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FACTORS AFFECTING STRESS ADAPTATION AMONG BSN CLINICAL INSTRUCTORS OF THE MEDICAL COLLEGES OF NORTHERN PHILIPPINES

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ABSTRACT

This study delves into the multifaceted factors influencing stress adaptation among Bachelor of Science in Nursing (BSN) clinical instructors within the medical colleges of Northern Philippines. Stress adaptation is a critical aspect of professional life, particularly in the demanding field of nursing education. Understanding the factors that contribute to stress adaptation among clinical instructors is essential for enhancing their well-being and effectiveness in educating future nurses. Using a mixed-methods approach, this research investigates both quantitative and qualitative data to comprehensively analyze the factors affecting stress adaptation. Quantitative surveys will be distributed among BSN clinical instructors to assess the prevalence and severity of stressors they encounter in their roles. Concurrently, qualitative interviews will be conducted to explore the contextual nuances and individual experiences related to stress adaptation.The study aims to identify various factors that contribute to stress adaptation, including workload, interpersonal relationships, organizational support, coping strategies, and personal characteristics. By analyzing these factors, the research seeks to provide insights into the unique challenges faced by BSN clinical instructors in Northern Philippine medical colleges and propose strategies to enhance their stress adaptation abilities.The findings of this study can inform the development of targeted interventions and support programs tailored to the needs of BSN clinical instructors. By addressing the underlying factors influencing stress adaptation, educational institutions and healthcare organizations can foster a supportive environment that promotes the well-being and professional growth of clinical instructors, ultimately benefiting both educators and students within the nursing profession.

Key words: *nursing, stress, quantitative, MCNP.*

INTRODUCTION

The most significant threat to an organization's structure and patient safety culture is the inability to provide nurses with an ethical practice environment where they can perform with integrity and where they are not constantly bombarded with morally and physically unbearable situations that burn them out (Aquino, 2018). This should be so with nurses in the academe where they cannot realize the best

of their abilities to teach students with the appropriate nursing education when they are neglected to struggle with many things.

According to the U.S department of health and human services of 2020, mental well-being is an individual level of physiological functioning, influencing how we think, feel and act. This also describes how a person can successfully manage their state of well-being in which they are able to know themselves and know how to deal with their life stresses. In addition, the world health organization (2014) defines mental health as "a state of well-being in which an individual realizes abilities, can cope with the normal life stress, can work productively and fruitfully, and is able to make contributions to his/her community". Moreover, mental health is a prevailing problem that is very common not only in college students but as well as with clinical instructors, particularly in nursing (Chernomas, et, al. 2013).

In the field of nursing, clinical instructors play a vital role in the development of the nursing students. Given that being an instructor can be the most stressful profession, clinical instructors struggle with insurmountable pressure related to work and increasing demands in jobs, and their mental health is being put in toil (E. Morgan.,2019). Furthermore, the life of a nurse is a constant balancing act, where they try to juggle against their personal and professional life and responsibilities, under the ubiquitous stress managing expectations in an often-hyper competitive culture (H. Lashuel,2020). Most often than not, common mental health problems arise due to life events as well as the pressure of work and this is true for college instructors as it is for anyone else.

In addition, Schonfeld(2001) highlighted that the related occupational factors such as workload and low salaries increased the stress among teachers. A prolonged exposure to stressors while receiving little to no relief leaves the educators susceptible to suffering high levels of emotional exhaustion and depersonalization (H.Rebecca ,2016).

That being said, burnout and poor organizational climate have been identified as potent indicators for nurses' fast turnover in the hospitals (Aquino, 2018). Moreover, deficits of mental health awareness are also now proposed as a major contributing factor in developing such a problem. Recent research studies show and indicate that "the lack or deficit of mental health knowledge among young people, such as College students, is due to a lack of mental health education" (Cotton Et al., 2006).

Despite the implications of the high mental health problems on educators, students, professionals and non-professionals, the great majority of people with such mental health issues still do not have access to care, or, for some reasons, most of these kinds of people keep their mental problems to themselves (Gayed, et, al., 2018). The concerns are rapidly growing day by day, and many individuals become psychologically impaired (Mond et al.,2007).

