

This study examined organizational wellness and resilience among hospital-based and academe-based MAN students at a selected higher education institution in Metro Manila. Specifically, it determined the demographic and professional profile of the respondents; assessed the levels of organizational wellness across five dimensions and resilience across four dimensions; compared the two groups on both constructs; and tested the relationship between the two variables. Theoretically, the study integrated the Roy Adaptation Model (Roy, 1976) with the Job Demands–Resources framework (Bakker & Demerouti, 2007) to account for how work-environment conditions and adaptive capacity operate together in this dual-identity population. Practically, the findings were intended to inform nursing administration on differential workplace supports across hospital and academe settings, nursing education on curricular attention to resilience and wellness among graduate learners, and Philippine nursing research on a population under-represented in the national literature. Beyond these immediate applications, the study addressed the broader recognition that nurse wellness and resilience carry implications for clinical care delivery — including patient safety, clinical attentiveness, and continuity of care — and for population health service sustainability, given that a well and resilient graduate nursing workforce is better positioned to maintain quality health services over time. The findings were also intended to contribute to the evidence base informing workforce wellness policies, nurse retention strategies, and institutional support programs within both healthcare and academic organizations.

Review of Related Literature and Studies

Organizational Wellness as a Multidimensional Construct in the Nursing Workforce

Organizational wellness among Filipino nurses functions less as a discretionary benefit than as a baseline condition for safe practice, particularly given the compounding pressures of chronic understaffing, compressed ratios, and post-pandemic demand reshaping (Alibudbud, 2023; Corpuz, 2023). The Job Demands–Resources theory provides the scaffolding for how this construct operates: occupational conditions sort into demands that deplete effort and resources that sustain motivation, with their interaction shaping employee health and engagement (Bakker & Demerouti, 2007, 2017). Nurse work environments are dense with both — heavy workloads and emotional labor pull one way, peer support and supervisor quality pull the other — and the balance predicts whether nurses flourish or burn out (Kohnen et al., 2023). From this framing, organizational wellness emerges as multidimensional: physical well-being is threatened by shift work, musculoskeletal strain, and sleep disruption; psychological well-being erodes under sustained cognitive and emotional load; emotional and social well-being — collegial respect, belonging, and supervisor–subordinate quality — emerge as robust correlates of overall wellness; and job or role satisfaction functions as the integrative indicator of whether demands and resources are in workable balance (Almeida et al., 2024; Browne & Chun Tie, 2024; Cohen et al., 2023; Sibuea et al., 2024). Setting itself, beyond individual attributes, appears to shape this profile, with recent multi-site evidence documenting urban–rural differences in nurses' work system factors — staffing adequacy, workflow efficiency, administrative burden — and in concurrent burnout, depression, and post-traumatic stress symptoms (Mazur et al., 2025). Yet this evidence rests largely on cross-sectional self-reports from Western and East Asian tertiary hospitals, which limits transferability to low-resource Philippine settings and, more pointedly, leaves academe-based nurses — and those simultaneously carrying graduate-study demands — largely unaccounted for.

Resilience as a Dynamic Adaptive Process in Nursing

Resilience, framed through Richardson's (2002) metatheory as the motivational force that drives growth through disruption and reintegration rather than as a fixed trait, has become central to how the nursing literature explains sustained functioning under chronic occupational stress. The construct is treated as a dynamic adaptive process — a complex capacity that enables nurses to confront workplace stressors, regulate affect, and preserve safe practice (Bui et al., 2023; Liu et al., 2023). Meta-analytic synthesis across cross-sectional nurse samples

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identified a low mean resilience level globally, with variation explained more by personal and work-related factors — job demands such as stress and burnout on the negative side, and job resources such as coping skills, self-efficacy, and social support on the positive side — than by demographics alone (Yu et al., 2025). The four dimensions measured in the present study align with Richardson's (2002) process view: stress management captures how nurses confront demands; adaptability indexes the reintegration capacity the metatheory describes; emotional regulation reflects the self-regulatory work that sustains functioning during disruption; and persistence tracks the sustained effort required for growth to emerge across the cycle. Evidence from the COVID-19 period linked higher resilience to lower burnout and stronger organizational and social support among nurses, though causal direction remains debated given the cross-sectional design of most studies (Abdulmohdi, 2024). Literature on nurse educators and graduate nursing students — groups especially relevant to the current population — remains thinner but convergent: resilience, well-being, and ethics content has been found under-represented in nursing curricula despite consensus on its importance (Wright et al., 2024), and among graduate nursing students in China, resilience partially mediated the relationship between academic stress and subjective well-being, accounting for roughly one-fifth of the total effect (Ma, 2023). What remains underdeveloped is how these dimensions operate when workplace and graduate-role demands act simultaneously on the same person, particularly in settings outside East Asian and Western cohorts.

The Wellness–Resilience Nexus, Practice Setting, and the Philippine Graduate Nursing Context

The empirical link between organizational wellness and resilience in nurses is consistent across the available evidence but patterned rather than uniform. In a Taiwanese cross-sectional study of 289 nursing staff, well-being correlated positively with resilience and negatively with workplace burnout, with resilience emerging as a predictive factor for overall well-being (Tzeng et al., 2023); a complementary investigation among 276 nurses found that higher resilience levels corresponded with better professional quality of life (Gunduz et al., 2024). Among Filipino frontline nurses during the pandemic, resilience mediated the relationship between compassion fatigue and nurses' job satisfaction, turnover intention, and quality of care (Labrague & de Los Santos, 2021), and similarly mediated pandemic fatigue's effects on mental health, sleep quality, and job contentment (Labrague, 2021). This pattern — resilience functioning as a protective resource that buffers wellness outcomes — aligns with the Job Demands–Resources logic established earlier and with Richardson's disruption–reintegration process, but the comparative literature on practice setting is much thinner. Evidence on nurse educators documents stress and burnout that intensify during periods of institutional reform, combined with heavy workload and inadequate collegial or institutional support, with self-leadership and self-care identified as personal resources for resilience; yet this work rarely places academe-based and hospital-based nurses side by side within the same sample (Matahela & van Rensburg, 2024; Wright et al., 2024). Within the Philippine context, structural factors compound the individual-level picture: low salaries, delayed benefits, and understaffing have been documented as persistent drivers of burnout and attrition (Alibudbud, 2023; Corpuz, 2023), while Filipino nursing students during the pandemic have been studied for their quality of life and academic resilience as distinct indicators of holistic well-being, with gender and year level identified as significant predictors (Berdida & Grande, 2022). What remains absent is direct empirical evidence on how organizational wellness and resilience pattern among Filipino MAN students whose dual identity — practicing nurse and graduate student — makes them structurally distinct from samples in the extant literature, and whether hospital-based and academe-based practice settings produce meaningfully different profiles in this population. The present study addresses this gap within the Metro Manila context.

