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iJOINED ETCOR
P - ISSN 2984-7567
E - ISSN 2945-3577

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The Exigency
P - ISSN 2984-7842
E - ISSN 1908-3181

Clinical Stressors, Coping Behaviors, and Job Performance among Intensive Care Unit (ICU) Nurses in Selected Tertiary Hospitals in Region 4-A, Philippines

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Received: 15 January 2025

Revised: 17 February 2025

Accepted: 19 February 2025

Available Online: 19 February 2025

Volume IV (2025), Issue 1, P-ISSN – 2984-7567; E-ISSN - 2945-3577

Abstract

Aim: This research determined the clinical stressors, coping behaviors, and job performance of ICU nurses in tertiary hospitals in the Philippines.

Methods: The study utilized a descriptive-correlational research approach. The respondents include ICU nurses ($n = 219$). Open-access, modified, validated, and self-administered survey questionnaires were used by the study to collect data. The items utilized to assess the nurses were from Perceived Stress Scale, the Coping Behaviors Inventory, and the Clinical Nurse Performance, all of which are on a four-point Likert scale.

Results: The study revealed a significant positive relationship between clinical stressors and job performance among the ICU nurses' respondents and there is also a significant relationship observed between coping behavior and job performance among the ICU nurse respondents.

Conclusions: The analysis revealed the full-scale predictive relationship between clinical stressors, behavioral coping, and overall job performance in ICU nurses. This underscores the importance of considering both stressors and coping mechanisms in understanding and improving overall task performance in high-stress environments such as ICUs.

Keywords: *clinical stressors; coping behaviors; job performance; ICU nurses; diverse nationalities*

INTRODUCTION

Nursing as a career embodies a delicate balance between technical expertise and compassionate care, with cultural sensitivity in the middle. In the busy tertiary hospitals of Region 4-A in the Philippines, this stability becomes paramount as nurses navigate a patchwork of different fitness values, ideals, and rituals to attend to the needs of their patients. The complexity of cultural diversity profoundly affects the health stressors, coping behaviors, and ultimately the work performance of nurses in this vicinity. As a nurse working in this dynamic healthcare environment, the researcher's interest in this topic stems from a genuine choice to improve patient care through expertise and solutions to the multifaceted challenges that intensive care unit (ICU) nurses face.

Clinical stressors, particularly well-known in specialist units along with the ICU, have cast a looming shadow over nursing practice. A study have highlighted the disproportionate burden placed on the use of ICU nurses compared to their opposite numbers in various healthcare settings (Sumiyoshi et al., 2020). The unrelenting demands of ICU care not only burden nurses physically and emotionally but also create significant barriers to their overall work performance. Characterized by demanding selection and rigorous vigilance, the ICU environment indeed presents a unique set of challenges that require modern coping strategies and unwavering resilience on the part of nurses.

It is in this context that the selection of variables for this study, focusing on Region 4-A, Philippines, becomes large. Numerous cultural tapestries in the area serve as a microcosm of the wider healthcare environment, where nurses should navigate the complex network of cultural nuances while providing care focused on disabled people. However, while the rationale for the Region 4-A decision is obvious, richer statistical information must offer strong insight into the specific issues affecting ICU nurses in this vicinity. By elucidating specific stressors, coping



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mechanisms, and indicators of overall task performance associated with Region 4-A, we aim to fill current gaps in the literature and inform targeted interventions to guide nursing practice in this area.

Region Four-A, henceforth known as CALABARZON, is one of the most densely populated areas in the Philippines and is home to many tertiary care hospitals that are known for their high influx of patients and complicated medical cases. This area is strategic for the analysis of ICU nurses because of its extensive health care needs, diverse patient demographics, and the presence of every urban and rural area where health care is challenging. These factors make it the perfect setting to examine the impact of clinical stressors on nurses' task performance and behavior in the ICU. My private motivation for choosing Region 4-A stems from my professional reviews and observations in these hospitals, where I have even witnessed firsthand the critical need for targeted assistance and interventions for overstressed ICU nurses.

