



Mental Health Status and Coping Strategies among Pediatric Nurses at Selected Hospitals in Luzon

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ABSTRACT

Background: Pediatrics nurses are susceptible to the negative effects of work-related stress on their health since they provide care for some of the most vulnerable patients in our healthcare system. The primary goals of this study were to investigate connections between pediatric nurses' mental health, coping mechanisms, and their demographic profile.

Methods: A descriptive-quantitative correlational design was used to explore the level of mental health status and coping mechanisms of one hundred thirty-three pediatric nurses at selected hospitals in Luzon. The study strategy included data collecting through the use of a structured questionnaire and statistical analysis to find the trends and linkages.

Results, Discussion and Conclusion: Majority of the respondents falls under 30-39 years old which implies that they possess the ideal level of maturity and experience to handle such cases on the other hand only a few (0.8%) of the respondents are 50 or above. In terms of sex distribution, it shows a notable imbalance within a substantial majority of 81.2% female respondents. In experience distribution majority of the respondents (51.95%) have 1-5 years of pediatric nursing experience suggesting a significant proportion of the participants that are relatively early in their pediatric nursing career. In terms of hospital location, with high results coming from Southern Luzon may imply that they experience better mental health outcomes due to its higher concentration. In terms of their level of mental health status, the overall mean value of 2.23 fell under the occasionally category, suggests that on average, pediatric nurses from selected hospitals in Luzon are facing mental health challenges to a moderate degree. On average, study revealed that pediatric nurses always utilize coping strategies, with an overall mean value of 3.36. This consolidates the findings across the different coping dimensions, indicating a robust and proactive approach to coping with the challenges inherent in their profession. In terms of the correlation among variables using the Pearson's r Test, the study revealed a significant relationship between the demographic profile of pediatric nurses to both their level of mental health status and coping strategies. This suggests that these variables play an important role in the mental well-being and coping mechanisms of pediatric nurses. In summary, the researchers recommends that pediatric nurses in hospitals should always have a balanced mental health and knows coping strategies in order to achieve and fulfill a good job performance.

Keywords: *Coping Strategies, Demographic Profile, Mental Health, Pediatric Nurses, Stress*

1. INTRODUCTION

1.1 Background of the study

The nursing profession is demanding and stressful, as it involves the responsibility of caring for human life and health. With the aging population, the demand for nursing care is increasing. Taking care of the well-being of nurses is crucial for their performance. The sense of coherence, plays a vital role in maintaining good health, adapting to a stressful work environment, and coping with stress (Betke, K. et. al., 2021).

Research suggests that improving work conditions can have a positive impact on nurse hiring, retention, and care quality. However, there has been limited focus on neonatal care, a specialty where patient and nurse outcomes may be particularly affected by staffing and work environment issues (Rocheftort, et al. 2010).

Pediatric nurses often face challenging situations at work, which can have a significant impact on their mental health and coping mechanisms. Occupational stress, or stress at work, is a common issue for healthcare professionals worldwide. It is characterized by physiological, emotional, cognitive, and behavioral reactions when employees face demands that exceed their expertise and abilities. This stress can affect the quality and safety of medical services. As a result, there is increasing awareness of the health-related challenges experienced by healthcare professionals.

Nursing especially in pediatric settings, is a demanding profession with high levels of anxiety and work-related stress. Pediatric nurses face unique challenges in caring for ill children and their anxious parents, leading to increased stress compared to general nurses. Factors such as longer work shifts, exposure to human suffering and death, and the specialized nature of their work contribute to this stress. Pediatric nurses also have higher rates of stress-related disorders, sleepiness, musculoskeletal diseases, and even suicide. Identifying and addressing stress in nurses is crucial for promoting their well-being and developing effective stress-reduction techniques.

Occupational stress, sometimes referred to as stress at work, is defined as a pattern of physiological, emotional, cognitive, and behavioral reactions that arise when employees are faced with demands on their time that are out of line with expertise and abilities and that put a strain on their capacity for adjustment. Across the globe, occupational stress is acknowledged as a significant issue for healthcare professionals. Healthcare professionals were shown to be more susceptible to occupational stress, according to epidemiological research carried out in various nations. This could have a direct or indirect impact on the standard and safety of medical and clinical services. As a result, there is a growing recognition of the health-related problems faced by healthcare professionals.

Coping is described by Lazarus and Folkman as continuously shifting behavioral and cognitive efforts to handle particular external and internal demands that are judged to be greater than the person's resources. Two types of coping mechanisms are emotionally focused coping and problem-solving coping. Effective coping mechanism use interferes with stress and depression levels, according to research by Lin et al.

