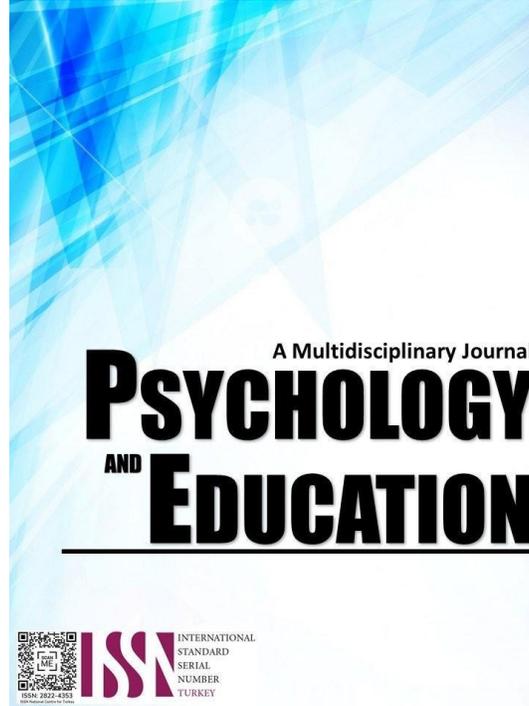


COPING STRATEGIES UTILIZED BY NURSE-MOTHERS ON FULL NIGHT SHIFT



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Coping Strategies Utilized by Nurse-Mothers on Full Night Shift

Nimpha L. Calimlim,* Alyssa Ashley R. Diego
For affiliations and correspondence, see the last page.

Abstract

The study explored the coping strategies employed by nurse-mothers working full night shifts in selected hospitals in Eastern Pangasinan. Data regarding the nurses' socio-demographic profiles were collected through a survey instrument grounded in relevant literature and research studies. A descriptive research design was utilized, incorporating various statistical tools such as frequencies, percentages, weighted means, t-tests, and ANOVA. The nurse-mothers predominantly consist of young adults who manage their own families. Many have chosen not to pursue advanced nursing education and receive compensation based on the salary grade for new nurses. Although they hold job order positions, many have dedicated several years to their service and typically have an average number of children. They are primarily assigned to frontline areas, specifically the Outpatient Department (OPD) and the Emergency Room (ER). In terms of coping strategies, these nurse mothers confidently rely most on physical and spiritual methods, while emotional and mental, as well as socio-economic strategies, are utilized to a lesser extent. The pre-test results indicated that there were no significant differences in the extent of coping strategies related to most profile variables, except for civil status and salary. It was found that older married nurse-mothers, as well as those with higher salary grades, positions, and numbers of children, tended to utilize physical coping strategies more frequently. Additionally, older married nurse-mothers who worked in less toxic environments were more likely to employ socio-economic coping strategies. Notably, married nurse-mothers predominantly used spiritual coping strategies. Based on these findings, future research is recommended to explore other coping strategies employed by nurse-mothers who work different shifts.

Keywords: *coping, strategies, nurse-mothers, night shift*

Introduction

Nurses play a pivotal role in providing round-the-clock care to patients, often necessitating work schedules that extend beyond traditional daytime hours. Night shift duty has become an integral part of the nursing profession, ensuring continuous and uninterrupted medical attention for those in need. However, the adoption of nocturnal work patterns among nurses has raised concerns about its potential impact on their family and social lives. Nurses working night shifts often experience disruptions in their sleep-wake cycles, leading to adverse health outcomes such as increased risk of cardiovascular diseases and compromised mental health. The repercussions extend beyond the individual, affecting the fabric of familial and social connections. Studies suggest that the irregular working hours of night shifts may contribute to difficulties in maintaining family cohesion, impacting the availability and quality of time spent with family members. These challenges can manifest in heightened stress levels and strain on familial relationships, warranting a closer examination of the delicate balance nurses must navigate between their professional commitments and personal responsibilities (Begum et al., 2024).

Night shifts mainly have negative consequences, even though an Australian study showed that night shifts provided flexibility for family and social activities. A phenomenological study with interviews of 21 American nurses found that nurses encountered difficulties getting adequate rest due to family responsibilities and/ or circadian rhythm disturbances. Some even chose to give up sleep entirely to meet family obligations. American nurses working nights had a high risk of family stressors. The same issues were seen across cultures and across gender roles. It showed that nurses working nights found limited family time and ability to resolve family conflicts. Nurses reported having insufficient time to manage their personal and home responsibilities. They reported feeling moody and irritable, which occasionally triggered family conflicts, revealed that working nights influenced social life and could lead to health problems (Julnes & Angel, 2022).