Theoretical Framework

This study was anchored in three complementary theories: the Roy Adaptation Model (Roy, 1976) as the overarching nursing-theoretical foundation, the Job Demands–Resources Model (Bakker & Demerouti, 2007) as the conceptual grounding for organizational wellness, and Richardson's (2002) resiliency metatheory as the conceptual grounding for resilience.

Roy Adaptation Model (Roy, 1976). The Roy Adaptation Model conceptualizes the person as a holistic adaptive system continuously responding to environmental stimuli through four adaptive modes: physiological, self-concept, role function, and interdependence. The model positions adaptation as the central process through which individuals maintain integrity in the face of internal and external demands. For this study, the Roy model framed the broader interpretive lens: MAN students were positioned as adaptive systems navigating the environmental stimuli of their practice settings and the additional stimuli of concurrent graduate study.

Job Demands–Resources Model (Bakker & Demerouti, 2007). The Job Demands–Resources (JD-R) Model holds that every occupational context contains two broad categories of work characteristics: job demands (physical, psychological, social, or organizational aspects of work requiring sustained effort) and job resources (aspects of work that help achieve goals, reduce the costs of demands, and stimulate personal growth). For this study, the JD-R Model grounded the construction and interpretation of the Organizational Wellness Scale as the perceived adequacy of the work environment across physical, psychological, emotional, social, and role-satisfaction dimensions.

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Richardson's (2002) Resiliency Metatheory. Richardson conceptualizes resilience not as a fixed personality trait but as a motivational force activated through cycles of disruption and reintegration. When individuals encounter adversity, they are pushed into a state of disequilibrium; the reintegration that follows occurs at one of four levels — resilient, return-to-baseline, loss, or dysfunctional. For this study, Richardson's metatheory grounded the construction and interpretation of the Resilience Scale, operationalized through four capacities: stress management, adaptability, emotional regulation, and persistence.

Synthesis. The three theories functioned complementarily. The Roy Adaptation Model established the nursing-theoretical lens through which the person–environment relationship was interpreted. The JD-R Model operationalized the environmental side of that relationship through organizational wellness as a job resource. Richardson's metatheory operationalized the individual side through resilience as a dispositional adaptive process. Together, the three frameworks supported examining organizational wellness and resilience as linked but conceptually distinct constructs — one rooted in the perceived work environment, the other in the person's adaptive capacity — while allowing their interaction to be theorized through the adaptive-system logic of Roy.

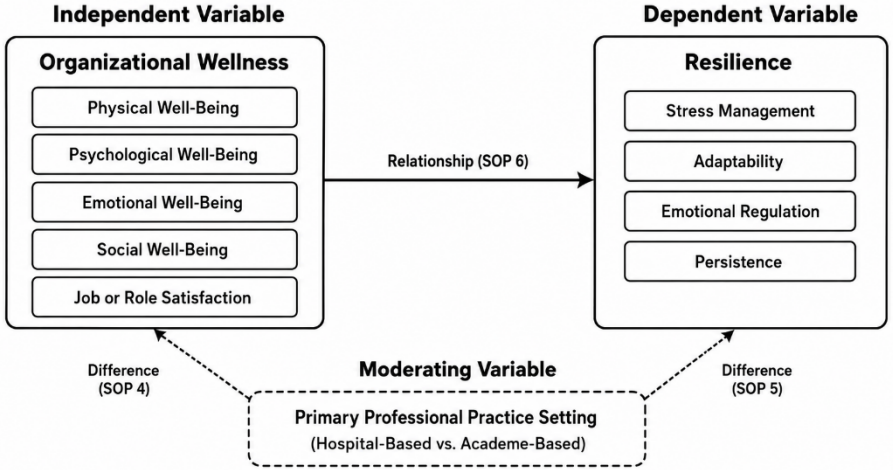

Figure 1. Conceptual Framework

The conceptual framework of this study depicted the relationships among three sets of variables. Organizational Wellness was positioned as the independent variable, operationalized through its five dimensions: physical well-being, psychological well-being, emotional well-being, social well-being, and job or role satisfaction. Resilience was positioned as the dependent variable, operationalized through its four dimensions: stress management, adaptability, emotional regulation, and persistence. Primary Professional Practice Setting (hospital-based vs. academe-based) was positioned as the moderating variable distinguishing the two comparison groups.

Three relationships were represented in the framework. The horizontal arrow from Organizational Wellness to Resilience represented the hypothesized relationship between the two constructs, tested through Pearson product-moment correlation. The dashed arrows from the moderating variable to each of the two main variables represented the between-group comparisons — organizational wellness differences and resilience differences between hospital-based and academe-based respondents — both tested through independent samples t-test.

The framework derived its theoretical grounding from the integration of three complementary theories: the Job Demands–Resources Model (Bakker & Demerouti, 2007), which accounted for how work-environment conditions shaped organizational wellness; Richardson's (2002) resiliency metatheory, which framed resilience as an adaptive process activated through cycles of disruption and reintegration; and the Roy Adaptation Model (Roy, 1976), which situated both constructs within a broader nursing-theoretical lens of the person as a continuously adjusting system responsive to contextual stimuli. Every variable and sub-variable depicted in the framework corresponded to a specific research question and was measured by a validated scale in the research instrument.

Statement of the Problem

Organizational wellness and resilience are critical indicators of workforce well-being among nurses and are closely associated with professional performance, job satisfaction, workforce retention, and quality healthcare delivery. Despite growing international and Philippine literature on nurse wellness and resilience, existing studies have primarily focused on frontline clinical nurses and undergraduate nursing students. Limited evidence is available regarding Master of Arts in Nursing (MAN) students who simultaneously fulfill professional nursing responsibilities while pursuing graduate education.

Furthermore, little is known about whether organizational wellness and resilience differ according to professional practice setting, particularly between hospital-based and academe-based nurses. While international studies have documented variations in workplace conditions and well-being across healthcare settings, comparable

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evidence among Filipino graduate nursing students remains scarce. Likewise, the relationship between organizational wellness and resilience within this unique dual-role population has not been sufficiently explored.

Given these gaps, there is a need to examine the levels of organizational wellness and resilience among MAN students, determine whether differences exist according to professional practice setting, and investigate the relationship between these variables. Findings may contribute to nursing administration, workforce wellness initiatives, graduate nursing education, and evidence-based strategies for supporting nurses in both clinical and academic environments.

Research Objectives

General Objective

To determine the levels of organizational wellness and resilience among Master of Arts in Nursing (MAN) students and examine their relationship and differences according to professional practice setting.