Furthermore, the avoidance type of coping strategy was found to be significantly correlated with both physical and mental health in a study of hospital nurses in Australia and New Zealand. This implies that if a person uses healthy coping mechanisms to deal with stressors, their stress level can be mediated. Studies on these variables, however, are scarce in Middle Eastern nations, and most of the earlier research on the subject involved nurses working in emergency, and intensive care units, psychiatric, and community settings. It is unclear whether occupational stress, coping mechanisms, and mental health are related to pediatric nurses in mainland China, although little is known about them.

The working conditions of pediatric nurses have gotten increasingly demanding and stressful in recent years due to the current opening-two-child policy in China. These factors include high workloads and litigation, extended working hours and high rates of workplace violence, a lack of control over work, and tense relationships between nurses and parents. In addition, a large number of medical university graduates expressed a dislike for working in children's hospitals. According to Hu WL et al., for every ten thousand Chinese people, there were only 1.3 pediatric staff members (0.6 doctors and 0.7 nurses). It implies that issues like the pediatric nurse shortage must be addressed. According to our earlier research, which was published in, 70% of pediatric staff members reported experiencing health-related stress (HRS), making them more susceptible to stress than the general population. Thus, it is imperative to gain a deeper understanding of the coping mechanisms and occupational stress that may be most closely associated with the pediatric nurse's mental health. The quantitative research that has been done in this field has made use of traditional statistical techniques like logistic or linear regression to evaluate simple relationships. The relationship between each of these elements is most likely more intricate, though. The statistical technique known as structural equation modeling (SEM) is useful for managing cross-sectional data for inferential reasons because it permits the testing of complex relationships. These models allow multiple linear regressions to be fitted simultaneously, and the variables included in the regressions can be latent or observable. The current study aimed to investigate the relationships between occupational stress, coping styles, and mental health among pediatric nurses at our institute, as well as the potential moderating effect of occupational stress on this association (Zhou et al., 2022).

The purpose of this study is to determine the level of mental health status and coping strategies along with looking into the significant relationship of the participant's demographic profile in terms of age, sex, number of years of working as pediatric nurse and hospital location.

1.2 Literature Review

Khamisa, N. et.al. 2015 revealed that there is an evident research gaps focused on work related stress, burnout, job satisfaction and general health of nurses in developing countries like South Africa. It was able to provide relationship between these circumstances emphasizing burnout with the highest amount of variance on nurse's mental health.

Active coping involves making conscious efforts to reduce stress levels, whereas avoidance coping involves ignoring problems. There are significant factors and strategies for coping in that particular difficult work environment, with a high level of emotional strain and work-related in pediatric care.

Nursing coping strategies include: 1. Sticking to a routine to reduce anxiety and demonstrate stability; 2. Adequate sleep and healthy eating to boost energy and cognitive activity; 3. Regular exercise can help reduce stress, improve mood, and alleviate depression; 4. Spending time relaxing in nature to improve mood; 5. Reiterating healthy boundaries in order to avoid burnout and bitterness; 6. Talking with co-nurses who can contribute to a healthy mind by sharing knowledge and passion; 7. Deep breathing exercises and meditation to relieve stress and rejuvenate the mind; and 8. Reducing exposure to stress-inducing social media.

Mental health is a state of well-being that allows people to cope with life's stresses, perform well, and give back to the community. It is a fundamental component of health and well-being that enables our people and collective actions to make decisions, form connections, and influence the world in which we live. Mental health is a fundamental human right. Mental health is more than the absence of mental disorders. it exists on a complicated continuum that is experienced differently from one person to the next, with varying degrees of problem and distress and likely varying social and clinical outcomes.

Mental illness and psychosocial harm, as well as other mental conditions related to stunning distress, impairment, and working, or the possibility of self-harm, are all covered by the mental health state. People suffering from mental illness are more likely to make contact with local mental health services, but this is not always the case. Mental health (WHO International).

Research has indicated a connection between duration of service and the stress levels experienced by nurses (2,12.) However, there is a lack of articles that specifically investigate the stressors faced by pediatric nurses with varying lengths of service. To address this gap, we conducted a cross-sectional survey among pediatric nurses in six tertiary hospitals in Chengdu, Sichuan, China (Liao, H, et.al., 2020).

Research worldwide indicates that focusing on work conditions may enhance nurse hiring, retention, and care quality. Neonatal care, on the other hand, has received very little attention. This is a specialty where patient and nurse outcomes may be highly susceptible to issues with staffing and work environment (Rochefort, et al. 2010).

Pediatrics nurses are susceptible to the negative effects of work-related stress on their health since they provide care for some of the most vulnerable patients in our healthcare system. Burnout is a possible reaction to ongoing interpersonal pressures and a poor work output that has ramifications for both the individual and the company. Developing therapies to lessen or avoid burnout in this demographic requires a detailed understanding of the experience and factors associated with this demographic. Therefore, the goals of our study were to: (1) clarify and broaden our understanding of the relationship between burnout and work engagement experienced by pediatric critical nurses; and (2) offer suggestions to nursing administrators for enhancing the work environment, work attitudes, and work outcomes of nurses (Buckey, et al., 2022).