Physiological and social difficulties from night shift work include problems with sleep, diet, menstrual cycles, stress/anxiety, weight gain, workplace errors, and driving accidents. Also reported was less time for leisure, domestic responsibilities, child care, friends, and family. Studies have been conducted internationally, wherein workplace and cultural differences may affect global applicability. Interventions and anticipatory guidance are lacking. (Vitale et al., 2015)

Shiftwork is a standard method of professional practice and is unavoidable for many nurses. This is because hospitals and nursing services run a 24-hour operation. Twelve-hour shift rotations are very common, but there are growing concerns about their impact on care quality and patient safety. Studies that investigated the negative impact of night shiftwork have shown that it affects workers' health, mainly causing fatigue, sleepiness, mood changes, and weight gain.

Other studies have reported problems with job performance and psychosocial well-being. Night shiftwork, which requires nurses to work at night and sleep during the day, significantly alters the circadian rhythm of affected persons. Some studies have shown that night shiftwork is associated with poor performance and adoption of low safety indicators, while such shifts are performed within a

rotating shift schedule. Fixed night shiftwork could be associated with increased job dissatisfaction. The challenges of shiftwork are associated with the intention to leave the profession and the turnover of nurses.

In Palestine, a study found that women involved with night shiftwork experience a higher level of job distress than men, while in Iraq, Iran, and Turkey, night shiftwork among nurses caused fatigue, family problems, and decreased job and life satisfaction (Alsharari et al., 2021).

Nursing is a challenging profession as it requires a high level of responsibility, performing difficult activities, and working in shifts. Nursing quite often involves working in night shifts, which is a characteristic of nursing that is very difficult to change. Working for long hours at night, having a high workload, and having an impaired circadian rhythm may lead to psychological and physiological problems. This makes it difficult for the nurses to continue their routine duties at night and increases occupational accidents and injuries.

Disruption of the circadian rhythm alters the sleep-wake cycle and negatively impacts sleep quality. A study focused on the sleep quality of nurses working night shifts found a significant association between low sleep quality and night shift work. Specifically, 44.8% of the nurses who worked night shifts reported their sleep quality as poor or awful. This impaired sleep quality can lead to a reduced quality of life for nurses by adversely affecting their physical health, psychological well-being, and social relationships both within and outside of their families.

Nurses involved with night shiftwork have encountered several challenges with their job performance and patient safety. The error rate on a standard test for night-shift workers was 44% higher than fixed-day-shift workers. They found that 56% of 289 nurses involved in night shifts were sleep-deprived, and sleep-deprived nurses had a higher number of patient care errors than non-sleep-deprived nurses. Beyond sleep deprivation, night shiftwork may also have other physiological effects on nurses (Ozyurek et al., 2021).

Shift work is associated with a series of potentially negative physical and psychological effects, as human physiology has biologically adapted to synchronize with the light–dark cycle. Underlying homeostatic circadian rhythms are pervasive across many physiological and biochemical outputs. In addition, circadian rhythmicity underlies performance and behavioral outputs including sleep–wake states, alertness, and mental performance. The most commonly reported adverse effects of shift work are excessive sleepiness, chronic sleep disturbances including reduced total sleep time and shorter duration of stage 2 and rapid eye movement sleep, and insomnia. In relation to other psychological consequences of shift work, a recent meta-analysis highlighted a significant association between poor sleep and a heightened risk of depression. Shift workers are also at risk of shift work disorder, which is associated with chronic disruptions to sleep–wake schedules, and excessive sleepiness that impacts their well-being and performance.

The excessive sleepiness that shifts nurses experience, due to associated cognitive impairments, has also been linked to an increase in road and occupational accidents. Adverse physical effects of shift work include increased risk of metabolic diseases (e.g., type 2 diabetes and weight gain), cardiovascular diseases (e.g., coronary heart disease), and stroke. The World Health Organization has classified shift work with circadian disruption as a probable human carcinogen. This association has been demonstrated in relation to the risk of breast cancer, with every 5 years of shift work increasing breast cancer risk (Savic et al., 2019).

