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Psychological Resilience among Nurses in Selected Hospitals in Calapan City

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ABSTRACT

Nurses frequently encounter workplace stressors that may affect their well-being and professional performance. Therefore, nursing careers are closely related not only to personal and professional growth but also to potential psychological risks. This study assessed the demographic profiles of nurses, determined the level of resilience, examined its relationship with demographic characteristics, and identified the proposed interventions to enhance resilience. Using a quantitative descriptive-correlational design, data were collected through a standardized tool, the Connor-Davidson Resilience Scale (CD-RISC-25). The weighted mean and average weighted mean were interpreted using the following scale: 1 (1.0-1.80) – not true at all; 2 (1.81-2.61) – rarely true; 3 (2.62 - 3.42) – sometimes true; 4 (3.43 - 4.23) – often true; and 5 (4.24 - 5.0) – true nearly all the time. The results were analyzed using descriptive and inferential statistics. Findings revealed that the majority of the respondents were female, aged 20-25, working in private institutions, specifically in medical surgical wards. The results demonstrated a high level of psychological resilience regardless of gender, age, hospital type, or area of assignment. Faith or spirituality emerged as a key contributor to resilience. No significant relationship was found between demographic characteristics and resilience. The study proposed evidence-based organization, individual-focused, team-based, technology-assisted, and community interventions to sustain resilience. It recommends engagement strategies for nurses' sustainability such as workload management, peer support, mindfulness-based stress reduction, cognitive-behavioral strategies, psychoeducational workshops, self-care initiatives, digital self-paced learning programs, and employee assistance services to enhance patient-care. (Cohen et al. 2023; George et al. 2024; Liu et al. 2025).

Keywords: *Psychological Resilience, Nurses, Connor - Davidson Resilience Scale (CD-RISC 25), SPSS, Calapan City, Oriental Mindoro, Philippines*

INTRODUCTION

Nursing is a profession that requires not only clinical competence but also emotional and psychological strength. Although it is rewarding, nurses are exposed to numerous workplace challenges, including long working hours, staff shortages, workplace violence, technological changes, patient deaths, and increasing professional responsibilities. These challenges can negatively affect nurses' well-being and performance, making resilience an essential quality in nursing practice (Spring Arbor University, 2022). Nurse resilience has gained increasing attention in research and healthcare practice because it enables nurses to cope with workplace stress while maintaining high-quality patient care (Cooper et al., 2020).

Resilience has been described as "ordinary magic" because of its significant role in helping individuals adapt to life's inevitable challenges (Masten, 2001). In nursing, resilience is a crucial factor that helps mitigate the adverse effects of occupational stress and promotes psychological well-being (Han, 2022). Nurses are expected not only to provide safe and effective patient care but also to advocate for patients' rights, manage complex healthcare situations, and perform administrative duties. The ability to remain resilient is therefore vital for both nurses' personal well-being and for their delivery of quality healthcare services. Nurse resilience is attracting increasing attention in research and practice; it is the ability to deal with stress in a positive way while still maintaining high-quality care (Cooper et al., 2020).

Studies have shown that resilient nurses are better equipped to manage workplace stress, prevent burnout, and achieve greater job satisfaction. Nurses with higher resilience demonstrate improved coping strategies and emotional regulation, which contribute to better professional performance and patient outcomes (McAllister & Brien, 2019). Likewise, resilience has been identified as an important factor in maintaining performance and well-being in demanding healthcare settings (Hart et al., 2014). Current trends in nursing emphasize the importance of proactive self-care and resilience-building programs. Effective resilience-building initiatives require organizational support, positive workplace culture, teamwork, and managerial commitment. System-level changes are essential to foster sustainable resilience among nurses (Henshall et al., 2020).

Despite the growing body of literature on resilience in nursing, there remains limited research focusing on nurses in Oriental Mindoro, particularly in Calapan City. Understanding the psychological resilience of nurses in this local context is important in identifying factors that contribute to their ability to cope with workplace challenges and maintain professional performance. The findings of such research may provide valuable insights for developing evidence-based interventions and institutional programs that promote nurses' psychological well-being and resilience.

Research Problem

Despite the growing recognition of resilience in healthcare, there is still limited research focusing on nurses in Oriental Mindoro, particularly in comparing different hospital settings in Calapan City. Moreover, many studies rely solely on quantitative data. To address this gap, this study adopts a descriptive correlational study design, using quantitative measures.

This method allows a comprehensive insight into the psychological resilience among nurses by examining both its level and the underlying factors that could influence it. The findings of this study aim to support the development of programs that promote nurses' psychological well-being and professional sustainability. The reviewed literature suggests that resilience plays a substantial role in nurses' well-being and professional performance. However, a lack of local studies among nurses in Calapan City highlights the need for further investigation.

Assumptions of the Study

Null Hypothesis (H_0): There is no significant relationship between the level of psychological resilience among nurses in selected hospitals in Calapan City and their demographic profiles in terms of: gender, age, type of hospital (private or public), and area of duty assignment.

Alternative Hypothesis (H_1): There is a significant relationship between the level of psychological resilience among nurses in selected hospitals in Calapan City and their demographic profiles in terms of: gender, age, type of hospital (private or public) and area of duty assignment.

Objectives of the Study

This study aims to assess the psychological resilience among nurses in selected hospitals in Calapan City. Specifically, this part focuses on the following questions:

1. What are the demographic profiles of the respondents in terms of:
    a) Gender
    b) Age
    c) Type of Hospital
    d) Area of Duty Assignment
2. What is the level of resilience among nurses in the selected hospitals in Calapan City?
3. Is there a significant relationship between the level of resilience and the demographic profiles among nurses in selected hospitals in Calapan City?
4. Based on the quantitative findings, what programs or interventions can be proposed to enhance the resilience of nurses in selected hospitals in Calapan City?