Furthermore, the need to recognize and deal with clinical stressors extends beyond educational studies; it is a fundamental ethical responsibility to ensure optimal effects on the affected person and the proper being of nurses. The overlooked differences between men and women in levels of burden during clinical practice and highlight the need for nuanced approaches to help nurses cope (Jamshidi et al., 2016). Through empirical research, this investigation sought to elucidate the complex interplay between scientific stressors, coping behaviors, and overall work performance of ICU nurses, thereby paving the way for tailored interventions to mitigate the detrimental effects of workload on both nurses and patients.

Additionally, the dynamic nature of health care requires a multifaceted approach to nursing education and practice. The importance of cultivating dialectical uncanny skills in ICU nurses that enable them to make informed scientific choices in complicated and unexpectedly evolving cases (Mlek, 2011). By incorporating the insights gained from this study into nursing curricula and expert improvement packages, educators and healthcare leaders can equip ICU nurses with the necessary cognitive equipment to manage scientific stressors with confidence and competence.

Ultimately, this insight into clinical stressors, coping behaviors, and overall task performance among ICU nurses in Region 4-A, Philippines, represents a giant step closer to improving nursing practice and care for the disabled. By elucidating the complex dynamics at play in this precise healthcare context, this study sought to offer ICU nurses the knowledge and resources to enable them to thrive in adverse conditions.

Objectives

This research determined the clinical stressors, coping behaviors, and job performance of ICU nurses in tertiary hospitals in the Philippines.

More specifically, it sought to answer the following:

1. What are the self-assessed clinical stressors of ICU nurse respondents in tertiary hospitals in Region 4-A, Philippines in terms of:
 - 1.1 patient care;
 - 1.2 assignments and workload;
 - 1.3 professional knowledge and experience;
 - 1.4 area of practice;
 - 1.5 peers and daily life; and
 - 1.6 clinical supervisors?
2. What are the self-assessed coping behaviors of ICU nurses in tertiary hospitals in Region 4-A, Philippines in terms of:
 - 2.1 engagement;
 - 2.2 problem-solving;
 - 2.3 optimism; and
 - 2.4 transference?
3. What is the self-assessed job performance of ICU nurse respondents in tertiary hospitals in Region 4-A, Philippines in terms of:
 - 3.1 professional skills;
 - 3.2 clinical skills;
 - 3.3 interpersonal skills
 - 3.4 problem-solving skills;
 - 3.5 professional ethics; and
 - 3.6 leadership?



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4. Is there a significant relationship between Clinical Stressors and Job Performance among ICU nurse respondents in tertiary hospitals in Region 4-A, Philippines?
5. Is there a significant relationship between Coping Behaviors and Job Performance among ICU nurse respondents in tertiary hospitals in Region 4-A, Philippines?
6. Is there a significant predictive relationship between Clinical Stressors, Coping Behaviors, and Job Performance as assessed by ICU nurse respondents in tertiary hospitals in Region 4-A, Philippines?
7. Is there a significant mediating relationship between Clinical Stressors, Coping Behaviors, and Job Performance as assessed by ICU nurse respondents in tertiary hospitals in Region 4-A, Philippines?
8. Based on the findings of the study, what psychosocial self-help program can be developed vis-a-vis Clinical Stressors, Coping Behaviors, and Job Performance?

Hypotheses of the Study

The following are the hypotheses of the study;

Ho1. There is no significant relationship between Clinical Stressors and Job Performance among ICU nurse respondents in tertiary hospitals in Region 4-A, Philippines.

Ho2. There is no significant relationship between Coping Behaviors and Job Performance among ICU nurse respondents in tertiary hospitals in Region 4-A, Philippines.

Ho3. There is no significant predictive relationship between Clinical Stressors, Coping Behaviors, and Job Performance as assessed by ICU nurse respondents in tertiary hospitals in Region 4-A, Philippines.

Ho4. There is no significant mediating relationship between Clinical Stressors, Coping Behaviors, and Job Performance as assessed by ICU nurse respondents in tertiary hospitals in Region 4-A, Philippines.

METHODS

Research Design

This study employed a multi-phase approach that integrates various methodologies to comprehensively investigate the complex interplay of clinical stressors, coping behaviors, and job performance among ICU nurses in selected specialty and research hospitals in the Philippines. This design consists of four distinct phases.

PHASE 1: In the first phase, a quantitative descriptive–correlation approach was utilized to gather foundational data. It involves investigating the demographic profile, self-assessed clinical stressors (CS), coping behaviors (CB), and job performance (JB).