Betke, et.al, 2020 revealed that nurses used more adaptive strategies in dealing with stress hence they have stronger sense of coherence. The study was able to describe specific relationship between the sense of coherence to their coping strategies. This was measured by being able to see that the most often used coping strategies were planning, seeking emotional social support, seeking instrumental social support while the least one was alcohol/drug use.

Jang, et.al. 2019 explored on the mediating role between nurses' work stress and well-being. The study revealed that both problem-focused and emotion-focused coping were indirectly influenced between work-stress and psychological well-being. The study discovered that nurses require different stress management programs in particular to their career experience.

1.3 Theoretical Framework

This study used three different social theories that can be applied in determining the mental health status and coping strategies of pediatric nurses.

The first model was the Interpersonal Relations Theory of Hildegard Peplau. Her theory defined the phases of the nurse-patient relationship that includes orientation, working and termination. During the orientation phase, nurse's first role is that of a stranger meeting patient and generating essential information about them regarding their needs and health concerns. In the working phase, patient assessment is done by the nurse so it can be integrated during health teaching and in the plan of care. This model is fitted to be used in this study so that researchers can better understand sources of mental health concerns of nurses that can be triggered by nurse-patient relationships.

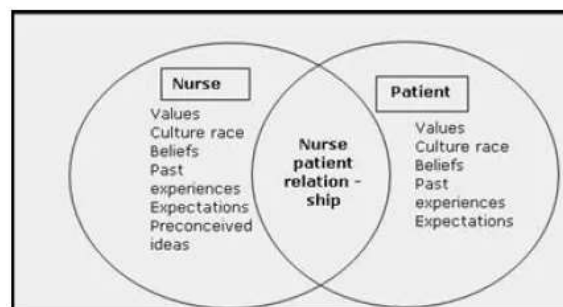


Figure 1. Interpersonal Relationship Theory by Hildegard Peplau

Another model was cognitive model developed by Richard Lazarus and Susan Folkman, the Transactional Model of Stress and Coping. Berjot and Gillet, 2011 revealed that transactional model helps identify an individual's primary appraisal on a certain situation – thereby being able to determine if there is a problem. After being able to determine if there is a problem, next thing to look is the ability to cope as secondary appraisal. After seeing the coping ability of an individual, stress can arise as result of the secondary appraisal because it forms an argument if an he/she can adopt using their coping styles. In this step, an individual may utilize his /her coping resource that involves personal attributes and stable environment attributes. Along with his/her coping resources, the individual can utilize coping responses that can problem-focused or emotion-focused. The problem-focused approach is seen on how he/she deal with the problem alone. On the other hand, an emotional-focused approach will involve a relationship change on the situation in order to reduce the stress caused by the situation.

Below is the figure showing the Transactional Model of Stress and Coping. The figure shows that the perceived stress of an individual is the primary appraisal that contributes to one's mental health status. It also shows the mental health status as manifested by their perceived stress influence how they try to overcome it and cope up with the situation. Therefore, this model helps to figure out how an individual respond and adapt to stress (Margaret, et.al. 2018).

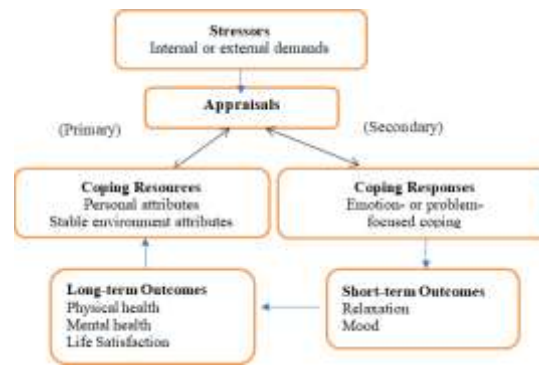


Figure 2. Transactional Model of Stress and Coping by Richard Lazarus and Susan Folkman

Another theory used in this study is the Social Cognitive Theory of Albert Bandura. His theory considers the dynamic interaction between an individual's personal factors, behavior and their environment (Mobley, et.al., 2008). With this theory when applied to this study, pediatric nurses will be able to change their behavior upon learning about the situation given their capability to perform.

The third theory used in this study is Resilience Theory by Marc A. Zimmerman. Zimmerman, 2014 revealed that strengths can be enhanced when individuals used problem-focused reference points upon translating to change strategies. The theory also highlighted positive factors that can form assets among individuals, the self-efficacy and self-esteem.