Nurses are assigned for round-the-clock patient care, and night shift nurses experience detrimental effects due to their work hours. Nurses' experiences when working night shift facilitate the development of strategies to lessen the negative effects of working at night. The night shift is the most challenging shift to work, and the night shift staff are often invisible and undervalued. This disruption to nurses' circadian rhythms impacts performance, and nurses working at night have more work-related injuries and an increased risk of drowsy driving incidents after working a night shift. Sleep-related errors have been identified for night shift workers, and research has found that nightshift napping decreased sleepiness and improved performance. Nurses working the night shift are prone to having more patient care errors (Weaver et al., 2020).

Nurses who work 12-hour shifts have been found to take fewer 30-minute breaks compared to day-shift nurses who work 8- or 12-hour shifts. Night-shift nurses on 12-hour shifts also reported more sleepiness and showed greater difficulties with on-the-job performance tests compared to day-shift nurses who worked 12 hours.

Increased risk of medication errors has also been reported for 12-hour nurses compared to 8-hour nurses. Rest breaks improve performance, reduce fatigue. Night-shift nurses' ability to take a break depended upon the acuity of their assignment and support structures in place to allow a break (Landis et al., 2021). Smits et al., (2021) cited that nurse mothers assigned in different wards" refers to a situation where a hospital has designated nurses who specialize in caring for mothers (postpartum care) but are assigned to different patient wards within the hospital, meaning they may not always be stationed in the same dedicated "mother-baby" unit, potentially rotating between various wards depending on patient needs and staffing requirements.

Mirzaei et al. (2022) noted that staff encounter various stressors daily, particularly due to the ongoing COVID-19 pandemic, which impacts both their health, and the quality of care provided to patients. Spiritual coping strategies can help individuals manage stress by drawing on a sense of the transcendent. Utilizing these strategies can assist workers in alleviating the pressures associated with their work environment. The study identified that factors such as positive and negative spiritual coping, workplace conditions, service location, type of employment, and job position play significant roles in influencing the occupational stress experienced by nurses.

According to the International Council of Nurses, the majority of medical issues faced by employees are linked to job stress. For nurses,

this stress can impact both their quality of life and the quality of care they provide. The well-being of nurses is particularly important, as a better quality of life enables them to deliver more effective services.

Nurses are often in close contact with patients, and various factors contribute to their stress levels. These include the location of their employment, the diversity of cases they encounter, understaffing, mandatory overtime, and the attitude of their ward manager. While a certain amount of stress can be beneficial in nursing, chronic stress can lead to long-term health issues such as hypertension and cardiovascular disease, ultimately affecting nurses' quality of life.

Job stress can result in various negative outcomes, including increased likelihood of quitting, conflicts with coworkers, health disorders, job dissatisfaction, reduced creativity, decreased professional fulfillment, poor decision-making, feelings of inadequacy, and depression, as well as fatigue and a decline in energy and work efficiency. These factors contribute to a deterioration in the quality of nursing care and increase the risk of work-related injuries (Babapour et al., 2022).

There is enough evidence that nursing is a stressful job, and according to the US Occupational Safety and Health Institute, the nursing profession is ranked 27th among 130 studied professions regarding work-related mental health problems, and nurses are under pressure and stress. Some of the major stressors which have been identified in the community of nurses include tension factors such as high work pressure and a high demand in the workplace, having to work on the night shift, facing threats and violence at workplace, having to adapt to new therapies and high expectations of patients and their relatives. They also have to stay on duty on holidays, facing life-threatening and acute emergencies and patients with unstable situation, having to work with the opposite sex and low equipment and facilities, having occasional conflicts with doctors beside inadequate teamwork, little support of managers for the nurses and lack of reward and incentives, the ambiguity of nursing responsibilities (Akbat et al., 2017).

Burnout among Filipino nurses poses a significant threat to an understaffed Philippine healthcare system, leading to resignations, a change of profession, and migration to other countries, thereby exacerbating the shortage in the local nursing sector. While workplace mental health programs and interventions can help alleviate burnout, it is crucial to address the structural factors contributing to burnout among Filipino nurses, such as low salaries, delayed benefits, understaffing, overwork, and job insecurity. Mobilizing existing resources and improving policies are critical steps that need to be taken to effectively address burnout among nurses. Measures such as increasing salaries, timely provision of benefits, and filling vacant government regular positions can contribute to improving the working conditions for nurses in the Philippines. Moreover, by undertaking these measures, the Philippines can advance working and living conditions for nurses while also mitigating the challenges posed by the shortage of nurses within its healthcare system.

It is for this reason that the researcher was interested in studying the coping strategies of nurse mothers on the full night shift, as the basis for a proposed intervention program among them.