PHASE 2: Moving into the second phase, a multiple regression analysis was done to determine any significant predictive relationship between the self-assessed clinical stressors (CS), coping behaviors (CB), and job performance (JB).

PHASE 3: The third phase employed path analysis modeling, which offers a more in-depth exploration of the mediating relationships between the self-assessed clinical stressors (CS), coping behaviors (CB), and job performance (JB).

PHASE 4: In the final phase, the research used the insights gained from the previous phases to inform the development of a psychosocial self-help program tailored to address clinical stressors (CS), coping behaviors (CB), and job performance (JB) among ICU nurses.

Study Setting

The study was conducted in selected tertiary hospitals in Laguna, Philippines. a province just southeast of Manila and Laguna de Bay, in the Philippines. It has a lot of hospitals but the researcher only chose 3 tertiary hospitals. The research sites of interest are academic medical facilities and research institutions.

Hospital A is a prominent healthcare institution in the province of Laguna, Philippines, offering a diverse array of medical services to the local community. Hospital B is another significant healthcare facility in the region, boasting a substantial bed capacity of 250. Hospital C is a well-established tertiary healthcare institution located in the city of Calamba, Laguna. approximately 122 patients. The said hospitals were as locale for the study because of the availability and accessibility of the data. The research setting is due to its unique nursing workforce comprised of highly diversified nursing staff with different cultural backgrounds.

Participants

The recruitment of participants for this study adhered to well-defined inclusion criteria to ensure the



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selection of individuals who meet specific characteristics relevant to the research objectives.

Inclusion:

- (1) Nurses working in the selected research locales
- (2) Currently employed full-time
- (3) Assigned to the ICU
- (4) Involved in direct patient care
- (5) At least six months of work experience in the ICU
- (6) Able to comprehend the English language
- (7) Aged between 25 and 55 years

Exclusion:

- (1) Performs administrative or supervisory function
- (2) Currently on leave

Research Instrument

The research employed informed consent, a demographic questionnaire, and three modified validated instruments adapted from the Perceived Stress Scale (Hamadi et al., 2021), the Coping Behaviors Inventory (Sheu et al., 2002), and the Clinical Nurse Performance (Kahya & Oral, 2018). All questionnaires had previously been utilized in hospital-based studies involving nurses. With Cronbach alpha values ranging from 0.92 to 0.96, indicating high data-generating reliability. The Perceived Stress Scale had a Cronbach alpha of 0.96, the Coping Behaviors Inventory of 0.94, and the Job Performance Index for Nurses had an alpha of 0.92. Correlation would be possible by designating numeric values to the variables using structured questionnaires as the primary data collection method. In addition, all questionnaires contain positively worded questions with standardized responses, making data compilation much simpler and less time-consuming.

Study Size

The G-power analysis requires a minimum of 219 respondents. This calculation accounts for 80% of the power to detect an effect size of 0.499 at a significance level of 5%. In sampling, it considers a 20% attrition rate. The data for this study used a questionnaire survey through probability sampling. This study used a Simple Random Sampling method, which involves assigning a unique identifier to each ICU nurse in the selected hospitals and then randomly selecting a specific number of nurses, ensuring that each nurse has an equal and unbiased chance of being included in the survey.

Data Analysis

The following is the data analysis of the study;

- Implied rankings and popular variances can be calculated for each dimension of science stressors primarily based on survey questionnaire responses.
- Mean ratings and standard deviations can be calculated for dimensions related to overall job performance based entirely on survey data.
- Pearson's correlation coefficient can be used to reveal significant relationships between clinical stressors, coping behaviors, and overall job performance. Before performing the correlation analysis, the Benjamin-Hochberg view could be achieved to make sure that the data set meets the necessary assumptions.
- Multiple regression analysis was employed to determine any large predictive relationships between medical stressors, coping behaviors, and activity performance.