1.4 Conceptual Framework

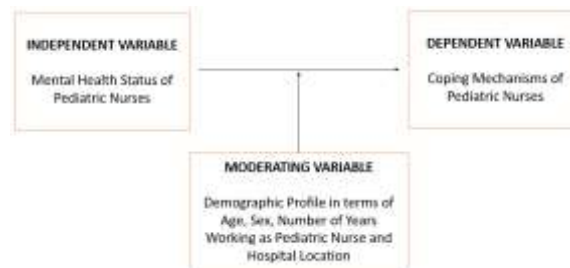


Figure 3. Conceptual Framework

The conceptual framework presents the independent, dependent and moderating variables of the study. The independent variable is the mental health status of pediatric nurses while the dependent variable is their coping mechanisms. The moderating variables included the participant's demographic variables that include their age, sex, number of years working as pediatric nurse and hospital location in Luzon. Data to be gathered will undergo data analysis through the use of statistical treatment in order to be able to find the significant relationship between demographic variables, mental health status and coping strategies of pediatric nurses.

1.5 Statement of the Problem

1. What is the demographic profile of pediatric nurses in terms of:
 - a. Age
 - b. Sex
 - c. Years working as pediatric nurse
 - d. Hospital location in Luzon
2. What is the level of mental health status of pediatric nurses at selected hospitals in Luzon?
3. What is the level of coping strategies of pediatric nurses at selected hospitals in Luzon?
4. Is there a significant relationship between demographic profile, level of mental health status and coping strategies of pediatric nurses at selected hospitals in Luzon?

General Objectives:

To determine the mental health status and coping strategies of pediatric nurses at selected hospitals in Luzon.

Specific Objectives:

1. To identify the demographic profile of pediatric nurses in terms of:

1.1 Age

1.2 Sex

1.3 Years working as pediatric nurse

1.4 Hospital location in Luzon

2. To determine the level of mental health status of pediatric nurses at selected hospitals in Luzon.
3. To identify the level of coping strategies of pediatric nurses at selected hospitals in Luzon.
4. To evaluate the significant relationship between demographic profile, mental health status and coping strategies of pediatric nurses at selected hospitals in Luzon.

1.6 Hypotheses

1. Ho - There is no significant relationship between the level of mental health status and demographic profile of the respondents when it comes to their age, sex, length of service and hospital location.
2. Ho - There is no significant relationship between the level of coping strategies and demographic profile of the respondents in terms of their age, sex, length of service and hospital location.

1.7 Definition of Variables

Age – a period of human life, measure by years from birth

Coping strategies – refers to the behaviors, thoughts and emotions that you use to adjust to changes that occur to your life. It represents the various way pediatric nurses cope with the stress and challenges in their work environment

Hospital location – refers to the geographic location of the hospitals where the pediatric nurses work.

Mental health status - state of mental well-being of pediatric nurses working in hospital in Luzon

Sex – refers to the biological characteristics assigned to an individual upon birth defining them as male and female

Years of nursing experience - length of hospital exposure of the pediatric nurse

1.8 Scope and Limitations of the Study

The study aimed to determine the level of mental health status and the coping strategies of pediatric nurses at selected hospitals in Luzon. A total of one hundred thirty-three (133) pediatric nurses in selected hospitals in Luzon participated in the study by entirely completing the survey questionnaire and agreeing with the consent form during a specific timeframe from November to December 2023. Data collection was done through survey questionnaires while adhering strictly to the data privacy act.

2. METHODOLOGY**2.1 Study Design**

A descriptive-quantitative correlational design was used to explore the level of mental health status and coping mechanisms of pediatric nurses at selected hospitals in Luzon. Convenience sampling was used as a non-probability sampling method in consideration to geographical proximity and availability at a given time. The study strategy included data collecting through the use of a structured questionnaire and statistical analysis to find trends and linkages.

2.2 Research Locale

The research locale can be found at selected hospitals where pediatric nurses are working and located specifically in Northern Luzon, Central Luzon and Southern Luzon. Specific names of the hospitals were taken with confidentiality hence it was not generated during the actual survey.

2.3 Participants

Participants of the study focused on pediatric nurses serving in different hospitals across Luzon Region. The selection of these remarkable individuals is carried out with precise inclusion and exclusion criteria as follows:

Inclusion Criteria:

Diversity in Sex: The study embraces both male and female pediatric nurses, ensuring a comprehensive representation of the healthcare workforce.

Age Variability: Our research comprises pediatric nurses spanning a range of age groups, acknowledging the wealth of experience that can come from various stages in their careers.

Experience Spectrum: The study encompasses nurses with differing levels of experience, from those just starting their journey to seasoned professionals with more than 10 years of service in pediatric care.

Regional Reach: To capture a holistic perspective, we've chosen pediatric nurses from different hospital locations across Luzon, such as Northern Luzon, Central Luzon, and Southern Luzon.

Exclusion Criteria:

No specific exclusion criteria have been provided in the available information. This implies that all individuals who meet the inclusion criteria are eligible and considered for participation in the study.

2.4 Instruments

The research used a self-made questionnaire that undergone validation among three experts. Comments generated from the validation were integrated in the final questionnaire.