Specific Objectives

1. To describe the demographic and professional profile of the respondents in terms of age, sex, years of professional experience, professional practice setting, position or role, educational attainment, and work schedule.
2. To determine the level of organizational wellness among MAN students in terms of physical well-being, psychological well-being, emotional well-being, social well-being, and job or role satisfaction.
3. To determine the level of resilience among MAN students in terms of stress management, adaptability, emotional regulation, and persistence.
4. To determine whether a significant difference exists in organizational wellness between hospital-based and academe-based MAN students.
5. To determine whether a significant difference exists in resilience between hospital-based and academe-based MAN students.
6. To determine whether a significant relationship exists between organizational wellness and resilience among MAN students.

Hypotheses

H_{01}: There is no significant difference in the level of organizational wellness between hospital-based and academe-based MAN students.
H_{02}: There is no significant difference in the level of resilience between hospital-based and academe-based MAN students.
H_{03}: There is no significant relationship between organizational wellness and resilience among MAN students.

METHODS

Research Design

This study employed a quantitative descriptive-comparative-correlational design. The descriptive component characterized respondents' demographic and professional profile and the levels of organizational wellness and resilience. The comparative component examined whether these variables differed between hospital-based and academe-based MAN students. The correlational component tested the relationship between organizational wellness and resilience. This design is non-experimental; it quantifies attributes of a population, compares groups on those attributes, and examines relationships among variables without manipulation (Polit & Beck, 2021). It was selected because the study's objectives required measuring existing levels rather than intervening, comparing two naturally occurring groups on a categorical grouping variable, and testing the association between two continuous variables in their natural state. No single design strand alone could have addressed all six research questions, so the three were integrated within a single framework.

The design followed the standard assumptions of quantitative research: variables were operationalized through validated instruments and measured numerically, null hypotheses were tested inferentially at $\alpha = .05$, and objectivity was preserved through structured instruments and standardized procedures (Creswell & Creswell, 2018).

Population and Sampling

The respondents of this study were Master of Arts in Nursing (MAN) students enrolled at a selected higher education institution with a MAN program in Metro Manila during the 2025-2026 academic year when data gathering was conducted. Two groups comprised the comparative analysis: hospital-based and academe-based MAN students, classified according to the primary professional practice setting item of the research instrument. A respondent employed in both settings was assigned to the setting where the majority of working hours were spent.

Inclusion Criteria

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Respondents were included if they were (1) currently enrolled in the MAN program at the study institution, (2) a registered nurse with a valid Professional Regulation Commission (PRC) license, (3) currently employed in a hospital-based or academe-based setting for at least one year, and (4) willing to provide written informed consent. These criteria ensured active engagement in graduate nursing education, professional standing as a practicing nurse, sufficient organizational exposure, and autonomous participation.

Exclusion Criteria

Respondents were excluded if they (1) already held a completed master's or doctoral degree in any field prior to MAN enrollment, (2) were on leave of absence from the MAN program, (3) were not actively employed at the time of data collection, or (4) did not have a clearly identifiable primary practice setting. The first exclusion reduced heterogeneity in professional maturity and organizational exposure; the remaining three ensured that respondents could meaningfully rate the items and be classified into one of the two comparison groups.

Total enumeration was employed. The total eligible MAN population at the selected institution was 128, comprising 64 hospital-based and 64 academe-based students who met the inclusion criteria after the exclusion filters were applied. Every eligible member of the target population was invited to participate. Total enumeration was appropriate because the eligible population was small, finite, and fully accessible, and its use eliminated sampling error as a source of between-group variation, strengthening the internal validity of the comparative analyses (Polit & Beck, 2021).

An a priori power analysis was conducted using G*Power 3.1 (Faul et al., 2007) to verify adequacy. For an independent samples t-test at d = 0.50, α = .05, power = .80, two-tailed, the required minimum was 64 per group (N = 128) — a requirement met in full by the target population. The same population also exceeded the minimum for the correlational analysis (n = 84 at r = .30, α = .05, power = .80).

Instruments

Data were collected using a three-part researcher-developed questionnaire designed to measure the demographic profile, organizational wellness, and resilience of Master of Arts in Nursing (MAN) students in hospital-based and academe-based practice settings.

Part I collected demographic and professional information across seven items: age group, sex, total years of professional experience as a nurse, primary professional practice setting, current position or role, highest educational attainment, and work schedule. Items used categorical checkboxes; current position used a structured checklist with five predefined categories and an open-ended option.

Part II was a 25-item Organizational Wellness Scale measuring respondents' perceived wellness within their current professional work environment. The scale was developed based on the Job Demands-Resources Theory (Bakker & Demerouti, 2007) and informed by existing literature on workplace wellness in nursing. Items were distributed equally across five dimensions (5 items each): Physical Well-Being (OW1–OW5), Psychological Well-Being (OW6–OW10), Emotional Well-Being (OW11–OW15), Social Well-Being (OW16–OW20), and Job or Role Satisfaction (OW21–OW25). Respondents rated each item on a 5-point Likert scale (1 = *Strongly Disagree* to 5 = *Strongly Agree*). Five items were reverse-scored: OW5 (Physical Well-Being), OW10 (Psychological Well-Being), OW12 (Emotional Well-Being), OW18 (Social Well-Being), and OW25 (Job or Role Satisfaction). Scores were computed as mean values per dimension and overall, and interpreted as follows: 4.21–5.00 = Very High, 3.41–4.20 = High, 2.61–3.40 = Moderate, 1.81–2.60 = Low, and 1.00–1.80 = Very Low Organizational Wellness.

Part III was a 20-item Resilience Scale measuring respondents' capacity to manage stress, adapt to change, regulate emotions, and persist through challenges in their professional and academic life. The scale was grounded in Resiliency Theory (Richardson, 2002) and informed by resilience literature in nursing and graduate education. Items were distributed equally across four dimensions (5 items each): Stress Management (R1–R5), Adaptability (R6–R10), Emotional Regulation (R11–R15), and Persistence (R16–R20). The same 5-point Likert scale was used. Three items were reverse-scored: R4 (Stress Management), R10 (Adaptability), and R19 (Persistence). Scoring and interpretation followed the same procedure and ranges as the Organizational Wellness Scale.

Across both scales, a total of eight reverse-scored items were distributed across eight of nine dimensions to control for acquiescence response bias. All reverse-scored items were recoded (5→1, 4→2, 3→3, 2→4, 1→5) prior to analysis.