Conceptual or Theoretical Framework

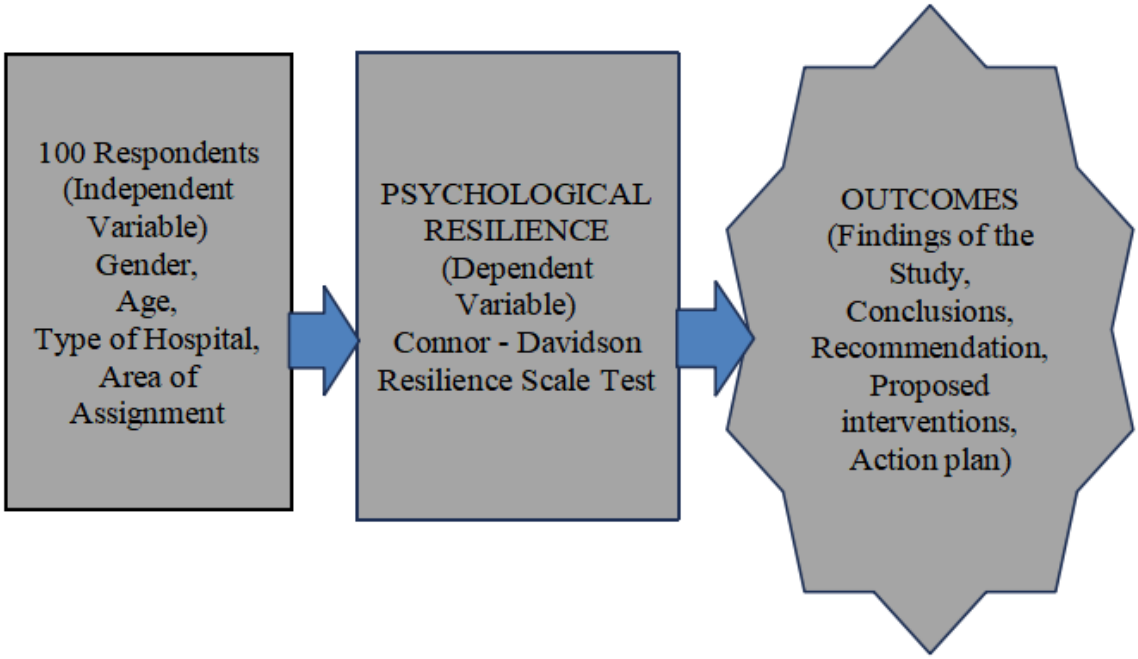

Figure No. 1 Conceptual Framework

This is the conceptual diagram of the study, using the IPO (Input - Process - Output) model. Since this study is a quantitative study about psychological resilience among nurses in selected hospitals in Calapan City. The input of this study is shown as a parallelogram, specifically including all the resources, variables, and information needed for the study. These include the respondents' demographic profiles (e.g., age, gender, type of hospital, and area of assignment), which are independent variables.

The process to be utilized to assess psychological resilience is through a questionnaire tool using the Connor-Davidson Resilience Scale Test, which will be applied to gather data, whereby an arrow is made use of to mitigate the data for the quantitative part of the study, where psychological resilience is the dependent variable.

Finally, the output is the final product or expected result of the research. It answers the research problem. The output of this study could lead to the study's findings, conclusions, suggested programs, and recommendations for short-term and long-term plans, leading to programs for the development of nurses' resilience, and it could also have the additional benefit of informing hospital policy-making.

METHODOLOGY

The study used a descriptive cross sectional study design in Calapan City. The study utilized 100 nurses from various hospitals in the city. Demographic profiles of the respondents were collected. Data were collated using a self-administered questionnaire with the standardized tool, the Connor-Davidson Resilience Scale (CD-RISC 25) (Wojujutari et al., 2024), upon approval of the authorized personnel for the study. The questionnaires were collected within a week of dissemination. Informed consent was obtained. The analytical data were measured using a 5-point Likert Scale, which has corresponding response categories and parameter limits as follows: 1 – not true at all, 2 – rarely true, 3 – sometimes true, 4 – often true; and 5 – true nearly all the time. The significance levels for the indicators of resilience were 1.0-1.80 (Very Low Level of Resilience); 1.81-2.61 (Low Level of Resilience); 2.62-3.42 (Moderate Level of Resilience); 3.43-4.23 (High Level of Resilience); 4.24 -5.0 (Very High Level of Resilience). Microsoft Excel and SPSS software were used for the statistical treatment of data. Anonymity, privacy, and confidentiality of the respondents were maintained.

Research Design

The study will utilize a descriptive cross sectional study design. A descriptive correlational research design is a non-experimental, quantitative method used to identify patterns, associations, or relationships between two or more variables within a group without manipulating them. It measures variables as they naturally occur to describe existing phenomena and determine the strength and direction of their connection. This study will focus on the psychological resilience of nurses in selected hospitals in Calapan City.

Research Locale or Study Setting

This study focuses on “Psychological Resilience Among Nurses in Selected Hospitals in Calapan City.” Psychological resilience is the dependent variable, and Nurses in Selected Hospitals in Calapan City are the independent variable, utilizing the standardized tool, the Connor-Davidson Resilience Scale - 25 Test.

A total of 100 nurses working in private and public hospitals were selected as the respondents of the study in Calapan City. There are various hospitals located in Calapan City, Oriental Mindoro. However, in this study, the researcher only used the hospitals in Calapan City that approved the study to be conducted. Seven hospitals were given intent letters and questionnaires in this study, but respondents from only four hospitals were utilized.

The study was conducted in the capital of Oriental Mindoro, a component city strategically located in northeastern Mindoro Island. It is accessible from mainland Luzon through ferry

and Roll-on/Roll-off (RORO) services from Batangas City, making it a major gateway to the province. The city has a total land area of 250.06 square kilometers and is composed of 62 barangays (eGov.ph, 2026).

Calapan City is home to several healthcare institutions that serve Oriental Mindoro and neighboring communities. These include Hospital of the Holy Cross, Luna Goco Medical Center, Ma. Estrella General Hospital, Mindoro Medical Center–Calapan, Mindoro Medical Mission Group (MMG) Hospital, Oriental Mindoro Provincial Hospital, and Sta. Maria Village Hospital. These hospitals provide essential healthcare services and serve as major employers of nursing professionals within the city. In addition, the city has nursing educational institutions, namely Luna Goco Colleges and St. Anthony School of Nursing, which contribute to the development of competent nurses who serve in both local and international healthcare settings. Given its expanding healthcare infrastructure and concentration of nursing professionals, Calapan City provides an appropriate setting for studies involving nurses.

Participants or Data Sources

The Registered Nurses' inclusion criteria for this study are the following:
(1) Nurses who are living in Calapan City at the present time of study; (2) Nurses who are in direct client care in the private or public hospitals; (3) Nurses' age should be 20 years and above. (4) Those who render service in the hospital for not less than six months, or must be serving at least one year and beyond in the hospitals in Calapan City regardless of the position held; and (5) willing to be part of the study.

Research Instruments or Materials

This study utilized a structured questionnaire composed of two parts: For the Quantitative Component, the first part will be the demographic profile assessment [Gender, Age, Type of Hospital], followed by the second part, the assessment of the [Area of Duty Assignment] and the CD - RISC 25 test, which is based on the standardized tool authored by Dr. Connor and Dr. Davidson, the Connor - Davidson Resilience Scale 25 Test Tool. The software used for identifying the frequency and mean in this study is Microsoft Excel, and the Pearson correlation is from the Statistical Package for the Social Sciences (SPSS).

Data Gathering Procedure

The study was implemented with complete observance of the procedures required by the college in conducting research. The study was conducted from the 1st week of May, 2026 to the 1st week of June, 2026. First, a transmittal letter was sent to the hospitals in Calapan City, Oriental Mindoro for permission and approval to conduct the study. After approval, informed consent forms with the attached questionnaire will be distributed to respondents prior to data collection, and respondents will be asked to sign the informed consent form, which indicates their voluntary decision to participate in the study.