RESULTS and DISCUSSION

Table 1. Self-assessed Clinical Stressors, Coping Behaviors, and Job Performance of ICU nurse respondents in tertiary hospitals in Region 4-A Philippines

Clinical Stressors Dimension	Mean	Std. Deviation	Verbal Interpretation
Patient Care	3.76	0.35	Strongly Agree
Assignment and Workload	3.84	0.37	Strongly Agree



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Professional Knowledge and Experience	3.90	.208	Strongly Agree
Area of Practice	3.74	0.43	Strongly Agree
Peers and Daily Life	3.72	0.433	Strongly Agree
Clinical Supervisors	3.77	0.424	Strongly Agree
Coping Behavior Dimension	Mean	Std. Deviation	Verbal Interpretation
Engagement	3.63	.542	Strongly Agree
Problem-Solving	3.80	0.42	Strongly Agree
Optimism	3.68	0.45	Strongly Agree
Transference	3.57	0.82	Strongly Agree
Job Performance Dimension	Mean	Std. Deviation	Verbal Interpretation
Professional Skills	3.83	0.37	Strongly Agree
Clinical Skills	3.89	.28	Strongly Agree
Interpersonal Skills	3.82	0.38	Strongly Agree
Problem-Solving Skills	3.84	0.37	Strongly Agree
Professional Ethics	3.84	0.364	Strongly Agree
Leadership	3.75	0.43	Strongly Agree

Table 1 revealed the nurses-respondents' self-assessed clinical stressors, based on the table, the following can be inferred:

Patient Care. The outcome of the assessment brings out the confidence of the ICU nurses in Region 4A while at the same time depicting the challenges encountered as they strive to achieve patients' expectations. One can note that nurses are confident in their clinical competencies, and they are devoted professionals. However, the lower mean related to meeting patients' expectations resonates with a broader issue in healthcare: the issue of how it is possible to fit an objective clinical approach with the nature and wants of the patient.

Assignment and Workload. The findings of the clinical stressors of the ICU nurses from Region 4A stated the middle ground of the workload and emotional issues that the nurses are experiencing. Nurses' perception of a manageable workload may be interpreted as insight and operational efficiency of ICU care in responding to high work demands. However, the mean of comfort with complex clinical cases is slightly lower than the one associated with the overall comfort level, which can be interpreted as a key area that requires more attention and practice.

Professional knowledge and experience. From the data collected, it can be inferred that ICU nurses have a good professional content knowledge and competency which enables them in comprehending intricate medical terms and perform their responsibilities with efficiency. This high self-assessment indicates not only their competencies, but also their passion to patients.

Area of Practice. The findings have shown that nurses in the ICU in Region 4A have good perceptions towards their practice environment as captured in the percentage scores presented, especially the operating protocol. This high level of comfort probably helps them to respond proactively with changes in the state of the patients they are treating. However, the mean score for proximity to clinical exercises is significantly lower and although the increased variability can be explained by the fact that some nurses might be less secure in their practice setting because of reasons such as heavy workloads or changes in the practice environment frequently, it is also should be noted that lower mean of this variable might be the result of infrequent practice and unfamiliarity of nurses with clinical exercises in their setting.

Peers and Daily Life. The results underline the aspects of cooperation and companionship that are imperative for the conditions of employment in which ICU nurses work, and general levels of staff satisfaction with their professional working hours. This is especially reflected in the relatively high mean score of collegialities, illustrating the fact that developing good rapport with colleagues can go a long way to reduce stress and promote a sense of feeling at home



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Clinical Supervisors. The results exhibit a relatively positive interaction between the ICU nurses and their superiors with a focus on the nurses' confidence in the identification of the gaps between knowledge and practice. On this account, the above mean score underscores the nurses' confidence to participate in purposeful conversations about clinical practices that relate to improvement and patient care.

Furthermore, the data on Table 1 has also revealed the following regarding the nurses' self-assessed coping behaviors:

Engagement. The results on the index for engrossment for the ICU nurses are generally positive which indicates that the nurses have an appreciation of the numerous possibilities open for them in their careers. The enhanced mean score for accurate career prospects for respondents shows that there is immense optimism and commitment towards working in their area of specialization which is essential in fostering motivation in an individual's working environment.

Problem-Solving. The findings show that there is a high average setting, utilization of proper technique, and evaluation of the significance of the incidents in relation to ICU nurses' confidence in problem-solving. The above consensus, shows that there is a willingness to prevent challenges from arising, this is always important, especially in a complex environment as ICU.

Optimism. The findings demonstrate a fairly high level of perceiving the work of ICU nurses' optimistically, and their capacity to remain hopeful and motivated in spite of the large number of difficulties arising in the sphere of nursing. This depicts their hard-working spirits which are very useful qualities in stressful hospital environments like the Intensive Care Unit.