Validation and Reliability. The questionnaire was content-validated by 3 expert reviewers with specializations in nursing education, statistics, and research methodologies, using a 13-item Survey Instrument Validation Rating Scale (1–5 Likert) and rated Approved with Minor Revisions. Internal consistency was established on the main study sample (N = 128) using Cronbach's alpha, with α ≥ .70 as the acceptability threshold (Nunnally, 1978). The Organizational Wellness Scale yielded an overall α of .959 (subscale range: .823–.859), and the Resilience Scale yielded an overall α of .939 (subscale range: .773–.840). All coefficients exceeded the threshold, supporting acceptable to excellent internal consistency.

Data Collection

Data were gathered during March-April 2026 following approval of the proposal, after which a formal permission letter was submitted to the Dean of the Graduate School of the selected higher education institution,

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requesting authorization to conduct the study and access to the MAN enrollment list. The research protocol, instrument, and informed consent form were reviewed to ensure alignment with established ethical standards, and data collection commenced only after all ethical safeguards — including written informed consent, voluntary participation, and data privacy protections — were in place. Every eligible MAN student identified through the enrollment list was invited to participate, consistent with total enumeration, and each respondent reviewed the informed consent form prior to accessing the questionnaire, with only those who agreed and confirmed eligibility proceeding to the instrument. The three-part research instrument — Part I (Demographic and Professional Profile, 7 items), Part II (Organizational Wellness Scale, 25 items), and Part III (Resilience Scale, 20 items) — was administered electronically and required approximately 15–20 minutes to complete, with responses submitted directly to a secure online form. Responses were de-identified upon receipt through a coded numeric system, with identifying information stored separately from the analytic dataset, in password-protected digital files accessible only to the researchers in accordance with the Data Privacy Act of 2012 (Republic Act No. 10173), and retained for three years before permanent deletion.

Treatment of Data

The collected data were processed using IBM SPSS Statistics. Prior to analysis, the eight negatively worded items (OW5, OW10, OW12, OW18, OW25, R4, R10, R19) were reverse-scored, and dimension and overall mean scores were computed for both the Organizational Wellness Scale and the Resilience Scale. Reliability of each subscale and overall scale was verified using Cronbach's alpha, with $\alpha \geq .70$ accepted as the threshold for internal consistency (Field, 2018). Frequency and percentage distributions were used to describe the respondents' demographic and professional profile. Mean and standard deviation were computed per dimension and overall for both scales, with means interpreted using the five-level scale specified in the instrument (1.00–1.80 = Very Low; 1.81–2.60 = Low; 2.61–3.40 = Moderate; 3.41–4.20 = High; 4.21–5.00 = Very High). Normality of the distributions was assessed using the Shapiro-Wilk test, and homogeneity of variances was assessed using Levene's test, which jointly determined the appropriateness of parametric tests. The independent samples t-test was used to compare hospital-based and academe-based MAN students on organizational wellness and resilience, with the Mann-Whitney U test available as a non-parametric alternative if assumptions were violated. The Pearson product-moment correlation coefficient (r) was used to test the relationship between organizational wellness and resilience, with Spearman's rho available as a non-parametric alternative. Correlation magnitudes were interpreted using a descriptive six-level scale with boundary points consistent with Cohen's (1988) benchmarks for small (r = .10), medium (r = .30), and large (r = .50) correlation effects: Negligible (r < .10), Weak (.10–.29), Moderate (.30–.49), Strong (.50–.69), Very Strong (.70–.89), and Near Perfect (≥ .90). All inferential tests were conducted at $\alpha = .05$, two-tailed, and effect sizes were reported alongside significance results (Cohen's d for the t-tests; r for the correlation) to convey the practical magnitude of the findings (Cohen, 1992).

Ethical Considerations

The study adhered to established ethical standards for research involving human participants, guided by the Declaration of Helsinki (World Medical Association, 2013) and the National Ethical Guidelines for Health and Health-Related Research (Philippine Health Research Ethics Board [PHREB], 2017). The research protocol was submitted to the institution's Research Ethics Committee for review. Upon evaluation, the study was deemed exempt from full ethics review on the basis that the study employed a non-experimental design, involved no intervention or manipulation of participants, and collected data solely through a self-administered questionnaire eliciting respondents' self-perceived levels of organizational wellness and resilience, with no sensitive personal disclosures, clinical data, or identifiable health records gathered. Despite the exemption, all standard ethical protections were observed throughout the study. Written informed consent was obtained from every respondent, who was informed of the study's purpose, procedures, voluntary nature, and right to withdraw at any point without penalty. Risks were minimal and limited to the time required to complete the questionnaire and potential mild reflective discomfort. Benefits included contribution to nursing knowledge rather than direct personal gain. Confidentiality was protected through de-identification of responses upon receipt, separation of identifying information from the analytic dataset, and secure storage in password-protected digital files accessible only to the researchers, in compliance with the Data Privacy Act of 2012 (Republic Act No. 10173). Data will be retained for three years, then permanently deleted.

RESULTS and DISCUSSION

This section presents the findings for each of the six research questions and interprets them within the study's theoretical framework — the Roy Adaptation Model, the Job Demands–Resources Model, and Richardson's resiliency metatheory — with reference to relevant empirical literature. Each subsection follows a consistent pattern: a data table, an analysis and interpretation of the statistical results, and a discussion that situates the findings against prior work on nurse wellness, resilience, and practice setting.

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Table 1
Demographic and Professional Profile of the Respondents

Variable / Category	*f*	%
Age Group		
Below 25 years old	4	3.1
25–34 years old	46	35.9
35–44 years old	49	38.3
45–54 years old	23	18.0
55 years old and above	6	4.7
Total	128	100.0
Sex		
Male	32	25.0
Female	96	75.0
Total	128	100.0
Years of Experience		
1–3 years	11	8.6
4–6 years	31	24.2
7–10 years	41	32.0
11–15 years	29	22.7
16 years or more	16	12.5
Total	128	100.0
Practice Setting		
Hospital-based	64	50.0
Academe-based	64	50.0
Total	128	100.0
Position/Role		
Staff Nurse	30	23.4
Charge Nurse / Senior Nurse	19	14.8
Clinical Instructor	23	18.0
Nurse Educator / Faculty	33	25.8
Nurse Manager / Supervisor	21	16.4
Other	2	1.6
Total	128	100.0
Educational Attainment		
Bachelor's degree (BSN)	44	34.4
With Master's units	84	65.6
Total	128	100.0
Work Schedule		
Regular day shift	27	21.1
Shifting schedule	43	33.6
Academic schedule	41	32.0
Flexible schedule	17	13.3
Total	128	100.0

The respondents were predominantly female (n = 96, 75.0%) and concentrated in the 25–44 age range (74.2% combined). The largest age group was 35–44 years old (n = 49, 38.3%), followed closely by 25–34 years old (n = 46, 35.9%). In terms of professional experience, the plurality had 7–10 years (n = 41, 32.0%), followed

International Journal of Clinical, Nursing, and Population Health Sciences (INCLINPHS)
Print ISSN: 3116-3866; Electronic ISSN: 3116-3874
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by 4–6 years (n = 31, 24.2%) and 11–15 years (n = 29, 22.7%); those with 1–3 years comprised the smallest group (n = 11, 8.6%). The two practice settings were equally represented (n = 64 each, 50.0%). Nurse Educator/Faculty was the most common position (n = 33, 25.8%), followed by Staff Nurse (n = 30, 23.4%). The majority had earned Master's units (n = 84, 65.6%), and shifting schedule was the most common work arrangement (n = 43, 33.6%).