The researchers used a self-administered questionnaire to collect data from nurses in selected hospitals in Calapan City. The questionnaire consists of two parts: Part I - to gather demographic information, including gender (Male, Female), age [(1) 20-25, (2) 26 -30, (3) 31-35, (4) 36-40, and (5) 41 and above], type of hospital [(1) private hospital and (2) public hospital]. Part II - to collate the area of duty assignment and assess the respondents' level of psychological resilience using a standardized resilience scale tool. Participants will complete the questionnaire independently without assistance from the researchers, ensuring confidentiality and minimizing interviewer bias.

Likewise, in the data collection, the time respondents need to complete the questionnaire will be recorded. The researcher will make sure that all respondents are informed as to how they can contact the researcher within a reasonable time period following their participation should stress arise. Next, the self-administered questionnaires will be distributed among the participants during their respective work shifts and will be retrieved after a week. Hence, the completed questionnaires will be processed, analyzed, presented in tabular forms, and interpreted.

Data Analysis

The statistical tool that will be used is the Likert scale. A Likert scale is a survey tool that measures opinions, attitudes, or behaviors. It consists of a question or statement followed by a series of answer options. Respondents will choose the option that best describes how they feel. The Likert scale will be presented with the weighted mean. The researcher will use a Connor-Davidson questionnaire tool with a 5-point Likert scale, with corresponding response categories and parameter limits as follows: 1 – not true at all, 2 – rarely true, 3 – sometimes true, 4 – often true, and 5 – true nearly all the time.

As for the level of resilience, Pearson's correlation will be used when examining whether the numerical variables are related.

The weighted mean and average weighted mean will be interpreted using the following scale: 1 (1.0-1.80) – not true at all; 2 (1.81-2.61) – rarely true; 3 (2.62 - 3.42) – sometimes true; 4 (3.43 - 4.23) – often true; and 5 (4.24 - 5.0) – true nearly all the time. Not true at all indicates a very low level of resilience; rarely true indicates a low level of resilience; sometimes true indicates a moderate level of resilience; often true indicates a high level of resilience; and true nearly all the time indicates a very high level of resilience.

Analysis and Interpretation with Adjectival Descriptions			
Point	Point Range	Adjectival Description	Interpretation
1	1.0 - 1.80	Not true at all	Very low level of resilience
2	1.81 - 2.61	Rarely true	Low level of resilience

3	2.62 - 3.42	Sometimes true	Moderate level of resilience
4	3.43 - 4.23	Often True	High level of resilience
5	4.24 - 5.0	True nearly all the time	Very high level of resilience

Table No. 1 Analysis and Interpretation with Adjectival Descriptions

Statistical tools such as frequency, percentage, mean, and Pearson correlation will be used to analyze the data. To describe variables and determine the relationship between groups.

Ethical Considerations

Prior to the conduct of the study, ethical approval was obtained from the appropriate Research Ethics Committee, and permission was secured from the administrators of the selected hospitals in Calapan City. Participation in the study was entirely voluntary, and informed consent was obtained from all respondents before data collection. The participants were informed of the purpose of the study, the expected duration of answering the questionnaire, and their right to decline from the study at their desired time without penalty.

The researchers ensured that the privacy, anonymity, and confidentiality of the respondents were protected throughout the research process. No personally identifiable information was collected, and all data was treated with strict confidentiality and used solely for academic purposes. The completed questionnaires and electronic data were stored securely and were accessible only to the researcher.

The study adhered to the fundamental ethical principles of respect for persons, beneficence, non-maleficence, and justice. Every effort was made to minimize potential risks and maximize the benefits of participation. The findings were reported honestly and accurately without fabrication, falsification, or misrepresentation of data, thereby upholding the principles of research integrity and professional ethics.

Prior to data collection, a letter of permission was sent to the author of the standardized tool for the use of the Connor-Davidson Resilience Scale Test (CD-RISC-25). Then, a letter of request was presented to the Human Resource Department of the selected hospitals chosen for this study to collect the names of the medical directors and chief nurses for the letter of consent to conduct the study. After that, a letter of consent to conduct a study was given to the Chief of Hospital for the purpose of conducting a study, from the 1st week of May 2026 to the 1st week of June 2026.

Upon approval, informed consent was obtained from designated or authorized hospital personnel for dissemination to respondents in selected hospitals in Calapan City, Oriental

Mindoro, indicating the intent of the research, the benefits of the study, and the maintenance of their full privacy and confidentiality during the study.

After the distribution of the informed consents, the respondents were asked to sign the informed consent document, signifying the respondent's voluntary decision to be part of the study. The researcher addressed issues such as confidentiality, anonymity, and privacy. The respondents have the freedom to decline to participate in the study. There were no risks or discomfort during the study. As for confidentiality, all information will not be divulged.

As for the benefits, no monetary benefits will be given to the participants. As for the costs, the financial obligations will be the researcher's personal expense. Furthermore, the accomplished questionnaires will be stored in a safe place and will be shredded after two years. The benefits of this study will include providing both generalizable data and context-specific insights, crucial for policy-making and intervention design.

RESULTS AND DISCUSSION

This chapter presents the results, analysis, and discussion of the psychological resilience of nurses in selected hospitals in Calapan City. Specifically, it addresses the four research problems outlined in this study.

Results for Objective or Statement of the Problem 1

1. What are the demographic profiles of the respondents in terms of: gender, age, type of hospital, and area of duty assignment?

Profile	F (N=100)	%
A. Gender		
Male	17	17%
Female	83	83%
B. Age		
20-25	39	39%
26-30	18	18%
31-35	10	10%
36-40	17	17%
41 and above	16	16%
C. Type of Hospital		

Private	88	88%
Public	12	12%
D. Area of Duty Assignment		
Emergency Room / OPD	12	12%
Labor Room	6	6%
Delivery Room	7	7%
Operating Room	14	14%
Recovery Room	1	1%
Post Anesthesia Care Unit	2	2%
Neonatal Intensive Care Unit	7	7%
Intensive Care Unit	8	8%
Pedia Ward	5	5%
Medical Surgical Ward	30	30%
OB Surgical Ward	2	2%
Cardio Unit	4	4%
Managerial	2	2%

Table 2. Distribution of the Demographic Profiles of the Nurses

The table 2 results indicate that among a hundred nurse respondents, there are a total of 17% male nurses and 83% female nurses. It also illustrates the age distribution of the nurse respondents. Among the 100 participants, those aged 20–25 years comprised the largest group, accounting for 39% of the sample. Respondents aged 26–30 years represented 18%, followed by those aged 36–40 years (17%), 41 years and above (16%), and 31–35 years (10%). These results indicate that most nurses employed in the selected hospitals in Calapan City were young adults. This also presents the distribution of the nurse respondents according to the type of hospital where they are employed. Among the 100 nurse respondents, 88 (88%) were employed in private hospitals, whereas 12 (12%) were employed in public hospitals. These findings indicate that private healthcare institutions comprise the primary workplace of the respondents. This table also presents the distribution of the nurse respondents by area of assignment. Among the 100 respondents, the largest proportion was assigned to the Medical-Surgical Ward (30%), followed by the Operating Room (14%), Emergency Room/Outpatient Department (12%), Intensive Care Unit (8%), Delivery Room (7%), Neonatal Intensive Care Unit (7%), Labor

Room (6%), Pediatric Ward (5%), Cardio Unit (4%), Post Anesthesia Care Unit (2%), OB Surgical Ward (2%), Managerial (2%), and Recovery Room (1%).