Transference. The result suggests a solid consensus among ICU nurses, indicating that they prioritize sleep and physical health as crucial coping strategies. This emphasis on physical well-being is significant, particularly in high-pressure environments like the ICU, where nurses often work long and irregular hours. Additionally, the results show that not all ICU nurses find it easy to relax and get adequate sleep, possibly due to work-related stress or irregular schedules. Nevertheless, the findings show that the majority of ICU nurses in this area employ various techniques to manage stress and maintain a healthy work-life balance.

Table 1 has also revealed the following in terms of the respondents' self-assessed job performance:

Professional Skills. The data shows that ICU nurses continue to maintain high professional ethics, especially integrity as seen in the precise nursing system. This shows not only their proficiency but also their commitment to providing safe and quality patient care. The data also indicates that the nurses collectively and assertively believe in their professional competence, which is important for such a special environment.

Clinical Skills. The results elaborated the fact that ICU nurses have keyed commitment to patient care hence they all agreed on the necessity of dressing patients accurately. This perfect mean score speaks volumes about how these factions are willing to go an extra mile to ensure that both the safety and comfort of patients are accorded paramount importance an aspect that is very important, especially in intensive care units given that small virtues can count to or from the life of a patient. But the lower mean with reference to the extent of individualized care planning for disabled patients is a matter of concern.

Interpersonal Skills. The results indicate a highly developed interpersonal skills of the ICU nurses pointing to their success in conflict-free cooperation with co-workers and managers. The resultant high mean score for pleasant behavior indicates that these nurses are aware of the need to support colleagues at work especially in high-risk environments such as Critical Care Units; where teamwork and good communication is very essential.

Problem-Solving Skills. From the results, it was evident that ICU nurses were very innovative in solving clinical issues indicating their high problem-solving abilities. The above mean scores particularly the two high mean scores for quickly attending clinical problems and systematically performing duties show that they are apt at handling the challenging and dynamic conditions typical of the ICU setting.

Professional Ethics. The results reflect a steadfast commitment to professional ethics among ICU nurses in the region. The uniform agreement suggests that these nurses recognize the significance of maintaining a positive attitude toward patients and their families, upholding the confidentiality of medical records, providing necessary updates, and respecting organizational culture and professional integrity.

Leadership. The observations present a great appreciation by the ICU nurses towards leadership stress and the creation of a learning climate. The relatively high mean scores for training colleagues, developing supervisory skills as well as personal growth reveal their commitment not only to their qualifications but as well as to the enhancement of their colleagues.



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Table 2. Relationship between clinical stressors and job performance and coping behaviors and job performance among ICU nurse respondents in Tertiary Hospitals in Region 4-A Philippines

Variable 1	Variable 2	r value	p-value	Correlation Direction	Correlation Strength	Interpretation
Clinical Stressor	Job Performance	0.65	0.001	Positive	Strong	A statistically significant positive correlation
Coping Behavior	Job Performance	0.42	0.015	Positive	Moderate	A statistically significant moderate positive correlation

The data displayed in Table 2 revealed the relationship between clinical stressors and job performance and coping behavior and job performance. In terms of the relationship between clinical stressors and job performance, the results shown are quite consistent with the hypothesis linking clinical stressors to the performance of ICU nurses, as tension itself might be performance stimulating and thus the nurses' productivity is improved by it. The relatively high value of Pearson correlation coefficient means that as the level of clinical stressors rises, job performance also grows, which could be hardly expected in the first place. This can be a combination of the positive effect of working in a high-stress environment or a manifestation of the professional endurance of ICU nurses.

On the other hand, in terms of the relationship between coping behaviors and job performance, the findings positively corroborate the relationship between stress management behaviors and general workplace productivity among ICU nurses and support the significance of the emotional resilience of workers coping with stress in their kinds of workplaces. A Pearson correlation coefficient of 0.42 shows that there is a positive and significant relationship whereas nurses cope better with the stressors; they deliver quality patients' care as expected. This moderate correlation supports the premise that providing nurses with tools and skills for coping with stress in their work environment would positively impact job performance and satisfaction.