The questionnaire was consisting of three parts: 1. Part 1 Determining the demographic profile; 2. Part 2 Determining the level of mental health status using five different indicators focused on perceived stress, anxiety symptoms, depressive symptoms, work-life balance, and physical signs; and 3. Part 3 Determining the level of coping strategies using four different indicators focused on seeking social support, self-care activities, problem-focused coping strategies, and emotion-focused coping strategies. A copy of the questionnaire is attached in the appendices, for reference.

The instrument utilized a 4-point likert scale with the following interpretation:

3.26-4.00 – Always

2.51-3.25 - Frequently

1.76-2.50 – Occasionally

1.00-1.75 - Rarely

2.5 Data Collection Procedure

An essential component of the research technique is the data gathering process, which places a strong emphasis on ethical issues to protect study participants and uphold the study's integrity. An explanation of the main elements of the data gathering process is provided below:

Getting Approved

The researchers must get approval from the appropriate authorities, such as hospital administration and institutional review boards (IRBs), before beginning data collection. This guarantees that the study complies with the participating universities' ethical standards. Obtaining permission could entail providing specifics about the goal, approach, and possible significance of the study.

Obtaining Knowledgeable Consent

When it comes to research involving human beings, informed consent is an essential ethical norm. Every pediatric nurse who wants to participate in the study is given detailed information about it beforehand, including its goals, methods, possible dangers, advantages, and the fact that participation is entirely optional. The chance to clarify any doubts and have a clear understanding of expectations is provided to participants. Participants agree to participate in the study only after providing clear and informed permission.

Observing Protocols

To ensure consistency, dependability, and ethical standards, the data gathering method closely follows established norms. These protocols may include standardized processes for giving questionnaires, conducting interviews, or collecting any other pertinent data. By following these standards, researchers guarantee that the data gathering process is safe.

Setting a timetable for data collection

A well-defined timeline for data collection is created to regulate the scope of the study and assure participant involvement. Setting a time limit for data gathering avoids unnecessary delays and allows researchers to stay on track with their research. This information is expressly provided to participants, indicating the end date of their involvement in the research.

Ethical Behavior Considerations

Ethical concerns are prioritized throughout the data collection process. This involves protecting participants' privacy and confidentiality by anonymizing data and ensuring that the results cannot be used to identify people. Researchers must also address the emotional consequences of questions regarding mental health and coping strategies. Any unexpected difficulties or concerns raised by study participants are addressed promptly and appropriately.

2.6 Data Analysis

In order to come up with the results of the study, the researchers used the following tools for statistical treatment after being able to gather all needed data:

Statistics that are descriptive:

1. Demographic Information:

Calculate the frequencies and percentages for categorical variables (e.g., sex, age groupings, and degrees of experience). Calculate the means and standard deviations of continuous variables (such as age).

2. Indicators of Mental Health Status:

Descriptive statistics (mean, standard deviation) should be calculated for each indication (reported stress, anxiety symptoms, depressive symptoms, work-life balance, physical markers).

3. Indicators of Coping Strategy:

Calculate descriptive statistics for each indicator of a coping approach (seeking social support, self-care activities, problem-focused coping, emotion-focused coping). Visualizations may be used to represent data.

Statistics of Inference:

4. Analysis of Correlations:

Conduct correlation studies (e.g., Pearson correlation) to investigate correlations between mental health status indicators and coping strategy indicators.

2.7 Ethical Consideration

The researchers will apply the principles of ethical considerations developed by Bryman and Bell (2007). In regards to the involvement to this study, the participants will not be subjected to harm in any ways. Prior to the study, full content will be obtained from the participants, the pediatric nurses of selected hospitals in Luzon. In addition, the protection of the privacy research participants will be ensured. Voluntary participation of respondents in the research will be treated very important. Moreover, they have rights to withdraw from the study at any stage if they wish to do so. Any form of misleading information, as well as representation of primary data findings in a biased way will be avoided. On the other hand, maintaining the highest level of objectivity in discussions and analyses throughout the research will be considered. Furthermore, affiliations in any form, sources of funding as well as possible conflicts of interest will be declared. Lastly, any type of communications to this action research will be done with honesty and transparency.

3. RESULTS

This chapter presents the results of the study. It includes four parts wherein the first part presents the respondent profile regarding their age, sex, number of years working as a pediatric nurse and hospital location in Luzon. The second part reveals the respondent's level of mental health status of pediatric nurses at selected hospitals in Luzon. The third part displays the level of coping strategies of pediatric nurses at selected hospitals in Luzon. The fourth part displays the results on the test of significant relationship between demographic profile, mental health status and coping strategies of pediatric nurses at selected hospitals in Luzon.