Thus, this topic is important to be reviewed because the arising cases of mental health problems have never been solved and addressed up to this day and people are not aware about the prevailing factors that contribute to mental health issues. Furthermore, according to the Mayo Foundation for

Medical Education and Research of 1998, many have mental health concerns from time to time, but they don't have that many ideas on how to address their concerns.

Furthermore, students, even instructors or educators, tend to keep themselves with their problems regarding mental health and refuse to seek much needed help. It is also well known that college institutions are not doing well enough to address or solve mental health issues among their employees and students; this reflects a major gap in effort to meet the needs of young and adult people in terms of mental health (Gayed, et, al., 2018).

This study will benefit BSN instructors, nursing students and even the entire colleges of the Medical College of Northern Philippines in countless ways. The purpose of this study is to generally see the underlying prevalence of mental health issues among BSN instructors and the factors that apparently affect such an incidence, which could spring from the extent that the school goes in terms of giving out support for mental health among its employees. The study will help increase awareness and spur campaigns for mental health among the academe and the studentry.

For these reasons, this study aims to find and explore factors affecting stress adaptation among clinical instructors, and probably would aid further into the provision of data in policy building and program creation in relation to the topic. This chapter presents the method of research used that consists of the research design, respondents of the study and sample size, data gathering tool, Data gathering procedure, and data analysis to be used by the researchers in gathering the data needed.

RESEARCH DESIGN

The aim of the study is to identify the prevailing factors that affect stress adaptation among BSN instructors, hence, this study had used a quantitative research design particularly the descriptive and inferential research methods.

RESPONDENTS OF THE STUDY

The respondents of this research study were instructors of the nursing department of the Medical Colleges of Northern Philippines, across all specialties and subject areas. There were a total of 50 instructors in the nursing department, however, only 36 individuals or 72% have submitted a response and signed up for inclusion to this study. Random sampling was utilized after a number of respondents was computed representative of the entire population of the teaching faculty of the Nursing Department of the Medical Colleges of Northern Philippines.

DATA GATHERING PROCEDURE

The study utilized a research tool used in the study of Diener et, al. (2009) to gauge the respondents' level of stress adaptation. This tool had undergone a series of reliability studies and had garnered a cronbach alpha score of 9. The tool is composed of 20 items presenting stress adaptation

situations upon which respondents assign a score out of the 4-point Likert scale with values as follows: 1: Never, 2: Sometimes, 3: Often and 4: Always. All items are expressed following this likert equivalence except for item 16 which was reversely coded. The demographic questionnaire was formed by the researchers, themselves. It is composed of 6 items namely, age, sex, employment, socio-economic status, total number of teaching units, and marital status.

The investigators, after reading passages and international research studies and psychometric tests, identified six (6) possible factors, namely, work and teaching load, academic factors, financial status, perception about their own family, social health and interpersonal relationships, upon which significance studies against the dependent variable, stress adaptation was analyzed. To study whether such identified factors have significant relationships toward the dependent variable, the research tool had utilized a questionnaire formulated by the investigators themselves, as modified and inspired from reading of other international researchers and psychometric studies. Using a 4-point Likert scale, the following pointing equivalence was utilized: 1: strongly agree, 2: agree, 3: disagree and 4: strongly disagree. This pattern had been followed except, with segment 3: Financial status, which had been reverse-coded.

DATA GATHERING PROCESS

The researchers had written a letter asking for permissions from each department for data gathering. Once the approval was secured, researchers had sought informed consent from the respondents. A pilot study had been conducted utilizing 10 respondents. No editions had been made after this. Data gathering had been preceded by explaining the procedure to the respondents. A self-mediated approach was utilized as respondents did not have a common time to participate in the study. Electronic and physical copies were distributed to facilitate data gathering.

PRESENTATION, ANALYSIS AND INTERPRETATION OF DATA

There are two types of analysis proposed to this study. First, in order to provide a description of the respondents' profile as to Age, Sex, Employment, Socioeconomic status, Units last semester, Civil Status and Subject Taught, mean, percentage and frequency distribution were utilized.