Discussion of Objective or Statement of the Problem 1

A. Distribution of Respondents by Gender

The study demonstrates a correlation between male nurses and female nurses in that most nurses are female. The analysis supports the theory that nursing is predominantly female primarily due to historical gender roles, societal expectations of caregiving, and systemic barriers. Early nursing was defined as an extension of domestic and maternal duties, and institutions like the military nurse corps formally excluded men. The data suggests that while the exact numbers fluctuate, the World Health Organization notes that approximately 90% of the world's 27.9 million nurses are women. However, as the industry modernizes and emphasizes advanced medical technology, the profession is increasingly seeing more gender diversity.

According to Haddad et al. (2023), the nursing workforce continues to be composed mainly of women. Many female nurses, particularly those in their reproductive years, either reduce their working hours or temporarily leave the profession to fulfill family responsibilities. Although some eventually return to nursing, others choose different career paths, contributing to the ongoing shortage of nurses.

Wu et al. (2023) reported that the global healthcare system continues to experience a significant nursing shortage, with male nurses representing only a small proportion of the workforce. The under-representation of men in nursing has been linked to persistent gender stereotypes, societal expectations, and workplace discrimination, all of which discourage men from entering and staying in the profession.

The studies consistently show that the nursing workforce is predominantly female. Rink et al. (2023) reported that most nurse participants who self-identified their sex were female. Similarly, Sperling (2021) found that 82.5% of the 231 nurses included in the analysis were female, while only 17.5% were male. Likewise, Adolfo (2020) reported that among 374 nurse respondents, 65.2% were female and 34.8% were male. These findings suggest that women continue to comprise much of the nursing profession across different healthcare settings. The predominance of female nurses may be attributed to the historical and societal perception of nursing as a female-oriented profession, although the participation of male nurses has gradually increased over time. The consistency of these findings supports the demographic trend observed in nursing research and practice.

Historically, the nursing profession became closely associated with women because of policies and social norms established during the early twentieth century. In the United States, the reorganization of the U.S. Army Nurse Corps in 1901 excluded men from serving, and this restriction remained in effect until 1955. In addition, many civilian nursing schools refused admission to male students. It was only after a court decision in 1981

that nursing education institutions were required to accept men, although by that time, the perception that nursing is a female-dominated profession had already been deeply ingrained.

The belief that women are “naturally” better caregivers contributed to the idea that nursing was simply an extension of traditional female roles. However, Blackmore (2024) emphasized that existing research provides little evidence that empathy, communication skills, or caregiving ability are determined or influenced by a person’s gender.

B. Distribution of Respondents by Age

This data suggests that in the Philippines, according to Gupta (2025), most practicing nurses are 20–25 years old because of the massive "brain drain," where senior nurses rapidly emigrate for better wages, and local hospitals heavily favor hiring fresh graduates. The analysis supports the theory that this young demographic is driven by several key factors. First, international brain drain, or massive emigration, and the stopgap role where many 20-25-year-old nurses in the Philippines take on local staff positions primarily to acquire the mandatory 1-3 years of bedside experience required by foreign recruitment agencies, viewing domestic hospitals as stepping stones. Similarly, Republic Act No.7164 provides that nurses who graduated from state colleges and universities are required to complete at least one year of service in the Philippines after receiving their professional license before they may seek employment overseas.

The higher proportion of nurses aged 20–25 years may reflect the continuous recruitment of newly licensed nurses to address workforce demands in hospitals. Early-career nurses often comprise a substantial portion of the nursing workforce because they enter clinical practice soon after completing their nursing education and obtaining professional licensure. This age distribution suggests that many respondents were in the early phases of their nursing careers. During this stage, they continue to strengthen and develop their clinical competence, confidence, and coping strategies through experience while adapting to the challenges and pursuing the professional goals of the new breed of nurses (Tingson et al., 2025).

The current generation of nurses completed a substantial portion of their clinical education through online and remote learning because of the restrictions imposed during the COVID-19 pandemic. This shift resulted in limited face-to-face clinical exposure, which may have affected their preparedness for professional practice. As a result, newly licensed nurses may encounter greater difficulties during their transition to the clinical setting, which can influence their adjustment, job satisfaction, and resilience in the early years of practice (Swift et al., 2020).

Age is considered an important demographic characteristic associated with nurses' resilience, professional quality of life, and work experiences. Differences in age often correspond to variations in clinical experience, coping strategies, and career responsibilities. At the same time, the increasing number of nurses approaching

retirement has raised concerns regarding workforce sustainability, emphasizing the need to provide appropriate support to nurses at different stages of their professional careers (Haddad et al., 2023).

Several studies have demonstrated that age is significantly associated with nurses' professional quality of life. Older nurses tend to report lower levels of burnout and secondary traumatic stress compared with their younger counterparts. This may be attributed to greater work experience, higher self-efficacy, more effective coping strategies, and stronger social support systems developed over time (Adolfo, 2020). Older nurses are also more likely to possess greater autonomy, better control over their work environment, and increased confidence in managing workplace stressors (Hsu, 2019).

In contrast, younger nurses often encounter challenges related to adjusting to the organizational environment, understanding workplace policies, and developing professional competencies. They may experience harsher working conditions, reduced autonomy, and difficulties adapting to the emotional and physical demands of nursing practice (Geoffrion et al., 2019; Galiana et al., 2017). Likewise, newly employed nurses may find demanding work schedules and heavy workloads particularly overwhelming as they continue to develop clinical skills and professional confidence (Barit, 2024).

Furthermore, studies suggest that as individuals age, they develop more positive coping mechanisms and greater self-efficacy, which may help them manage workplace stress effectively and minimize burnout. (Arteche et al., 2019). These findings support the importance of fostering mentorship and collaborative work environments where experienced nurses can provide guidance and support to younger colleagues.

C. Distribution of Respondents by Type of Hospital

The predominance of nurses from private hospitals may reflect the availability of participating private hospitals in the study area, differences in staffing patterns, or the accessibility of respondents during data collection. It also suggests that the findings on psychological resilience mostly represent the experiences of nurses working in private healthcare settings.

Hospital type has been recognized as an important organizational factor that may influence nurses' working conditions, professional experiences, and psychological resilience. Public and private hospitals differ in resource allocation, organizational structures, staffing patterns, and institutional support, which may affect nurses' well-being and their ability to cope with workplace demands.