Table 1. Frequency and Percentage Distribution of Pediatric Nurses according to their Age

Age	f	%
20-29	34	25.6 %
30-39	79	59.4 %
40-49	19	14.3 %
50 or above	1	0.8 %

The data indicates the respondents' age distribution, with a total sample size of 133 people. The bulk of participants are between the ages of 30 and 39, accounting for 59.4% of the total. The second-largest age group, with 25.6%, is those aged 20 to 29. 14.3% of those polled are between the ages of 40 and 49. Participants aged 50 and over make up a lower fraction, accounting for 0.8%. These data shed information on the age mix of the questioned population, showing the most common age categories among respondents.

Table 2. Frequency and Percentage Distribution of Pediatric Nurses according to their Sex

Sex	f	%
Female	108	81.2 %
Male	25	18.8 %

In the demographic analysis, we looked at replies to the question, "We'd like to know your sex. Are you?" The dataset has 133 individuals. Among them, 108 people, or 81.2% of the total, identified as female. In comparison, 25 individuals (18.8% of the total) identified as male. These findings shed light on the sex distribution among the questioned population, indicating a significant prevalence of female participants in the dataset.

Table 3. Frequency and Percentage Distribution of Pediatric Nurses according to their Number of Years of Working Experience

Number of Years of Working Experience	f	%
1-5 years	69	51.9 %
6-10 years	21	15.8 %
less than 1 year	27	20.3 %
more than 10 years	16	12.0 %

The findings of the demographic study of the participants, especially their years of pediatric nursing experience, are provided in four unique groups. According to the statistics, a major number of the respondents have 1–5 years of pediatric nursing experience, accounting for 51.9% of the total participants. Following that comes a group with 6–10 years of experience, which accounts for 15.8% of all replies. Those with less than one year of experience in pediatric nursing make up a significant share (20.3%). Finally, persons with more than ten years of pediatric nursing experience account for 12.0% of all participants.

In summary, the majority of those polled have recent pediatric nursing experience, with a significant concentration in the 1–5 year range.

Table 4. Frequency and Percentage Distribution of Pediatric Nurses according to their hospital location in Luzon

Hospital location	f	%
Central Luzon	48	36.1 %
Northern Luzon	14	10.5 %
Southern Luzon	71	53.4 %

In examining the distribution of hospitals across Luzon, we observe that the majority are located in Southern Luzon, constituting 53.4% of the total. Central Luzon follows with 36.1%, while Northern Luzon has a smaller representation at 10.5%. In total, our dataset comprises 133 hospitals across these regions, providing a comprehensive overview of the geographical distribution within Luzon.

Table 5. Mean, Standard Deviation and Verbal Interpretation in terms of the Level of Mental Health Status of Pediatric Nurses

Mental Health Status	Mean	SD	Verbal Interpretation
Perceived Stress	3.74	0.892	Always
Anxiety Symptoms	2	0.905	Occasionally
Depressive Symptoms	2.74	0.813	Frequently
Work-Life Balance	2.39	0.865	Occasionally
Physical signs	2.11	0.987	Occasionally
Mental Health Status Mean	2.23	0.553	Occasionally

The study revealed that pediatric nurses always have perceived stress with a mean value of 3.74. They frequently experienced depressive symptoms with a mean value of 2.74. While they occasionally experienced anxiety symptoms, work-life balance and physical signs with mean values 2, 2.39 and 2.11. In summary, the study showed a mean value or 2.23 which falls under occasionally.

Table 6. Mean, Standard Deviation and Verbal Interpretation in terms of the Level of Coping Strategies of Pediatric Nurses

Coping Strategies	Mean	SD	Verbal Interpretation
Seeking Social Support	3.23	1.093	Frequently
Self-Care Activities	3.38	1.020	Always
Problem-Focused Coping	3.35	1.008	Always
Emotion-Focused Coping	3.47	1.077	Always
Coping Strategies Assessment Mean	3.36	0.796	Always

The study revealed that majority of the pediatric nurses always utilize self-care activities, problem-focused coping and emotion-focused coping as evidenced by the mean values 3.38, 3.35 and 3.47. While pediatric nurses frequently seek social support as supported by the mean value 3.23. In summary, the study showed that pediatric nurses always utilize coping strategies with the mean value of 3.36.

Table 7. Significant relationship between the level of mental health status and demographic profile of pediatric nurses

	Pearson's r	p-value	Interpretation
Age	-0.562	0.000	Significant
Sex	-0.880	0.000	Significant
Number of Years of Working Experience	-0.763	0.000	Significant
Hospital Location	-0.808	0.000	Significant

Using Pearson's r Test, results showed that the demographic profile of pediatric nurses has a significant relationship with their level of mental health status. Specifically, in terms of age, sex, number of years of working experience and hospital location, the p-value resulted to 0.000 which means that it is less than the 0.05 alpha that makes the results statistically significant.