The means of all the variables, both the independent variable (factors) and the dependent variable, stress adaptation, were analyzed using the following weighted mean interpretation: 1: severe, 2:poor, 3: fair and 4:excellent.

To analyze the relationship between the dependent variable, stress adaptability and the independent variables, demographic profile, pearson correlation computations, analysis of variance, analysis of difference and tests were performed.

To analyze the extent of impact or influence of the independent variables, work and teaching load, academic factors, financial status, perception about family, social health and interpersonal relationships, multiple regression models were crafted and analyzed

DISCUSSION OF THE FINDINGS

A. Descriptive Statistics

Table 1. **Profile of the Respondents according to Age**

Age	Frequency	Percentage
23-28	13	37.1%
29-34	12	34.3%
35-40	4	11.4%
>40	6	17.1%
Total	**35**	**100%**

Table 1 shows the frequency and percentage distribution of the respondents' profile as to age. It is shown that 13 respondents or 37.1 percent are 23-28 years old, 12 respondents or 34.3 percent are 29-34 years old, 4 respondents or 11.4 percent are 35-40 years old, and 6 respondents or 17.1 percent are above 40 years old. This implies that the majority of the BSN instructors are still in their 20's.

Table 2. **Profile of the Respondents According to Sex**

Sex	Frequency	Percentage
Male	12	34.3%
Female	23	65.7%
Total	**35**	**100%**

The table further shows 12 of the respondents or 34.3 percent are male and 23 of the respondents or 65.7 percent are female. This implies that the majority of the respondents are females.

Table 3. **Profile of Respondents According to their Employment**

Employment	Frequency	Percentage
Part time	17	48.6%
Full time	18	51.4%
Total	**35**	**100%**

The employment of the respondents shows that 17 of them or 48.6 percent are part time instructors and 18 of them or 51.4 percent are full time instructors. This implies that the majority of the instructors are full time instructors.

Table 4. **Profile of Respondents According to their Socioeconomic Status.**

Socioeconomic Status	Frequency	Percentage
10,000-15,000	13	37.1%
15,001-20,000	4	11.4%
20,001-25,000	12	34.3%
25,001-30,000	0	0%
>30,000	6	17.1%
Total	**35**	**100%**

The socioeconomic status shows that 13 of them or 37.1 percent have a salary that range from 10,000 to 15,000, 4 of them or 11.4 percent have a salary that range from 15,001 to 20,000, 12 of them or 34.3 percent have a salary that range from 20,001 to 25,000, none of them or 0 percent have a salary that range from 25,001 to 30,000 and 6 of them or 17.1 percent have a salary of more than 30,000.   This implies that the majority of the respondents have a salary of 10,000-15,000.

Table 5. **Profile of the Respondents According to the Total number of units they Teach (Average per semester).**

Total Number of Teaching Units	Frequency	Percentage
25-30	13	37.1%
31-35	12	34.3%
36-40	6	17.1%
>40	4	11.4%
Total	**35**	**100%**

The number of units taught of the respondents shows that 13 of them or 37.1 percent have 25 to 30 units, 12 of them or 34.2 percent have 31 to 35 units, 6 of them or 17.1 percent of them have 36 to 40 units, and 4 of them or 11.4 percent have more than 40 units.This implies that the majority of the respondents have 25 to 30 units.

Table 6. **Profile of the Respondents According to Civil Status**

Civil Status	Frequency	Percentage
Single	20	57.1%
Married	15	42.9%
Total	**35**	**100%**

The civil status of the respondents shows that 20 of them or 57.1 percent are single and 15 of them or 42.9 percent are married.This implies that the majority of the respondents are single.