Studies have shown that working conditions in hospitals significantly influence nurses' physical and psychosocial well-being. Public hospitals often face challenges such as increased patient loads, long working hours, staff shortages, and inadequate physical infrastructure, all of which may contribute to workplace stress and negatively affect nurses' overall well-being (Manyisa & Aswegen, 2017). In contrast, private hospitals have

been associated with greater investments in organizational development, health system strengthening initiatives, and structured programs aimed at improving healthcare delivery and workforce performance (Fallah & Maleki, 2021).

The literature further suggests that differences between public and private hospital settings may influence healthcare outcomes and organizational efficiency. While evidence from European countries indicates that public hospitals are generally comparable or even more efficient than private hospitals in several aspects of healthcare delivery, accessibility, quality of care, and institutional priorities vary considerably across healthcare systems (Kruse et al., 2018). Similarly, private hospitals have demonstrated advantages in reducing patient waiting times in certain healthcare settings, reflecting differences in resource availability and service delivery models (Kelly & Stoye, 2020).

Several nursing studies have likewise reported variations in nurse populations across hospital types. Research conducted during the COVID-19 pandemic revealed that nurses employed in government and public hospitals constituted the majority of respondents, highlighting the substantial workforce demands in public healthcare institutions (Sperling, 2021). Conversely, studies conducted among Filipino nurses included a larger proportion of respondents from private hospitals, reflecting the significant contribution of private healthcare institutions to the nursing workforce in the Philippines (Adolfo, 2020).

Institutional support has also been identified as a critical factor influencing nurses' resilience and preparedness. Nurses working in both public and private hospitals have demonstrated moderate to high levels of psychological resilience and disaster preparedness. However, nurses employed in private hospitals generally reported higher levels of knowledge, training, and resource availability. Institutional support, particularly among public hospitals, remains an area requiring continuous improvement through adequate resources, standardized protocols, and professional development opportunities (Tolentino, 2025).

Tolentino (2025) reported that nurses employed in both public and private hospitals demonstrated moderate to high levels of disaster preparedness and resilience during mass casualty incidents. Nurses working in private hospitals obtained higher scores on most indicators, particularly in knowledge and training, suggesting that access to structured educational programs, simulation-based training, and adequate resources may strengthen preparedness. Despite these differences, nurses from both hospital types exhibited high levels of psychological resilience, teamwork, and adaptability when responding to stressful situations. The study also identified institutional support as an area requiring further improvement, particularly in public hospitals, emphasizing the importance of standardized protocols, sufficient resources, and ongoing professional development to enhance disaster readiness.

In contrast, Tingson et al. (2025) found that the type of healthcare institution was not a significant factor influencing nurses' reported experiences. The findings indicated that

employment in either a public or private hospital did not significantly affect the challenges encountered by nurses.

D. Distribution of Respondents by Area of Duty Assignment

The predominance of nurses assigned to the Medical-Surgical Ward may be attributed to the broad range of patient conditions managed in this unit and its relatively higher staffing requirements compared with specialized departments. Medical-surgical units commonly accommodate a large patient population with diverse healthcare needs, requiring a greater number of nurses to provide continuous and comprehensive care. In contrast, specialized units such as the Recovery Room, Post Anesthesia Care Unit, and Managerial positions generally require fewer personnel, which may explain their lower representation in the study.

Among Filipino nurses, medical wards have been reported to comprise the largest proportion of nurse respondents in some studies, reflecting the substantial workforce demands in inpatient care settings (Adolfo, 2020). Similarly, nurses working in varied hospital departments represent the diverse clinical environments in which nurses provide care and experience workplace stressors (Sperling, 2021). In the studies of Adolfo (2020) and Sperling (2021), a greater percentage of nurse respondents came from the Medical Surgical ward, compared to other areas of duty assignment.

Area of duty assignment is another important demographic factor that may influence nurses' psychological resilience, workplace experiences, and professional quality of life. Nurses assigned to different clinical areas are exposed to varying levels of workload, emotional demands, and occupational stressors that may affect their ability to cope with workplace challenges.

The nature of nurses' clinical assignments has also been associated with psychological outcomes. Nurses assigned to highly demanding and emotionally intensive clinical areas, particularly pediatric intensive care units and other critical care settings, are more likely to experience burnout syndrome and symptoms of post-traumatic stress following the death of a patient (Rodríguez-Rey et al.). These findings highlight the emotional and psychological challenges inherent in specialized clinical areas that require continuous exposure to critically ill patients and traumatic events.

Furthermore, resilience intervention studies have included nurses from diverse clinical settings such as inpatient care, emergency rooms, critical care units, outpatient departments, and non-clinical roles. The inclusion of nurses across various areas of practice demonstrates that resilience is an important competency regardless of clinical assignment. However, differences in workplace demands suggest that resilience-enhancing interventions may need to be tailored to the unique stressors experienced by nurses in different hospital units (Theresa et al., 2025).

Results for Objective or Statement of the Problem 2

2. What is the level of resilience among nurses in the selected hospitals in Calapan City?

Indicators	Mean	Verbal Distribution
1. I am able to adapt to change	4.27	Very High Level of Resilience
2. I have close and secure relationships	4.15	High Level of Resilience
3. Sometimes fate or God helps me.	4.64	Very High Level of Resilience
4. I can deal with whatever comes my way.	3.86	High Level of Resilience
5. Past successes give me confidence for new challenges.	4.25	Very High Level of Resilience
6. I try to see the humorous side of things.	3.98	High Level of Resilience
7. Having to cope with stress can make me stronger.	4.05	High Level of Resilience
8. I tend to bounce back after illness, injury or other hardships.	3.99	High Level of Resilience
9. Things happen for a reason	4.4	Very High Level of Resilience
10. I give my best effort no matter what.	4.54	Very High Level of Resilience
11. I can achieve my goals.	4.31	Very High Level of Resilience
12. When things look hopeless, I do not give up.	4.28	Very High Level of Resilience
13. I know where to turn for help.	4.3	Very High Level of Resilience
14. Under pressure, I stay focused and think clearly.	4.03	High Level of Resilience
15. I prefer to take the lead in problem-solving.	3.73	High Level of Resilience
16. I am not easily discouraged by failure.	3.92	High Level of Resilience
17. I think of myself as a strong person.	3.95	High Level of Resilience
18. I can make unpopular or difficult decisions.	3.64	High Level of Resilience
19. I can handle unpleasant feelings.	3.79	High Level of Resilience
20. I have to act on a hunch.	3.52	High Level of Resilience
21. I have a strong sense of purpose.	4.17	High Level of Resilience
22. I feel like I am in control.	3.74	High Level of Resilience
23. I like challenges.	3.75	High Level of Resilience

24. I work to attain goals.	4.35	Very High Level of Resilience
25. I take pride in my achievements.	4.25	Very High Level of Resilience
GWM	4.07	High Level of Resilience
Legend: 1.0-1.80 (Very Low Level of Resilience); 1.81-2.61 (Low Level of Resilience); 2.62-3.42 (Moderate Level of Resilience); 3.43-4.23 (High Level of Resilience); 4.24 -5.0 (Very High Level of Resilience)		

Table 3. Distribution of the Level of Resilience among Nurses

Table 3 presents the level of resilience among nurses in Calapan City; it shows that the General Weighted Mean is 4.07, which indicates a High Level of Resilience. Also, the results show that among the 100 respondents, it revealed that the highest mean score for the indicators is 4.64, which means a very high level of Resilience for item#3, *Sometimes fate or God helps me*, while the lowest mean score is 3.52 for item#20, *I have to act on a hunch*, which has a verbal distribution of High Level of Resilience.