The sample composition reflected a mid-career, predominantly female group of MAN students. The equal distribution across the two practice settings (n = 64 per group) provided a balanced basis for the subsequent between-group comparisons on organizational wellness and resilience. More than half of the respondents (54.7%) fell within the 7–15 years of experience bracket, indicating a group of nurses who had accumulated substantial clinical or academic exposure before pursuing graduate education. The predominance of respondents with Master's units (65.6%) showed that most were already progressing through the MAN program at the time of data collection.

Table 2

Level of Organizational Wellness Among MAN Students in Terms of Five Dimensions

Indicator	*M*	*SD*	VI	Rank
A. Physical Well-Being				
OW5 – My work schedule often leaves me physically exhausted. (R)	3.67	0.67	High	1
OW4 – My workplace promotes practices that support physical wellness.	3.65	0.66	High	2
OW1 – My current work conditions support my physical health.	3.63	0.64	High	3
OW3 – My workload is physically manageable.	3.60	0.66	High	4
OW2 – I have adequate time for rest and recovery between work or academic duties.	3.51	0.65	High	5
Subscale Mean	3.61	0.52	High	
B. Psychological Well-Being				
OW10 – I feel mentally overwhelmed by the demands of my workplace. (R)	3.64	0.66	High	1
OW7 – My workplace provides adequate support for managing work-related stress.	3.61	0.63	High	2
OW6 – My workplace allows me to maintain mental clarity in performing my duties.	3.59	0.57	High	3
OW9 – I feel that I have a reasonable degree of control over how I carry out my work.	3.59	0.63	High	4
OW8 – My organization offers programs or resources that support mental health.	3.46	0.65	High	5
Subscale Mean	3.58	0.49	High	
C. Emotional Well-Being				
OW11 – I feel emotionally supported in my workplace.	3.73	0.63	High	1
OW12 – I feel emotionally drained because of my work or academic duties. (R)	3.68	0.61	High	2
OW13 – My work environment contributes positively to my emotional health.	3.66	0.63	High	3
OW14 – I generally experience positive emotions while at work.	3.65	0.68	High	4
OW15 – I feel safe expressing my emotions in my workplace.	3.60	0.64	High	5
Subscale Mean	3.66	0.49	High	
D. Social Well-Being				
OW16 – I have positive working relationships with colleagues.	3.72	0.64	High	1
OW17 – I feel a sense of belonging in my workplace.	3.68	0.60	High	2
OW18 – I feel isolated from my colleagues at work. (R)	3.65	0.65	High	3
OW20 – Communication within my workplace is open and transparent.	3.59	0.65	High	4
OW19 – I receive adequate social support from coworkers or supervisors.	3.59	0.63	High	5
Subscale Mean	3.65	0.49	High	
E. Job/Role Satisfaction				
OW22 – My job responsibilities are meaningful to me.	3.70	0.58	High	1
OW25 – I often feel that my work efforts are not adequately recognized. (R)	3.67	0.64	High	2
OW21 – I am satisfied with my current professional role.	3.66	0.66	High	3

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OW23 – I feel valued in my position.	3.58	0.62	High	4
OW24 – I am satisfied with the opportunities for professional growth in my workplace.	3.48	0.68	High	5
Subscale Mean	3.62	0.51	High	
Overall Organizational Wellness	**3.62**	**0.46**	**High**	

Note. *N* = 128. Verbal interpretation scale: 4.21–5.00 = Very High OW; 3.41–4.20 = High OW; 2.61–3.40 = Moderate OW; 1.81–2.60 = Low OW; 1.00–1.80 = Very Low OW. Items ranked from highest to lowest mean within each dimension.

Overall organizational wellness fell within the High range (M = 3.62, SD = 0.46). Emotional Well-Being led the five subscales (M = 3.66, SD = 0.49), followed by Social Well-Being (M = 3.65, SD = 0.49); Psychological Well-Being trailed (M = 3.58, SD = 0.49) — a narrow 0.08 spread. All 25 indicators stayed within the High bracket — none reached Very High, none dropped to Moderate. "I feel emotionally supported in my workplace" (OW11) obtained the highest item rating (M = 3.73, SD = 0.63), while "My organization offers programs or resources that support mental health" (OW8) obtained the lowest (M = 3.46, SD = 0.65), just above the 3.41 lower boundary.

The high overall organizational wellness indicated that MAN students read their work environments as generally supportive. Kohnen et al. (2023) reported a similar association between perceived adequacy of the clinical work environment and nurse well-being, and Almeida et al.'s (2024) scoping review of hospital-based nurses identified parallel patterns. Emotional and Social Well-Being led the five dimensions — a ranking consistent with the Filipino workplace's *pakikisama* orientation and with the Job Demands–Resources framework (Bakker & Demerouti, 2007), which positions relational resources as buffers against occupational demands in pressured healthcare settings (Alibudbud, 2023; Corpuz, 2023).

The relative softness of Psychological Well-Being, driven by the lowest rating on organizational mental health programs (OW8, M = 3.46), pointed to a structural gap: day-to-day mental support was felt, but formal institutional resources were thinner — a concern echoed in systematic reviews of workplace well-being interventions across healthcare settings (Cohen et al., 2023). Every item sat above 3.41 yet below 4.20; wellness was present but not consolidated — sufficient rather than abundant.

From a clinical practice standpoint, the high organizational wellness reported by MAN students may carry implications beyond the workforce itself. Emotionally supported and psychologically healthy nurses are more likely to maintain attention to clinical detail, adhere to safety protocols, and sustain compassionate care delivery (Browne & Chun Tie, 2024). For MAN students who continue to hold clinical or teaching responsibilities alongside graduate study, organizational wellness at the high level may function as a protective condition for patient safety and care quality in the settings where they practice.