Table 7. **Factors that Affect Mental Health - Work Load**

A. Workload		
Indicators	Mean	Descriptive Value
I have a lot of work and I am always pressed for time while working	2.28	Poor
The work under my charge does not seem to fit well with my aptitude.	2.88	Fair
My work is not interesting and there is new change.	3.08	Fair
My opinions are respected in many cases.	1.8	Poor
I have to work with ambiguous instructions or commands in many cases.	2.68	Fair
Sometimes, I have to perform tasks against my judgment.	2.48	Poor
Sometimes have to perform tasks without the support of appropriate human and material resources.	2.45	Poor
Sometimes, tasks beyond my capability are given to me.	2.45	Poor
My role is quite ambiguous.	2.85	Fair
Total Weighted Mean	2.56	Fair
Severe: 1- 1.75	Poor: 1.76-2.5	Fair: 2.51-3.25	Excellent: 3.26- 4

This table shows the descriptive values of the sample for the factors affecting mental health – workload. The total weighted mean is 2.56 which has a descriptive value of "Fair". This implies that the mental health in relation to the workload of the respondents is only fair.

The response of the instructors is highest in the statement "My work is not interesting and there is no change" with a mean of 3.08 and a description of "Fair". While the respondents answered poorly when asked if their "opinions are respected in many cases" with a mean of 1.8 and a descriptive value of "Poor". Therefore, it can be inferred that the instructors are still interested in their workload but find that they are not much heard in the institution.

Table 8. **Factors that Affect Mental Health – Academic Workload**

B. Academic WorkLoad		
Do you find any of the following that causes problems in your academic workloads?	Mean	Descriptive Value
Shift Work	2.42	Poor
Inadequate break times/mealtimes	2.82	Fair
Unsocial hours	2.74	Fair
Very heavy workload	2.6	Fair
Unfair distribution of work	2.8	Fair
Repetitive/boring work	2.71	Fair
Meeting deadlines	2.48	Poor
Job insecurity	2.68	Fair
Poor supervision	2.97	Fair
Under-utilization of skills	2.88	Fair
Total Weighted Mean	2.71	Fair
Severe: 1- 1.75	Poor: 1.76-2.5	Fair: 2.51-3.25	Excellent: 3.26-4

This table presents the descriptive values of the sample for the factors affecting mental health – academic workload. The total weighted mean is 2.71 which has a descriptive value of "Fair". This indicates that the mental health in relation to the academic workload of the respondents is only fair.

The response of the instructors is relatively positive and highest in "Poor supervision" with a mean of 2.97 and a descriptive value of "Fair". While the respondents answered poorly in terms of their "Shift work" with a mean of 2.42 and a descriptive value of "Poor". Therefore, with the close values of the mean it can be inferred that the different factors affecting mental health – academic workload is a fairly mediocre problem by the respondents.

Table 9. **Factors that Affects Mental Health – FINANCIAL**

C. FINANCIAL (REVERSE CODING)		
Indicators	Mean	Descriptive Value
I'm satisfied with the income potential my current job provides	2.65	Fair
I respond emotionally to my personal finances issues.	2.97	Fair
I know how to make complex financial decisions.	3.11	Fair
I know how to keep myself from spending too much.	3.11	Fair
I struggle to understand my financial information.	2.57	Fair
I have enough extras that I am able to buy for myself and my love once.	2.91	Fair
Total Weighted Mean	2.80	FAIR

Severe: 1- 1.75	Poor: 1.76-2.5	Fair: 2.51-3.25	Excellent: 3.26-4

This table presents the descriptive values of the sample for the factors affecting mental health with regards to financial aspect. The total weighted mean is 2.80 which has a descriptive value of "Fair". This indicates that the mental health in relation to finance of the respondents is only fair.

The response of the instructors is relatively positive and highest in two items: "I know how to make complex financial decisions" and "I know how to keep myself from spending too much" with a mean of 3.11 and a descriptive value of "Fair". While the respondents answered poorly in terms of "I struggle to understand my financial information." with a mean of 2.57 and a descriptive value of "Fair". With the close values of the mean, it can be inferred that the different factors affecting mental health – financial is a fairly mediocre problem by the respondents.