Table 3. The predictive relationship between clinical stressors, coping behaviors, and job performance as assessed in ICU nurse respondents in Tertiary Hospitals in Region 4-A, Philippines

Model Coefficients - Job Performance

Predictor	Estimate	SE	t	p
Intercept	-0.911	0.1463	-6.23	< .001
Clinical Stressor	1.647	0.0921	17.88	< .001
Coping Behaviour	-0.403	0.0615	-6.55	< .001

As shown in the Table 3, the study also explored the significant predictive relationship between clinical stressors, coping behaviors, and job performance among ICU nurses in tertiary hospitals in Region 4-A, Philippines, using Lazarus and Folkman's transactional theory of stress and coping. The findings reveal a complex interplay where clinical stressors significantly impact job performance while coping behaviors mediate this relationship.



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Table 4. Mediating relationship between Clinical Stressors, Coping Behaviors, and Job Performance as assessed by ICU nurse respondents in tertiary hospitals in Region 4-A, Philippines

Indirect and Total Effects

Type	Effect	Estimate	SE	95% C.I. (a)		β	z	p
				Lower	Upper			
Indirect	Clinical Stressor 1 \Rightarrow Coping Behaviour \Rightarrow Job Performance	0.446	0.0329	0.381	0.5103	0.684	13.57	< .001
Component	Clinical Stressor 1 \Rightarrow Coping Behaviour	0.581	0.0344	0.514	0.6483	0.698	16.90	< .001
	Coping Behaviour \Rightarrow Job Performance	0.768	0.0337	0.701	0.8337	0.980	22.75	< .001
Direct	Clinical Stressor 1 \Rightarrow Job Performance	-0.138	0.0281	-0.193	0.0829	-0.212	-4.91	< .001
Total	Clinical Stressor 1 \Rightarrow Job Performance	0.308	0.0332	0.243	0.3731	0.473	9.27	< .001

In Table 4, the data about the mediating relationship between clinical stressors, coping behaviors, and job performance underscore the need for a comprehensive psychological program that addresses clinical stressors, coping behaviors, and job performance among ICU nurses. The General Linear Model (GLM) mediation analysis highlights the intricate relationships between these variables, with coping behaviors acting as a crucial intermediary between clinical stressors and job performance.



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Table 5. Instructional Design

LEARNING OUTCOMES	CONTENT	TEACHING-LEARNING ACTIVITIES		ASSESSMENT			
		Theoretical	Application	Theoretical		Application	
				Formative	Summative	Formative	Summative
Recognize Clinical Stressors	<ul style="list-style-type: none"> Types of clinical stressors, and their impact on performance 	<p>Theoretical Component</p> <ol style="list-style-type: none"> Interactive Lectures Group Discussions Case Studies Role-Playing: Us Higher-Order Questioning <p>Application Component</p> <ol style="list-style-type: none"> Workshops Peer Support Group Sessions Reflection Journals Feedback Sessions: 5. Performance Metrics Review 	<p>Theoretical Component</p> <p>Formative Assessment</p> <p>For the purpose to observe the learning process and acquisition of new knowledge during the program duration.</p> <p>Methods:</p> <ul style="list-style-type: none"> Quizzes Group Discussions Reflection Journals <p>Summative Assessment</p> <p>At the end of the program, to quantify overall learning outcomes in relation to set criteria to determine if these program outcomes meet the established criteria.</p> <p>Methods:</p> <ul style="list-style-type: none"> Final Assessment Performance Standards 				
Implement Coping Strategies	<ul style="list-style-type: none"> Coping mechanisms, stress management techniques Mindfulness, relaxation techniques, time management 			<p>Application Component</p> <p>Formative Assessment</p> <p>To evaluate level of file system application on lessons taken throughout the program.</p> <p>Methods:</p> <ul style="list-style-type: none"> Workshops and Role-Playing Peer Support Group Sessions <p>Summative Assessment</p> <p>To assess the efficiency of the implemented program and the use of the received knowledge.</p> <p>Methods:</p> <ul style="list-style-type: none"> Final Demonstration Performance Checklist 			



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Enhance Performance	Job	<ul style="list-style-type: none"> Relationship between stress, coping, and performance 	
Foster Resilience		<ul style="list-style-type: none"> Peer support groups, regular check-ins 	
Evaluate Effectiveness	Program	<ul style="list-style-type: none"> Surveys, performance metrics 	

This comprehensive interpretation is informed by the literature provided, which offers valuable insights into each aspect. All these data have formed the foundation in which the output of the study have been based. The output, which can be seen in Table 5, is an instructional design that addresses the gaps that were highlighted in the study's findings.