Table 3

Level of Resilience Among MAN Students in Terms of Four Dimensions

Indicator	*M*	*SD*	VI	Rank
A. Stress Management				
R4 – I find it difficult to function when I feel overwhelmed. (R)	3.70	0.68	High Resilience	1
R1 – I can remain calm during stressful situations.	3.67	0.59	High Resilience	2
R2 – I am able to manage pressure effectively when responsibilities increase.	3.61	0.64	High Resilience	3
R3 – I recover quickly after experiencing work-related or academic stress.	3.59	0.63	High Resilience	4.5
R5 – I use specific strategies to manage stress in my daily routine.	3.59	0.63	High Resilience	4.5
Subscale Mean	3.63	0.50	High Resilience	
B. Adaptability				
R6 – I can adjust easily to changes in my work or academic environment.	3.80	0.55	High Resilience	1
R9 – I am open to changing my approach when current methods are not working.	3.77	0.58	High Resilience	2
R10 – I struggle when routines or procedures change unexpectedly. (R)	3.74	0.58	High Resilience	3
R8 – I adapt well to new policies, procedures, or responsibilities.	3.73	0.57	High Resilience	4
R7 – I handle unexpected problems effectively.	3.60	0.61	High Resilience	5
Subscale Mean	3.73	0.44	High Resilience	
C. Emotional Regulation				
R13 – I can identify what triggers my negative emotional responses.	3.73	0.63	High Resilience	1
R15 – I use constructive ways to process my emotions after a difficult experience.	3.70	0.60	High Resilience	2
R14 – I can calm myself down when I feel upset or anxious.	3.68	0.57	High Resilience	3

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Print ISSN: 3116-3866; Electronic ISSN: 3116-3874
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R11 – I can manage my emotions even when situations are frustrating.	3.65	0.57	High Resilience	4
R12 – I can separate my personal emotions from my professional responsibilities.	3.62	0.62	High Resilience	5
Subscale Mean	3.68	0.46	High Resilience	
D. Persistence				
R16 – I remain motivated to finish tasks even when they are challenging.	3.77	0.61	High Resilience	1
R19 – I tend to give up when I do not see immediate results from my efforts. (R)	3.74	0.59	High Resilience	2
R17 – I persist in completing my academic requirements despite competing demands.	3.71	0.58	High Resilience	3
R18 – I am willing to sacrifice short-term convenience for long-term professional goals.	3.65	0.60	High Resilience	4
R20 – I have maintained long-term professional commitments even when progress was difficult.	3.54	0.60	High Resilience	5
Subscale Mean	3.68	0.43	High Resilience	
Overall Resilience	**3.68**	**0.41**	**High Resilience**	

Note. N = 128. Verbal interpretation scale: 4.21–5.00 = Very High Resilience; 3.41–4.20 = High Resilience; 2.61–3.40 = Moderate Resilience; 1.81–2.60 = Low Resilience; 1.00–1.80 = Very Low Resilience. Items ranked from highest to lowest mean within each dimension. R3 and R5 share Rank 4.5 due to identical means.

Overall resilience fell within the High range (M = 3.68, SD = 0.41). Adaptability led the four subscales (M = 3.73, SD = 0.44), followed by Emotional Regulation and Persistence (both M = 3.68); Stress Management trailed (M = 3.63, SD = 0.50) — a narrow 0.10 spread. All 20 indicators stayed within the High bracket — none reached Very High, none dropped to Moderate. "I can adjust easily to changes in my work or academic environment" (R6) obtained the highest item rating (M = 3.80, SD = 0.55), while "I have maintained long-term professional commitments even when progress was difficult" (R20) obtained the lowest (M = 3.54, SD = 0.60).

The high overall resilience indicated that MAN students carried adequate capacity to manage stress, adapt to change, regulate emotions, and persist through challenges. Yu et al.'s (2025) systematic review identified consistent personal and work-related factors associated with nurse resilience, and Bui et al. (2023) provide converging integrative evidence from mental health nursing contexts; within the Filipino setting, Berdida and Grande (2022) observed comparable resilience in nursing students, while Labrague (2021) documented resilience as a mediating resource in clinical nurses under cumulative stress. Adaptability led the four dimensions — a ranking consistent with the Roy Adaptation Model's conception of the person as a continuously adjusting system (Roy, 1976) and with Richardson's (2002) metatheory framing resilience as a motivational force activated through disruption rather than as a fixed trait. For dual-role MAN students moving between clinical or academic demands and graduate coursework, routine adaptation functioned as a survival skill rather than an exception.

The softer standing of Stress Management, paired with the lowest item rating on long-term commitment maintenance (R20, M = 3.54), marked where resilience was less consolidated. Ma (2023) found that resilience mediated the relationship between academic stress and well-being among graduate nursing students — a pattern consistent with the present sample's relative weakness on prolonged-effort persistence despite strong in-the-moment adaptability.

Table 4

Difference in Organizational Wellness Between Hospital-Based and Academe-Based MAN Students

Variable	Group	M	SD	t	df	p	Decision	d	Magnitude	95% CI
Physical Well-Being	Hospital-based	3.51	0.52	−2.20	126	.030	Reject H_0	0.39	Small	[−0.38, −0.02]
	Academe-based	3.71	0.51							
Psychological Well-Being	Hospital-based	3.45	0.47	−3.07	126	.003	Reject H_0	0.54	Medium	[−0.42, −0.09]
	Academe-based	3.71	0.48							
Emotional Well-Being	Hospital-based	3.54	0.48	−3.01	126	.003	Reject H_0	0.53	Medium	[−0.42, −0.09]
	Academe-based	3.79	0.48							

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Social Well-Being	Hospital-based	3.52	0.48	−3.07	126	.003	Reject H₀	0.54	Medium	[−0.43, −0.09]
	Academe-based	3.78	0.48							
Job/Role Satisfaction	Hospital-based	3.49	0.50	−2.82	126	.006	Reject H₀	0.50	Medium	[−0.42, −0.07]
	Academe-based	3.74	0.49							
Overall OW	Hospital-based	3.50	0.44	−3.13	126	.002	Reject H₀	0.55	Medium	[−0.40, −0.09]
	Academe-based	3.75	0.44							

Note. N = 128 (n = 64 per group). Independent samples t-test (Student's t), equal variances assumed (all Levene's p > .05). Effect size: Cohen's d, threshold-inclusive — Small ≥ 0.20, Medium ≥ 0.50, Large ≥ 0.80. CI = confidence interval of the mean difference. *p < .05. **p < .01.