Table 10. **Factors that Affects Mental Health – PERCEPTION ON FAMILY**

D. FAMILY			
Indicators		Mean	Descriptive Value
It is difficult to balance my work life with my family life.		2.8	Fair
I have missed work, arrived late and / or left early because of family responsibilities.		2.8	Fair
I have child / or elder care responsibilities.		2.62	Fair
My family expects that my choice of occupation will reflect their wishes		2.71	Fair
My family expect me to make career decisions so that I cannot shame them.		2.74	Fair
My family expects me to select a career that has a certain status.		2.6	Fair
Total Weighted Mean		3.02	Fair
Severe: 1- 1.75	Poor: 1.76-2.5	Fair: 2.51-3.25	Excellent: 3.26-4

This table suggests the descriptive values of the sample for the factors affecting mental health with regards to perception on family. The total weighted mean is 3.02 which has a descriptive value of "Fair". This indicates that the mental health in relation to the perception on family of the respondents is only fair.

The response of the instructors is relatively positive and highest in two items: "It is difficult to balance my work life with my family life and I have missed work, arrived late and / or left early because of family responsibilities" with a mean of 2.8 and a descriptive value of "Fair". While the respondents answered poorly in terms of "My family expects me to select a career that has a certain status" with a mean of 2.6 and a descriptive value of "Fair". With the close values of the mean, it can be inferred that the different factors affecting mental health – perception on family have a fairly good status to the respondents.

Table 11. **Factors that Affects Mental Health – SOCIAL**

E. SOCIAL

Indicators	Mean	Descriptive Value
I often feel inhibited in social interactions	2.94	Fair
I often worry that others may disapprove of me.	3.09	Fair
I avoid getting close to other people.	3.14	Fair
I find it hard to start a conversation.	3.03	Fair
I feel insecure when I don't know another person's thoughts on me.	3.09	Fair
I am a closed kind person	2.71	Fair
When socializing, I don't find the right things to talk about.	3.09	Fair
I always expect negative reactions from others.	3.09	Fair
Most of the time, I hide my feelings.	2.83	Fair
When I meet people, I have difficulty making contact.	3.17	Fair
I avoid saying what I think for fear of being rejected.	2.91	Fair
I would rather keep other people at a distance.	2.89	Fair
I have difficulty talking with other people.	3.03	Fair
I often think that others may find fault with.	3.09	Fair
I avoid personal ties with others.	3.2	Fair
Total Weighted Mean	3.02	FAIR

Severe: 1- 1.75	Poor: 1.76-2.5	Fair: 2.51-3.25	Excellent: 3.26- 4

This table reveals the descriptive values of the sample for the factors affecting mental health with regards to social aspect. The total weighted mean is 3.02 which has a descriptive value of "Fair". This implies that the mental health in relation to the social aspect of the respondents is only fair.

The sample's response is highest in the item "I avoid personal ties with others" with a mean of 3.2 and a descriptive value of "Fair". While the respondents answered poorly in terms of "I am a closed kind

person" with a mean of 2.71 and a descriptive value of "Fair". Therefore, it is safe to say that the different factors affecting mental health regarding the social aspect have a fair status to the respondents.

Table 12. **Factors that Affect Mental Health – RELATIONSHIP**

F. RELATIONSHIP		
Indicators	Mean	Descriptive Value
Poor relations with supervisor	3.09	Disagree
Poor relations with workmates	3.26	Strongly Disagree
Harassment and/or discrimination	3.23	Disagree
Impersonal treatment	3.14	Disagree
Lack of communication from management	3.03	Disagree
Working with the public/private	2.8	Disagree
Total Weighted Mean	3.09	FAIR
Severe: 1- 1.75	Poor: 1.76-2.5	Fair: 2.51-3.25	Excellent: 3.26- 4

This table shows the descriptive values of the sample for the factors affecting mental health in connection to relationships. The total weighted mean for the is 3.09 which has a descriptive value of "Fair". This indicates that the mental health in connection to relationship of the respondents is only fair.

The sample's response is highest in the item "Poor relations with workmates" with a mean of 3.26 and a descriptive value of "Excellent" While the respondents answered the lowest in terms of "Working with the public/private" with a mean of 2.8 and a descriptive value of "Fair". Therefore, it is safe to say that the relationship of the respondents with their workmates is highly positive.