Table 8. Significant relationship between the level of coping strategies and demographic profile of pediatric nurses

	Pearson's r	p-value	Interpretation
Age	-0.189	0.029	Significant
Sex	-0.510	0.000	Significant
Number of Years of Working Experience	-0.446	0.000	Significant
Hospital Location	-0.767	0.000	Significant

Using Pearson's r Test, results showed that the demographic profile of pediatric nurses has a significant relationship with their level of coping strategies. Specifically, in terms of sex, number of years of working experience and hospital location, the p-value resulted to 0.000 which means that it is less than the 0.05 alpha that makes the results statistically significant. In terms of age, it revealed a p-value of 0.029 which is also less than the 0.05 alpha value making it statistically significant.

4. DISCUSSION

Based on the data presented, it is a comprehensive overview of the demographic characteristics of the surveyed population focusing on ages, sex, pediatric nursing experiences and geographical distribution of hospitals across Luzon.

Age Distribution:

The majority of participants fall within the age range of 30 to 39, indicating a concentration of individuals in their prime working years. Thus, a significant portion of 25.6% is also in the 20 to 29 age group which suggest a diverse range of experiences levels, that potentially includes both of those early-career professionals and of those pursuing advanced education. The smaller representation of individuals ages 50 and over which is approximately about 0.8% might imply a relatively younger workforce in the surveyed population.

Sex Distribution:

The sex analysis shows a notable sex imbalance within a substantial majority of 81.2% respondents which identifies females. And comparatively lower percentage of male respondents which is 18.8% highlights a potential sex disparity in the pediatric nursing profession.

Number of Years of Pediatric Nursing Experience:

Majorities of respondents have 1 to 5 years of pediatric nursing experiences, suggesting a relatively early to mid-career stage for many participants. And the distribution across different experience levels provides insight into the workforce composition with a notable proportion having less than one year of experience.

Geographical Distribution of Hospitals:

The data on hospital distribution across Luzon reveals a concentration of facilities within Southern Luzon, followed by Central Luzon and Northern Luzon. This distribution can have implications for healthcare resource allocation and may prompt further investigation into the factors influencing hospital distribution in these regions.

Overall, these findings provide a valuable snapshot of the surveyed population and healthcare infrastructure in Luzon. The sex disparity and concentration of hospitals in specific regions could be areas of interest for further research or policy considerations in the field of pediatric nursing and healthcare planning. Additionally, understanding the experience levels of practitioners can inform training and professional development programs tailored to the needs of the workforce.

Based on the results presented, the mental health status of pediatric nurses at selected hospitals in Luzon appears to be moderately impacted. The study assessed several factors contributing to mental health;

Perceived Stress (Mean: 3.74 - Always): The high mean value for perceived stress indicates that pediatric nurses consistently experience stress in their work environment. Perceived stress is a subjective evaluation of the demands placed on individuals compared to their perceived ability to cope. A constant high level of perceived stress can have adverse effects on mental health.

Depressive Symptoms (Mean: 2.74 - Frequently): The frequency of depressive symptoms reported by pediatric nurses is notable. Depression can significantly affect one's mental well-being and overall quality of life. Frequent experiences of depressive symptoms may warrant attention and intervention to support the mental health of these nurses.

Anxiety Symptoms (Mean: 2 - Occasionally): While anxiety symptoms are reported occasionally, it suggests that pediatric nurses in the study experience anxiety to a lesser extent compared to stress and depressive symptoms. However, even occasional anxiety can impact overall mental health and should be addressed to prevent escalation.

Work-Life Balance (Mean: 2.39 - Occasionally): The occasional struggle with work-life balance is another factor influencing mental health. Maintaining a healthy balance between work and personal life is crucial for preventing burnout and sustaining mental well-being.

Physical Signs (Mean: 2.11 - Occasionally): Physical signs of stress, though reported occasionally, indicate that the stress experienced by pediatric nurses may manifest physically. This could include symptoms such as headaches, fatigue, or other stress-related health issues.

Overall Summary for Level of Mental Health Status (Mean: 2.23 - Occasionally): The mean value of 2.23, falling under the "occasionally" category, suggests that on average, pediatric nurses in the selected hospitals in Luzon are facing mental health challenges to a moderate degree. While the occasional nature of some factors may indicate resilience, the persistent high level of perceived stress and the frequent experience of depressive symptoms highlight areas that may require targeted interventions and support mechanisms to improve the mental health and well-being of these healthcare professionals. Providing resources, fostering a supportive work environment, and implementing mental health programs could be essential steps in addressing these challenges.

The presented data analysis suggests that pediatric nurses in selected hospitals in Luzon generally exhibit a high level of coping strategies. The coping strategies include self-care activities, problem-focused coping, emotion-focused coping, and seeking social support. The mean values provide an indication of the frequency with which these strategies are employed.