Research Questions

The study determined the Coping Strategies Utilized by Nurse-Mothers on Full Night Shift in selected hospitals in Eastern Pangasinan. Specifically, the study sought to answer the following questions:

1. What are the profile variables of the respondents in terms of:
 - 1.1. age;
 - 1.2. civil status;
 - 1.3. highest educational attainment;
 - 1.4. salary grade;
 - 1.5. employment status;
 - 1.6. number of years in service;
 - 1.7. number of children within the preschooler to late adolescence age group; and
 - 1.8. area of assignment?
2. What are the Coping Strategies Utilized by Nurse-Mothers on Full Night Shift along:
 - 2.1. physical,
 - 2.2. mental/emotional;
 - 2.3. socio-economic; and
 - 2.4. spiritual?
3. Is there a significant difference between the coping strategies utilized by nurse mothers across their profile variables?
4. Is there a significant relationship between the coping strategies utilized by nurse mothers across their profile variables?
5. What proposed intervention program could be formulated for nurse-mothers working on a full night shift?

Methodology

Research Design

The study utilized a descriptive correlational research method, using a questionnaire as the data collection tool to examine the coping strategies of nurse mothers working full night shifts. Descriptive research is valuable for uncovering traits, frequencies, trends, and

categories, as noted by McCombes (2019). The descriptive survey method enables the researcher to collect information, describe the respondents' demographics, and ascertain their impressions of the consequences. Thus, description is often combined with comparison and contrast involving the measurements, classifications, interpretation, and evaluation.

The design appropriate for the topic mentioned is the ex post facto one-shot case study. The research design is shown schematically as follows: X O1, where X = the assumed exposure of the respondent nurses to conditions surrounding the duties of nurse-mothers; O1 = observation or measurements made on the phenomenon being studied (Meimban & Meimban, 2023).

Respondents

The study determined the Coping Strategies Utilized by Nurse-Mothers on Full Night Shift among nurse-mothers in selected hospitals in Eastern Pangasinan. It was composed of 40 nurse-mothers who were assigned to the full night shift. The study was conducted during the Second semester of the Academic Year 2024-2025.

Instrument

The study utilized a survey checklist question based on the problems posed in the study. Part one consisted of the profile of the participants, which included their age, civil status, highest educational attainment, salary grade, employment status, area of assignment, number of children from preschool to late adolescence, and number of years in service. Part two dealt with the Coping Strategies Utilized by Nurse-Mothers on full Night Shift, along with physical, emotional, socio-economic, and spiritual.

Procedure

The researcher requested permission from the Dean of the Graduate School and received the go signal from the Research Adviser. As soon as permission was granted, the researcher asked for the participant's consent and then gave them the questionnaire to answer.

The researcher assured the confidentiality of the survey sheet since the respondents' identities are not necessary. The researcher also understood that participants' consciousness may affect their honesty and effectiveness in answering the survey, so the researcher gave nurse participants the option of being anonymous. Respondents were given time to reply, and the researcher will transmit the data immediately after they finish. The data was collected, tabulated, and analyzed.

The researcher safeguarded and secured personal information obtained during data collection in accordance with the Data Privacy Act (RA10173). The researcher ensured that ethical precautions and procedures were met in the whole process of this study.

Data Analysis

The data collected was tabulated into a contingency table and was treated with proper statistical tools. The study utilized descriptive statistics for the treatment of data to seek answers to the study's objectives.

Frequency and percentage were used for problem number 1 to determine the profile variables as to age, sex, civil status, highest educational attainment, and number of children.

The weighted mean was used for Problem number 2 on the coping strategies utilized by nurse mothers on the full night shift.

A five-point Likert Scale was used in the analysis. Part II on the coping strategies utilized by nurse mothers included the following:

Table 1. Five-Point Likert Scale

<i>Literal Value</i>	<i>Statistical Limit</i>	<i>Descriptive Equivalent</i>	<i>Transmuted Rating</i>
A	4.50 – 5.00	Always	Highly Utilized
B	3.50 – 4.49	Often	Utilized
C	2.50 – 3.49	Sometimes	Moderately Utilized
D	1.50 – 2.49	Seldom	Slightly Utilized
E	1.00 – 1.49	Never	Not Utilized

For Problems Nos. 3 and 4 on the significant differences and relationships between the coping strategies utilized by nurse mothers. Analysis of Variance was used to test the difference, and Pearson's r Correlation Coefficient was used for significant relationships.