Table 13. **Current mental health status - Dealing with stress**

Dealing with stress		
Indicators	Mean	Descriptive Value
I count to ten, take deep breaths, or practice other relaxation techniques.	2.23	Poor
I seek out emotional support from others.	2.26	Poor
I develop strategies to get me back on track.	2.74	Fair
I set goals to help improve the issue.	2.91	Fair
I distract myself with the activities I enjoy.	2.97	Fair
I enjoy active recreation (outdoor activities, sports, interactive entertainment, etc.)	3.26	Excellent
I try to do the best I can given the constraints of the situation.	2.97	Fair
I think of ways that I can change the situation to make it better.	3.2	Fair
I try to think about how lucky I am when compared with those who have even more difficult problems.	3.09	Fair
I try to find the information that I need to understand my situation.	3.09	Fair
I seek out more leisure activities to occupy my time and thoughts.	2.74	Fair
I turn to prayer or attending spiritual services of some kind.	3.4	Excellent
I talk to others who have been through the same situation to see how they dealt with it.	3	Fair
I hand over my fate to God or some other external force.	3.17	Fair
I know how to calm myself down	3.29	Excellent
I use alcohol and/or drugs more frequently.	3.49	Excellent
I find reasons to laugh.	3.06	Fair
I take time to relax.	3.69	Excellent
I experience difficulty sleeping because my mind is racing	2.34	Poor
I prefer to keep my problems to myself.	2.46	Poor
Total Weighted Mean	2.96	FAIR
Severe: 1- 1.75	Poor: 1.76-2.5	Fair: 2.51-3.25	Excellent: 3.26- 4

This table presents the descriptive values of the sample for the current mental health status regarding their ways in dealing with stress. The total weighted mean is 2.96 which has a descriptive value of "Fair". This indicates that the current mental health in relation to their ways in dealing stress of the respondents is only fair. The response of the instructors is relatively highest in taking time to relax

with a mean of 3.69 and a descriptive value of "Excellent". While the respondents answered poorly in counting to ten, taking deep breaths, or practicing other relaxation techniques with a mean of 2.23 and a descriptive value of "Poor". These shows that the respondents will most likely take time to relax to handle stress and least likely learn relaxation techniques due to diversity of respondents in handling stress.

CONCLUSION AND RECOMMENDATIONS

The study's findings have pointed out that several factors indicate the perception of stress and the act of coping up with it. Among nurse professionals who became respondents of this study females have healthier and more resilient coping mechanisms than the males do. While this study is limited only on the particular situation unique only to its respondents, and maybe different from other groups from other locations or countries, it could not therefore make a conclusion representing the general public. More research studies should be conducted with respect to the role of gender in stress coping and adaptation and its possible interplay with factors determined by culture, geographic locations and race.

Meanwhile, in the school and hospitals where the respondents are associated, the investigators of the study recommend that the administration may borne gender-sensitive programs and counseling. It may also thrive in further investigating on the factors motivating the positive findings among its female employees and on the reasons behind the scores among the male employees. Programs and policies may be developed from its future findings.

The study had also proved that the financial climate contributes to a well-rounded stress coping mechanism. While the financial climate relates to a sense of contentment and adequacy, it could also relate significantly to an employee's sense of fulfillment and compensation. The companies involved may devise programs incentivizing positive workmanship and increasing salary as a motivation, if possible. This may transcribe to a healthier psychological health and happiness or contentment among their employees. As a further result, such intervention may breathe forth a more positive retention, dedication and indomitable patriotism for the companies among its employees.

In the same manner, the study had also identified the significant role of social health in the respondents' perception of stress and their coping, may these be on their family's circle, their inner personal relationships and their relationship with the people from a bigger perspective. Nonetheless, social health dictates a huge portion of people's psychological health. Anent this, the concerned organizations may initiate, or make stronger, policies that relate to the said factors. Programs that aim to boost social health and more positive family climates among the employees may be a key indicator for a happier and healthier set of employees. With such, it may result in better and quality performances, fulfilled targets and a more positive climate between the employees and the organization's administration, and between the employees that organizations' levels of clientele.

Generally, if the organizations could arise successful in the aforementioned aspects, it could yield for them a stronger and better image from a multitude of perspectives.

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