Self-care Activities (Mean: 3.38): The high mean value of 3.38 indicates that pediatric nurses consistently engage in self-care activities. This suggests a proactive approach to maintaining their well-being, which is crucial in a demanding and emotionally challenging profession.

Problem-focused Coping (Mean: 3.35): The mean value of 3.35 suggests that pediatric nurses often employ problem-focused coping strategies. This implies that they actively address and tackle the root causes of stressors or challenges in their work environment.

Emotion-focused Coping (Mean: 3.47): With a mean value of 3.47, pediatric nurses frequently use emotion-focused coping strategies. This indicates their ability to manage and regulate their emotional responses to stressful situations, which is essential for maintaining mental health and resilience.

Seeking Social Support (Mean: 3.23): The mean value of 3.23 suggests that pediatric nurses regularly seek social support. This could involve seeking assistance, advice, or simply venting to colleagues, friends, or family members. Social support is known to be a valuable resource for coping with stress.

Overall Coping Strategies (Mean: 3.36): The study's summary emphasizes that pediatric nurses, on average, always utilize coping strategies, with an overall mean value of 3.36. This consolidates the findings across the different coping dimensions, indicating a robust and proactive approach to coping with the challenges inherent in their profession.

The results of the Pearson's r Test indicate that there is a significant relationship between the demographic profile of pediatric nurses and both their level of mental health status and coping strategies at selected hospitals in Luzon.

In terms of the demographic profile and mental health status, age, sex, number of years of working experience, and hospital location were examined in relation to mental health status. The p -values for all demographic factors were found to be 0.000, which is less than the 0.05 alpha levels, indicating statistical significance. This suggests that the age, sex, years of experience, and hospital location of pediatric nurses are significantly associated with their mental health status. It implies that certain demographic characteristics may influence the mental health status of pediatric nurses, and understanding these factors can be crucial for addressing mental health concerns in this population.

In terms of the demographic profile and coping strategies, sex, number of years of working experience, hospital location, and age were analyzed concerning coping strategies. Similar to the mental health status findings, the p -values for sex, number of years of experience, and hospital location were all 0.000, indicating statistical significance. The age factor, although with a higher p -value (0.029), is still less than the 0.05 alpha level, making it statistically significant. This suggests that the demographic characteristics of pediatric nurses, including sex, years of experience, hospital location, and age, are significantly related to the coping strategies they exert. The results highlight the importance of considering these demographic factors when developing interventions or support systems aimed at improving coping strategies among pediatric nurses.

Similar to the results of a study that shows the significant correlation between mental health status and coping strategies of pediatric nurse in which it was able to determine stressors, coping styles, and anxiety & depression in pediatric nurses with different lengths of service in six tertiary hospitals in Chengdu, China (Liao, et.al, 2020).

CONCLUSION

Demographic profile. The study examined the Mental Health Status and Coping Strategies of Healthcare Workers in Different Hospital Locations in Luzon. The study found significant correlations between demographic variables such as age, sex, number of working experiences, and hospital location, with mental health status and coping strategies.

Mental Health Status. Based on the results of the study, pediatric nurses always experiencing perceived stress; occasional anxiety symptoms, work-life balance issues, and physical signs of mental health problems while they also frequently experience depressive symptoms. Upon generating the overall mean, the study showed that pediatric nurses occasionally experience mental health concerns.

Coping Strategies. The pediatric nurses who served as respondents in this study revealed that they always utilize self-care activities, problem-focused coping and emotion-focused coping strategies while they frequently seek social support. Based on the overall mean, pediatric nurses always utilize coping strategies.

Correlations. The study revealed significant correlation between age, sex, number of experiences, and hospital location with mental health status and coping strategies of pediatric nurses. This suggests that these variables play an important role in the mental well-being and coping mechanisms of pediatric nurses.

Based on the results of the study, it can be proved that pediatric nurses occasionally experience mental health concerns and they always use coping strategies in order to perform their job. It also showed that the demographic profile of the pediatric nurses in terms of their age, sex, number of years of working experience and hospital location is significantly related to their level of mental health status and coping strategies.

This study provides valuable insights into the connection between the mental health of pediatric nurses and their coping strategies. One study examined this relationship among pediatric nurses in Luzon, while another study conducted in China explored the equation model of occupational stress, coping styles, and mental health among pediatric nurses. Together, these studies enhance the understanding of the factors that affect the mental well-being of pediatric nurses, emphasizing the importance of coping strategies and occupational stress in their overall mental health (Zhou, et al., 2022).

From the results, the researchers suggest developing and implementing mental health awareness programs along with regular mental health assessments, age- and sex-specific interventions addressing their stressors and coping needs, and support program tailored to the level of experience of nurse. In addition, there is also a need to promote healthy coping mechanisms through advocating policy enhancements on mental health programs and concerns of healthcare workers. Future researchers may also consider conducting studies to track mental health status and coping strategies of pediatric nurses overtime.

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