Assumption checks supported the use of the independent samples t-test. Although Shapiro–Wilk was significant for Physical Well-Being among hospital-based respondents and Psychological Well-Being among academe-based respondents, skewness and kurtosis values remained within acceptable thresholds of ±2 and ±7 respectively (Kim, 2013) across all group-variable combinations, and group sizes (n = 64 per group) supported the robustness of the t-test to moderate departures from normality (Lumley et al., 2002); Levene's test confirmed homogeneity of variance for all six comparisons (all p > .05).

The null hypothesis was rejected for every dimension and the overall composite. Academe-based MAN students reported significantly higher overall organizational wellness (M = 3.75, SD = 0.44) than hospital-based respondents (M = 3.50, SD = 0.44), t(126) = −3.13, p = .002, d = 0.55 (medium). Medium effects also emerged for Psychological Well-Being and Social Well-Being (both d = 0.54), Emotional Well-Being (d = 0.53), and Job/Role Satisfaction (d = 0.50); Physical Well-Being produced the smallest group difference, t(126) = −2.20, p = .030, d = 0.39 (small).

Academe-based MAN students reported higher organizational wellness than their hospital-based counterparts across all five dimensions and the overall composite, with medium effects concentrated on the psychosocial subscales (Psychological, Social, Emotional). Under the Job Demands–Resources framework (Bakker & Demerouti, 2007), the pattern reads as a gap in job resources — autonomy, collegial support, schedule predictability — between the two practice settings rather than a difference in individual wellness capacity. Hospital-based nursing in the Philippines carries well-documented strain: chronic understaffing, compressed staffing ratios, shifting schedules, and burnout risk (Alibudbud, 2023; Corpuz, 2023), conditions that press directly on the psychosocial dimensions where the largest group differences emerged.

The smallest effect surfaced for Physical Well-Being (d = 0.39) — a finding consistent with the reality that physical demand is present in both settings, even though its character differs between bedside work and academic duties. Matahela and van Rensburg (2024) have likewise recognized the distinct demands of academic nursing roles within dynamic institutional environments. For dual-role MAN students, the finding indicates that institutional wellness investment in the hospital setting — where the psychosocial gap is widest — would narrow the observed differential and support graduate student-nurses navigating concurrent clinical and academic demands.

The observed hospital-academe differences carry implications for nursing practice and healthcare systems. The concentration of medium effects on psychosocial dimensions suggests that hospital-based MAN students experience a resource gap in collegial support, schedule predictability, and role recognition — conditions that bear on nurse retention, professional development, and workforce resilience within hospital settings. At the healthcare systems level, these differences may signal areas where healthcare institutions can strengthen workforce support systems to reduce burnout risk and improve organizational sustainability, particularly for nurses who are simultaneously investing in graduate-level professional growth.

Table 5

Difference in Resilience Between Hospital-Based and Academe-Based MAN Students

Variable	Group	M	SD	t	df	p	Decision	d	Magnitude	95% CI
Stress Management	Hospital-based	3.65	0.48	0.46	126	.646	Fail to reject H₀	0.08	Negligible	[−0.13, 0.22]
	Academe-based	3.61	0.52							
Adaptability	Hospital-based	3.72	0.44	−0.12	126	.904	Fail to reject H₀	0.02	Negligible	[−0.16, 0.14]
	Academe-based	3.73	0.44							

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Emotional Regulation	Hospital-based	3.64	0.49	−0.76	126	.448	Fail to reject H_0	0.13	Negligible	[−0.23, 0.10]
	Academe-based	3.71	0.44							
Persistence	Hospital-based	3.66	0.45	−0.57	126	.568	Fail to reject H_0	0.10	Negligible	[−0.19, 0.11]
	Academe-based	3.70	0.42							
Overall Resilience	Hospital-based	3.67	0.42	−0.26	126	.797	Fail to reject H_0	0.05	Negligible	[−0.16, 0.13]
	Academe-based	3.69	0.40							

Note. N = 128 (n = 64 per group). Independent samples t-test (Student's t), equal variances assumed (all Levene's $p > .05$). Effect size: Cohen's d, threshold-inclusive — Negligible < 0.20, Small ≥ 0.20, Medium ≥ 0.50, Large ≥ 0.80. CI = confidence interval of the mean difference.

Assumption checks supported the use of the independent samples t-test. Shapiro–Wilk was significant for several group-variable combinations — Adaptability (both groups), Stress Management and Emotional Regulation (academe-based), and Persistence (both groups) — but skewness and kurtosis values remained within acceptable thresholds of ±2 and ±7 respectively (Kim, 2013) across all combinations, and group sizes (n = 64 per group) supported the robustness of the t-test to moderate departures from normality (Lumley et al., 2002); Levene's test confirmed homogeneity of variance for all five comparisons (all $p > .05$).

None of the five comparisons reached statistical significance. Hospital-based and academe-based MAN students did not differ significantly in Overall Resilience ($t(126) = −0.26$, $p = .797$, $d = 0.05$), Stress Management ($t(126) = 0.46$, $p = .646$, $d = 0.08$), Adaptability ($t(126) = −0.12$, $p = .904$, $d = 0.02$), Emotional Regulation ($t(126) = −0.76$, $p = .448$, $d = 0.13$), or Persistence ($t(126) = −0.57$, $p = .568$, $d = 0.10$). All effect sizes were negligible ($d \leq 0.13$). The null hypothesis was not rejected for any comparison.

Resilience levels did not differ significantly between hospital-based and academe-based MAN students on any subscale or the overall composite, and all effect sizes were negligible ($d \leq 0.13$). The pattern contrasts directly with the organizational wellness finding and carries interpretive weight the OW result alone could not reveal: the work environment differentiates how respondents perceive their organizational conditions but does not shape how they *respond* to adversity. Under the Roy Adaptation Model (Roy, 1976), resilience operates as an individual-level adaptive process; Richardson's (2002) metatheory similarly frames it as a motivational force built through cumulative experience with disruption rather than as a property of the work environment. Yu et al.'s (2025) systematic review identified both personal and work-related factors as correlates of nurse resilience — a dual-factor structure consistent with theories that position resilience as cultivated through individual adaptive processes within environmental context.

A second explanatory layer is the shared graduate-nursing identity. Regardless of primary practice setting, MAN students have self-selected into continued professional development, and graduate-level socialization likely exerts an equalizing effect on resilience-related skills. Ma (2023) reported that resilience functioned as a mediating resource among graduate nursing students navigating academic stress — a role that would apply to both subgroups in this sample. The equivalence across groups indicates that resilience-building initiatives for MAN students may be structured for the population as a whole rather than differentiated by practice setting.