The relatively high rating of Item# 3, *Sometimes fate or God helps me*, may be explained by the influence of faith and spirituality on psychological resilience. According to Iacoviello and Charney (2014), spirituality and positive religious coping are important factors that contribute to resilience by providing individuals with a sense of purpose, hope, and meaning during adversity. Faith may also serve as a source of emotional support and guidance, enabling individuals to cope more effectively with stressful and traumatic experiences.

This finding may be understood within the Philippine cultural context, where religious beliefs remain deeply embedded in everyday life. Christianity is the predominant religion in the Philippines, largely due to more than three centuries of Spanish colonial influence. The majority of Filipinos identify as Christians, and religious faith continues to shape their values, coping behaviors, and responses to life challenges. Consequently, reliance on God or a higher power as a source of strength and resilience is common among Filipinos (Stanford, 2014).

Supporting this finding, Habibi et al. (2022) reported that positive religious coping was the most frequently used strategy for managing stress among healthcare workers, followed by positive social, personal, and environmental coping strategies. The study further indicated that fostering positive spiritual coping, addressing negative spiritual coping through religious counseling, and strengthening one's relationship with God may help reduce occupational stress and promote psychological well-being among healthcare professionals.

Also, about item #20, *I have to act on a hunch;* although it scored the lowest, it is still considered to be part of the High Level of Resilience. According to Biology Insights (2025), intuition, often described as a "gut feeling" or "hunch," is not an innate and

unchangeable trait but a competency that can be developed and refined through experience. It functions like a mental muscle that strengthens with practice, particularly in environments where patterns are consistent and feedback is clear. This explains why seasoned experts are often able to make rapid and accurate judgments in complex situations.

Similarly, Stubbs and Friston (2024) argue that hunches, particularly in high-pressure situations, should not be viewed as simple intuition. Instead, they arise from complex cognitive processes in which the brain integrates prior experiences, observations, and information from the social environment through active inference. These mental processes help individuals interpret uncertainty and support decision-making. However, the accuracy of hunches may vary depending on factors such as professional experience and cognitive biases, underscoring the importance of evaluating their reliability before acting on them.

Results for Objective or Statement of the Problem 3

3. Is there a significant relationship between the level of resilience and the demographic profiles among nurses in selected hospitals in Calapan City?

Variables	Levels of Psychological Resilience		
	r	Sig	Interpretation
Gender	-0.082	0.40	Not Significant
Age	0.106	0.29	Not Significant
Type of Hospital	0.134	0.18	Not Significant
Area of Assignment	0.011	0.91	Not Significant

Table 4. Significant Relationship between the Demographic Profiles of the Nurses and their Level of Psychological Resilience

The ability to adapt, recover, and continue to face adversity is what challenges coping that supports recovery and growth. The researcher intends to further evaluate psychological resiliency and its degree of association with the nurses' profile characteristics. The above values generated a P>0.05 level of significance. The data imply that regardless of gender, age, type of hospital, and area of assignment, the variables do not yield significant correlation to the levels of psychological resilience of the nurses. But the average resiliency rating of x=4.07 (Std Dev .613) clearly indicates a high level of resiliency, which can be attributed to their way of coping with the high demands of care activities. Although still considered a high level of resilience, *item #20, I have to act on a hunch, obtained the lowest mean of x=3.52, followed by item #18, I can make unpopular or difficult decisions,* with a mean of x=3.64.

Having to act on a hunch forces one to respond based on intuitions, instinct, or feeling rather than evidence or proof. Thinking about things that are not supported by factual results and just basing it on intuitions is vulnerable to mistakes. Given the lowest, the researcher deduced the respondents' ability to value evidence in making their decisions. While making unpopular and difficult decisions, obtaining the 2nd lowest means that respondents take effort in determining their decisions diligently, which weighs options and alternatives. It might be construed, though, that having the lowest among others, the fact remains the “high level” rating gathered by the research over the above item, maintained its status as a resilient group.

In psychological assessments, "I have to act on a hunch" reflects an adaptive intuition and decisiveness under pressure—core traits of high psychological resilience and hardiness. It demonstrates the ability to trust internal processes, embrace autonomy, and confidently navigate ambiguous, high-stakes environments. Moreover, psychological studies highlight that relying on a "hunch" is not arbitrary; it is often expert intuition rapid, subconscious synthesis of past experiences and tacit knowledge. In high-stress, rapidly changing environments, resilient individuals effectively bypass slow, deliberative analysis to make fast, holistic, and successful adaptations. This finding is supported by Hu et al. (2025), who examined intuition in decision-making using the Drift Diffusion Model (DDM). Their study investigated the relationship between Cognitive Reflection Test (CRT) scores and intuitive decision-making under conditions of risk. The results showed that individuals with higher CRT scores demonstrated better decision-making performance and relied more effectively on intuitive judgment.

Similarly, Silva et al. (2024) reported that resilience enables individuals to respond constructively to uncertain and challenging situations. Rather than becoming overwhelmed or immobilized by ambiguity, resilient individuals are more likely to accept uncertainty and adopt a proactive approach by making timely, independent decisions instead of delaying action through excessive analysis.

On the other hand, the highest obtained mean of x=4.64 (Very High Level of Resilience) emphasizes that *sometimes fate or God helps me.* The strong attestation of our religious involvement is an indication that most of the respondents see “faith in God as saving them from further complications and difficulties. As one of the countries with the highest number of Christians, the majority leave their faith to their Almighty Being.

In resilience literature, the statement *"Sometimes fate or God helps me"* represents Spiritual Resilience or External Locus of Control—a coping mechanism where surrendering control to a higher power lowers anxiety and facilitates positive adaptation to severe adversity. According to the study by Deshmukh et al (2022), the study entitled “*Relationship of Religious Orientation with Happiness and Resilience and the Mediational Role of Locus of Contro*l” highlights that an intrinsic religious orientation, wherein individuals practice religion based on personal conviction and meaning, may promote

self-reliance. This increased sense of personal control can contribute to greater happiness and enhanced resilience.

And so, unlike a purely secular "internal" locus of control (where the individual must manage everything), relying on fate/God represents an adaptive "external" locus of control. It reduces the psychological burden of trying to control uncontrollable circumstances.