Conclusion

The following are the conclusions of the study:

1. The study identified the range of the self-assessed stressors experienced by the ICU nurse respondents. The stressors spanned dimensions such as patient care, assignment, workload, professional knowledge and experience, area of practice, peers and daily life, and clinical supervisors.
2. ICU nurses exhibit various coping behaviors including engagement, problem-solving, optimism, and transference. The coping reflects the adaptive strategies for managing stress and overcoming challenges in the work environment.
3. The self-assessed job performance of the ICU nurse respondent was evaluated across dimensions such as professional skills, clinical skills, interpersonal skills, problem-solving skills, professional ethics, teamwork, and leadership. The dimension represents the competency and effectiveness of ICU nurses in fulfilling their roles and responsibilities.
4. The higher level of clinical stressors was associated with better job performance suggesting that ICU nurses may thrive under pressure and demonstrate increased alertness and responsiveness in a stressful environment.
5. There is a significant relationship observed between coping behavior and job performance among the ICU nurse respondents. Advanced coping skills were linked to better job performance highlighting the importance of effective stress management in enhancing performance and well-being.



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6. Analysis revealed a predictive relationship between clinical stressors, behavioral coping, and overall job performance in ICU nurses. A higher levels of clinical stressors and higher coping behaviors predicted accelerated typical performance in ICU nurses.
7. The investigation identified a large mediating link between scientific stressors, behavioral coping, and general activity performance among ICU nurses. Specifically, it was found that coping behaviors mediate the effect of medical stressors on routine process performance.
8. Based on these findings, the study recommend the improvement and implementation of a targeted psychosocial self-help program entitled "Improving Resilience: Coping Strategies for ICU Nurses."

Recommendations

Based on the findings, the following tailored tips are proposed:

1. Periodically verify health stressors experienced by ICU nurses specializing in dimensions along with patient care, tasks and workload, expertise and fun, exercise area, peers and daily existence, and medical supervision.
2. Provide training packages and workshops to improve coping behaviors among ICU nurses. Focus on increasing engagement, problem-solving, optimism, and talent transfer to help nurses effectively handle stress and cope with the challenging conditions of painting.
3. Implement techniques to enhance mission performance among ICU nurses, including professional skills, scientific ability, interpersonal skills, problem-solving talents, expert ethics, teamwork, and leadership.
4. Healthcare corporations must provide management and resources to assist nurses in overloaded environments, thereby enhancing normal performance and patient care outcomes.
5. Encourage the adoption of effective coping techniques and resilience-building strategies to help nurses overcome stressors and improve the workplace.
6. Address the underlying causes of stressors, promote adaptive coping behaviors, and promote a conducive painting environment to contribute to high average work performance.
7. Integrate pressure control techniques, talent management development, and performance enhancement techniques into a comprehensive psychosocial support program tailored to the needs of ICU nurses.
8. Implement program in collaboration with medical centers and professional societies to ensure broad adoption and sustainability by incorporating insights gained from study findings into the program's output and effectiveness manual.

AUTHOR'S CONTRIBUTIONS

I, Kristine Jade Bulanadi, hereby confirm that the research titled "Clinical Stressors, Coping Behaviors, and Job Performance Among ICU Nurses in Selected Tertiary Hospitals in Region 4-A, Philippines" is my own work and a result of our research undertaking. All sources used in our work are fully referenced. I gave appropriate credit to author/s whose works were mentioned in the paper. I also sought the permission of copyright owners for text, figures, tables, graphs, and illustrations that were used in their entirety. All data and findings have not been falsified or fabricated. I did not seek or use the services of other entity to produce this work.

In the event that the University was able to prove that I made a false claim in this Declaration, I affirm the right of the University to impose disciplinary action in accordance with the University's regulations. I also understand that as a consequence of research misconduct in the course of completing the research the University may cancel the degree awarded to me.

DATA AVAIL ABILITY STATEMENT

The data that support the findings of this study are available from the corresponding author upon reasonable request



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E - ISSN 2945-3577



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P - ISSN 2984-7842
E - ISSN 1908-3181

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