Table 6

Relationship Between Organizational Wellness and Resilience Among MAN Students

Variable 1	Variable 2	r	p	Decision	Magnitude	95% CI
Overall OW	Overall Resilience	.393	< .001	Reject H_0	Moderate	[.240, .530]

Note. N = 128. Pearson's r. Correlation magnitude based on Cohen (1988), extended to six descriptive levels: Negligible = .00–.09; Weak = .10–.29; Moderate = .30–.49; Strong = .50–.69; Very Strong = .70–.89; Near Perfect = .90–1.00.

***$p < .001$.

Assumption checks supported the use of Pearson r. Overall Organizational Wellness met the normality assumption (Shapiro–Wilk $W = 0.997$, $p = .991$); although Overall Resilience was flagged as non-normal by Shapiro–Wilk ($W = 0.971$, $p = .007$), skewness (−0.442) and kurtosis (−0.472) stayed within acceptable thresholds of ±2 and ±7 respectively (Kim, 2013), and the sample size (N = 128) supported the robustness of Pearson r to moderate departures from normality (Lumley et al., 2002).

A statistically significant moderate positive correlation emerged between overall organizational wellness and overall resilience ($r = .393$, $p < .001$, 95% CI [.240, .530]); the null hypothesis was rejected. Respondents who perceived higher organizational wellness in their work environments tended also to report higher resilience.

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At the dimension level, all 20 pairwise correlations were statistically significant ($p \leq .016$). The strongest dimension-level correlation was Job/Role Satisfaction × Persistence ($r = .471$, $p < .001$, 95% CI [.320, .600], moderate); the weakest was Social Well-Being × Stress Management ($r = .212$, $p = .016$, 95% CI [.040, .370], weak). Under the Bonferroni-adjusted criterion ($\alpha = .0025$), 14 of the 20 correlations survived. The six that did not survive involved four correlations of Stress Management (with Physical, Psychological, Emotional, and Social Well-Being) plus Emotional Well-Being × Emotional Regulation and Social Well-Being × Emotional Regulation — all weak in magnitude.

The moderate positive correlation between organizational wellness and resilience indicated that MAN students who perceived their work environments as more supportive also reported stronger adaptive capacity. Tzeng et al. (2023) documented a comparable pattern in a Taiwanese nurse sample, linking burnout, resilience, and well-being within a single nexus, and Abdulmohdi (2024) similarly associated perceived organizational support with higher resilience among nurses during the COVID-19 pandemic. The association aligns with the study's dual theoretical anchor: under the Job Demands–Resources framework (Bakker & Demerouti, 2007), organizational wellness functions as a job resource while resilience functions as a personal resource, and both work together to buffer occupational demands; under the Roy Adaptation Model (Roy, 1976), the work environment provides the stimuli to which the person's adaptive system responds.

The dimension-level pattern added specificity. Stress Management produced the weakest associations with the OW dimensions — four of its five correlations failed to survive Bonferroni correction — suggesting that managing acute stress draws less on environmental support than on internal coping repertoire, a reading consistent with Richardson's (2002) metatheory of resilience. The strongest pairing emerged between Job/Role Satisfaction and Persistence ($r = .471$), indicating that meaning and recognition at work were most tightly coupled with sustained long-term effort; Labrague and de Los Santos (2021) reported a parallel mediating role of resilience linking workplace conditions to sustained nurse outcomes. For institutions supporting graduate nursing students, the pattern suggests that wellness initiatives emphasizing role meaning and recognition are likely to be most relevant to resilience-related outcomes, while stress management skills may require parallel individual-level attention.

Taken together, the positive association between organizational wellness and resilience holds broader relevance for population health and health policy. A graduate nursing workforce that perceives its work environment as supportive and reports adequate adaptive capacity is better positioned to sustain quality health services over time, contributing to healthcare workforce sustainability and continuity of care at the population level. The findings may inform workforce wellness policies, nurse retention initiatives, and institutional support programs within both healthcare and academic organizations — areas where evidence-based policy can draw on the demonstrated link between organizational conditions and nurses' adaptive functioning.

Limitations of the Study

The findings should be interpreted in light of several limitations. First, data were drawn from a single Higher Education Institution (HEI) in Metro Manila using total enumeration of eligible MAN students; while total enumeration eliminated within-institution sampling bias, the findings may not generalize to graduate nursing populations at other institutions or regions. Second, the cross-sectional design precluded causal inference and did not capture how organizational wellness and resilience may co-evolve over time; all reported associations are correlational. Third, both constructs were measured through self-administered questionnaires and are therefore subject to common-method variance, social desirability, and recall bias; reported levels reflect respondents' perceptions rather than externally observed workplace conditions. Fourth, the instrument was researcher-developed and content-validated within the scope of this study, so construct validity across broader populations would require replication with different samples. Fifth, the binary classification of respondents as hospital-based or academe-based did not account for hybrid roles such as clinical instructors with concurrent bedside duties, which may have attenuated group-level differences.

Conclusions

Within the bounds of this sample, Master of Arts in Nursing students across hospital-based and academe-based settings demonstrated high levels of organizational wellness and resilience, indicating adequate capacity to navigate the combined demands of professional practice and graduate education. Practice setting influenced perceptions of organizational wellness, with academe-based respondents reporting significantly higher wellness across all dimensions, whereas resilience remained comparable across settings. Organizational wellness and resilience were positively associated, suggesting that supportive workplace environments may contribute to stronger adaptive capacity among graduate nursing students.

The findings contribute to nursing science by expanding understanding of organizational wellness and resilience among an understudied population of graduate nursing students. They also have implications for nursing practice, healthcare administration, and workforce development, highlighting the importance of supportive organizational environments in promoting professional well-being. Strengthening organizational wellness may contribute to workforce sustainability, professional engagement, and the delivery of high-quality healthcare

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services. The findings may further inform institutional wellness initiatives, nurse retention efforts, and evidence-based workforce policies within healthcare and academic settings.

Recommendations

Hospital administrators may consider implementing targeted wellness interventions that strengthen collegial support, improve schedule predictability, and enhance recognition of nurses' contributions. Higher education institutions offering MAN programs may consider expanding mental health services through counseling programs, peer-support initiatives, and resilience-building activities integrated into graduate program delivery.

Healthcare and academic institutions may strengthen programs that enhance role meaning, professional recognition, and organizational support, as these factors appear closely associated with resilience among graduate nursing students. Future researchers may conduct multi-institutional and longitudinal studies to examine the long-term interaction between organizational wellness and resilience among graduate nursing students and related healthcare professionals across diverse settings.

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International Journal of Clinical, Nursing, and Population Health Sciences (INCLINPHS)
Print ISSN: 3116-3866; Electronic ISSN: 3116-3874
National Book Development Board Registration as Book Publisher (Print & Digital): 6312
PRC-CPD Accredited Provider: PTR-2025-749

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