Based on Taufik et al. (2022), the authors state that attributing survival or strength to God or fate provides individuals with a framework to give meaning to painful events, transforming suffering into a test of faith or part of a larger life purpose. Also, spirituality is important to a large percentage of the older adult population and serves as a key factor of resilience (Manning et al., 2019). Also, several studies focused on resilience as a contributor to longevity, and that it becomes even more profound at very advanced ages (Zeng & Shen, 2010). Studies on "Resilient Reliance" suggest that placing one's trust in a higher power builds emotional endurance, buffering the individual against feelings of isolation and hopelessness.

Results for Objective or Statement of the Problem 4

4. Based on the quantitative findings, what programs or interventions can be proposed to enhance the resilience of nurses in selected hospitals in Calapan City?

Based on the quantitative findings and literature reviews, Evidence-Based Resilience Programs for nurses can be proposed to enhance or maintain the resilience of nurses in selected hospitals in Calapan City. These interventions were subdivided into five themes: Organizational, Individual, Team-Based, Technology-Assisted Interventions, and Community and Wellness Support Interventions. The most prominent and widely proposed interventions in the related nursing literature include:

4.1. Organization- Focused Interventions

Organization-focused interventions aim to strengthen resilience by improving the work environment and providing institutional support. Evidence suggests that job crafting, workload management, and peer support programs significantly improve resilience among nurses (Cohen et al., 2023). Peer-support initiatives such as “Malasakit,” Collective Solidarity, and “Bearing the Weight” encourage mutual assistance and emotional support among healthcare workers (Rosales, 2026), as well as Nurse Stress Management Programs (NSMP) (Oliquiano & Cuevillas, 2026) and preceptorship programs (Cao et al., 2021). Nurse managers are encouraged to implement both group-based and individualized support approaches to address varying staff needs.

Hospital safety support systems, occupational awareness programs, and self-assessment sessions have also been found effective in promoting resilience (Han, 2022; Kim & Cho, 2022). Similarly, Acceptance and Commitment Therapy (ACT) and Nurse

Stress Management Programs (NSMP) help nurses develop adaptive coping strategies and psychological flexibility (Buyukoksuz, 2025; Oliquiano & Cuevillas, 2026). Cognitive-Behavioral Interventions (CBT) (Yasmin et al., 2022) are programs grounded in modifying dysfunctional thoughts and building skills; they help nurses reframe negative cognition, develop problem-solving skills, and manage intense emotional responses to hardship.

Hossain and Clatty (2021) identified several organizational approaches to enhance nurses' resilience, including visible and supportive leadership, recognition of nurses' accomplishments, acknowledgment of workplace stress, and encouragement and hope. They also highlighted the value of educational interventions, such as Cognitive Processing Therapy, which focuses on increasing awareness, developing coping skills, and modifying unhelpful beliefs. In addition, emotional freedom techniques that integrate components of cognitive behavioral therapy and exposure therapy may support psychological adjustment. Developing an organizational culture that promotes moral resilience is essential in helping nurses manage and recover from traumatic clinical experiences.

In the Philippines, workplace mental health has been strengthened through policies and programs implemented by government agencies such as the Civil Service Commission (CSC) and the Department of Labor and Employment (DOLE). These initiatives were developed pursuant to Republic Act No. 11036, otherwise known as the Mental Health Act of 2018, which promotes the delivery of integrated and evidence-based mental health services across workplaces, including healthcare institutions (Castillejos et al., 2025).

4.2. Individual - Focused Interventions

Individual-focused interventions emphasize self-care and personal resilience-building strategies. Programs centered on emotion regulation, relaxation techniques, self-compassion, breathing exercises, gratitude journaling, and mindfulness practices have demonstrated positive effects on nurses' resilience (Han & Yeun, 2023; George et al., 2024).

Mindfulness-Based Stress Reduction (MBSR), which incorporates meditation, yoga, and present-moment awareness, has been shown to reduce anxiety, improve compassion, and help nurses recover from workplace stressors (Iacoviello & Charney, 2014). Other evidence-based approaches include mindfulness education, meditation, acupuncture, gratitude journaling, and professional coaching, all of which contribute to enhanced psychological well-being and resilience (Cohen et al., 2023; Bevan and Emerson, 2020; Colgan et al, 2019; McNulty et al., 2022; Werneburg et al., 2018).

4.3. Team - Based Interventions

Structured Team and Peer Support (Social Support) Programs (Yan et al., 2024) like the S.T.R.O.N.G.E.R initiative or "tap out" practices, where nurses are given short, designated times to step away from the floor, share stories of gratitude, or participate in

debriefs. It helps foster team-building, normalizes help-seeking behaviors, and validates the psychological impacts of acute care (George et al., 2024; Coicou, 2021). These initiatives also promote team cohesion.

Psychoeducational workshops, including the Resilience Enhancement for Nurses' Empowerment Workshop (RENEW), Nursing Resilience Training Programs, Emotional Intelligence Training, and Multimodal Resilience Programs, focus on communication, leadership, emotional intelligence, and self-care skills (Azizi et al., 2026; Liu et al., 2025; Han et al., 2022).

Anger Management Psychoeducation (AMP) has also been found to significantly improve resilience by providing nurses with coping strategies and opportunities for emotional expression (Liu et al., 2025). Additional group interventions include Group Painting Therapy, Group Mindfulness Therapy, and integrated resilience programs such as Acceptance and Commitment Therapy (ACT) (Buyukoksuz, 2025) and Emotional Intelligence Training (Liu et al, 2025). Workplace resilience may be strengthened through structured programs such as the Stress Management and Coping Skill Training Program (SMACKT), Stress Management and Resiliency Training Program (SMART), and Resilience, Insight, Self-Compassion, and Empowerment (RISE) (Bailey et al, 2025). These interventions incorporate components such as stress management strategies, coping skills development, self-compassion practices, and empowerment training, which may help enhance nurses' ability to adapt to workplace challenges (Liu et al., 2025).

4.4. Technology-Assisted Interventions

Furthermore, some researchers have used resilience-focused digital and self-paced resilience programs, such as REsOluTioN (Resilience Enhancement Online Program) or app-delivered mindfulness modules. These approaches help maximize autonomy and are highly accessible, allowing nurses to complete training around demanding, shifting work schedules. (Srikesavan et al, 2022)

However, evidence suggests that face-to-face interventions may produce stronger outcomes than purely online approaches, highlighting the importance of balancing technological accessibility with direct interpersonal engagement (Han & Yeun, 2023; Liu et al., 2025).

4.5. Community and Wellness Support Interventions

This includes Employee Assistance Program (EAP), 24/7 hotline web-based rapid access to 1:1 programs, quiet rooms, 1:1 wellness checks, and meals provided (George et al, 2021; Krystal et al, 2021). Such initiatives create a supportive environment that promotes overall well-being and resilience among nurses.

Therefore, the proposed interventions highlight that psychological resilience can be sustained through a multidimensional approach involving organizational support,

individual self-care, team collaboration, technology-assisted programs, and community-based resources. The proposed interventions support the present study's conclusion that resilience should be continuously strengthened, despite respondents already demonstrating a high level of psychological resilience, for reinforcement. The proposed interventions can be used for sustainability programs and engagement strategies among nurses. Implementing these evidence-based programs may help hospitals sustain nurses' emotional well-being, reduce occupational stress, and promote nurses' resilience to promote quality patient care.

General Discussion

This study determined the level of psychological resilience among nurses in selected hospitals in Calapan City, examined its relationship with selected demographic variables, and identified appropriate resilience-enhancing interventions based on the findings.

1. **Demographic Profile of the Respondents.** Of the 100 nurse respondents, the majority were female (83%), while 17% were male. Most respondents were between 20 and 25 years old (39%), succeeded by aged 26–30 years (18%), 36–40 years (17%), 41 years and above (16%), and 31–35 years (10%). Most respondents were employed in private hospitals (88%), whereas only 12% worked in public hospitals. In terms of area of assignment, the largest proportion was assigned to the Medical-Surgical Ward (30%), followed by the Operating Room (14%), Emergency Room/Outpatient Department (12%), Intensive Care Unit (8%), Delivery Room (7%), Neonatal Intensive Care Unit (7%), Labor Room (6%), Pediatric Ward (5%), Cardio Unit (4%), Post-Anesthesia Care Unit (2%), OB Surgical Ward (2%), Managerial Department (2%), and Recovery Room (1%).
2. **Level of Psychological Resilience.** The respondents demonstrated an overall **High Level of Psychological Resilience**, with a General Weighted Mean of **4.07**. The highest-rated indicator was *"Sometimes fate or God helps me"* (M = 4.64), indicating a **Very High Level of Resilience**. Other indicators with very high ratings included adapting to change, giving one's best effort, achieving goals, maintaining hope during difficult situations, seeking help when needed, working toward goals, and taking pride in personal achievements. The lowest-rated indicator was *"I have to act on a hunch"* (M = 3.52), although it still fell within the **High Level of Resilience** category.
3. **Relationship Between Demographic Profile and Psychological Resilience.** Statistical analysis revealed **no significant relationship** between the nurses' level of psychological resilience and their demographic characteristics, specifically gender, age, type of hospital, and area of assignment ($p > .05$). These findings indicate that psychological resilience was consistently high regardless of the respondents' demographic profiles.
4. **Proposed Programs and Interventions.** Based on the quantitative findings and supporting literature, several evidence-based interventions were identified

to further strengthen nurses' resilience. The proposed interventions to enhance nurses' psychological resilience can be categorized into five major themes: organizational, individual, team-based, technology-assisted, and community interventions.

Organization-focused interventions emphasize improving the work environment through workload management, job crafting, peer support programs, hospital safety systems, stress management programs, Cognitive-Behavioral Therapy (CBT), Acceptance and Commitment Therapy (ACT), Nurse Stress Management Program (NSMP) preceptorship programs, visible leadership, staff recognition, and educational support. These interventions help nurses manage workplace stress and build resilience.

Individual- focused interventions promote self-care and personal well-being through mindfulness, meditation, yoga, gratitude journaling, breathing exercises, self-compassion practices, professional coaching, and Mindfulness-Based Stress Reduction (MBSR). These strategies help nurses regulate emotions, lessen stress, and strengthen coping abilities.

Team-based interventions focus on enhancing social support and teamwork through peer-support programs, resilience workshops, emotional intelligence training, psycho-educational sessions, anger management programs, and group therapies. These interventions encourage collaboration, emotional sharing, and mutual support among nurses.

Technology-assisted interventions include digital resilience programs, online mindfulness training, and self-paced mobile applications that provide flexible and accessible resilience-building opportunities. However, studies suggest that face-to-face interventions may be more effective than purely online approaches.

Community interventions provide broader support through Employee Assistance Programs (EAPs), counseling services, mental health hotlines, wellness checks, quiet rooms, and other wellness resources that promote nurses' overall well-being.

Therefore, these evidence-based interventions support the sustainability of programs and engagement strategies of psychological resilience among nurses, helping reduce occupational stress, improve emotional well-being, and enhance the quality of patient care.

Conclusion

Based on the findings of the study, the following conclusions were drawn:

1. The nurse respondents in the selected hospitals in Calapan City were predominantly female, generally between 20 and 25 years of age, employed in

private hospitals, and primarily assigned to the Medical-Surgical Ward. These characteristics describe the majority of the respondents included in the study.

2. The nurses demonstrated an overall High Level of Psychological Resilience, indicating that the nurses possess the ability to adapt to workplace difficulties, recover from stressful situations, remain committed to their professional responsibilities, and maintain a positive perspective despite the demands of the nursing profession. Their highest-rated response suggests that faith or spirituality contributes strongly to their resilience.
3. There was no significant relationship between the nurses' demographic characteristics (gender, age, type of hospital, and area of assignment) and their level of psychological resilience. This indicates that psychological resilience is evident across different demographic groups and is not significantly influenced by these profile variables.
4. Although the respondents already exhibited a high level of resilience, resilience-building interventions remain beneficial to further strengthen their coping abilities, emotional well-being, and professional performance. Implementing evidence-based programs such as workload management, peer support, mindfulness-based stress reduction, cognitive-behavioral strategies, psycho-educational workshops, self-care initiatives, digital self-paced learning programs, and employee assistance services to enhance patient care may help sustain and enhance nurses' resilience in the face of continuing workplace challenges.

Therefore, the study concludes that nurses in the selected hospitals in Calapan City possess a high level of psychological resilience that is consistent across demographic groups. Continuous institutional support through structured resilience sustainability programs and engagement strategies may help sustain this resilience, ultimately contributing to improved nurse well-being and quality of patient care.

Recommendations

Based on the findings and conclusions of the study, the following recommendations are proposed:

Hospital administrators should continue implementing and promote sustainability resilience programs and engagement strategies among nurses, including mindfulness training, stress management workshops, peer support groups, counseling services, and self-care initiatives to promote nurses' psychological well-being.

Nurse managers should foster a supportive work environment by encouraging teamwork, effective communication, mentorship, and regular mental health support to help nurses cope with workplace challenges.

Nursing education institutions should integrate resilience-building, stress management, and emotional wellness into postgraduate and continuing professional development programs to better prepare and enhance nurses for clinical practice.

Future researchers are encouraged to include additional variables that may influence psychological resilience, such as workload, organizational support, leadership style, coping strategies, work-life balance, years of experience, and job satisfaction. Studies involving larger and more diverse samples from different regions or healthcare settings, as well as longitudinal or qualitative research designs, are also recommended to provide a more comprehensive understanding of psychological resilience among nurses in Calapan City.

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