Results and Discussion

This section presents a tabulation of the information gathered, along with the corresponding evaluation and explanation regarding the coping strategies of nurse mothers working full night shifts.

Respondent's Profile

Table 2 presents the profile of the respondents in terms of their age, civil status, highest educational attainment, salary grade, employment status, number of years in service, and number of children in the Preschool to adolescent age group and area of assignment

Age. The table indicates that the majority of respondents fall within the age range of 31-35 years, with a frequency of 11 respondents,

accounting for 36.7 percent of the total. This is followed by the 36-40 age group, which includes 8 respondents, or 26.7 percent. The 25-30 age group has 6 respondents, representing 20 percent, while the 41-45 age group consists of 3 respondents, or 10 percent. Lastly, there are 2 respondents aged 46 and above, making up 6.7 percent. Overall, the data shows that most respondents are young adults, as individuals aged 31-35 are classified as young adults according to Erikson's stages of development.

Civil status. The majority of the respondents were married, comprising 20 individuals or 66.7 percent, while singles were 10 individuals or 33.3 percent. This indicates that the respondents were engaged in marital relationships and raising families.

Table 2. *Distribution of Respondents in terms of their Profile Variables n=30*

<i>Profile Variables</i>	<i>Frequenc y</i>	<i>Percentag e</i>
Age (in years)		
25-30	6	20.0
31-35	11	36.7
36-40	8	26.7
41-45	3	10.0
46 and above	2	6.7
Civil Status		
Single	10	33.3
Married	20	66.7
Highest Educational Attainment		
Bachelor's Degree	25	83.3
With MAN units	5	16.7
Salary Grade		
10	7	23.3
15	21	70.0
16	2	6.7
Employment Status		
Job Order	19	63.3
Casual	5	16.7
Permanent	6	20.0
Number of Years in Service		
Below 1	2	6.7
1 – 2	8	26.7
3 – 4	9	30.0
5 and above	11	36.7
Number of Children within the Pre-School to Adolescent Age Group		
1	14	46.7
2	10	33.3
3	6	20.0
Area of Assignment		
ER/OPD	9	30.0
Surgical	3	10.0
Medical	7	23.3
OB	3	10.0
DR/OR	4	13.3
ICU	4	13.3

Civil status. The majority of the respondents were married with a frequency of 20 or 66.7 percent, followed by singles with a frequency of 10 or 33.3 percent. It revealed that the respondents were in marital relationships and had their families.

Highest educational attainment. It was revealed that the majority of the respondents were bachelor's degree holders with a frequency of 25 or 83.3 percent, followed by those with masteral units with a frequency of 5 or 16.7 percent. It showed that the majority did not pursue a higher level of learning. This might be related to the fact that their salaries are not competitive, so some nurses fail to enroll in the master's or doctoral programs.

Status of employment. It can be seen from the table that the majority of the respondents were Job orders with a frequency of 19 or 63.3 percent, permanent with a frequency of 6 or 20 percent, and casual with a frequency of 5 or 16.7 percent. It revealed that most respondents were not stable in their jobs, and their designations are renewable based on their performance.

Salary grade. It revealed that the majority of them had a salary grade of 15 with a frequency of 21 or 70 percent, a salary grade 10 with a frequency of 7 or 23.3 percent, and a salary grade of 16 with a frequency of 2 or 6.7 percent. It implies that most respondents received a salary specified in RA 9173 as the entrance salary of a nurse.

Number of years in service. Most of the respondents were in service for more than 5 years with a frequency of 11 or 36.7 percent, 3-4 years with a frequency of 9 or 50 percent, 1-2 years with a frequency of 8 or 26.7 percent and below 1 year with a frequency of 1 or 6.7 percent. It was revealed that some of the respondents had been there for many years.

Number of children in the preschool to adolescent age group. It revealed that most had a child with a frequency of 14 or 46.7 percent, 2 children with a frequency of 10 or 33.3 percent, and 3 children with a frequency of 6 or 20 percent. It connotes that the nurse mothers had an average number of children.

Area of assignment. It revealed that most respondents were assigned in the ER/OPD with a frequency of 9 or 30 percent, Medical ward with a frequency of 7 or 33.3 percent, OR/DR and ICU with a frequency of 4 or 13.3 percent, and surgical ward and OB with a frequency of 3 or 10 percent. It implies that most respondents were assigned to the emergency and outpatient department, which is the first place where patients are accommodated.

Coping Strategies Utilized by Nurse Mothers along with Physical

Table 3 presents the coping strategies of nurse mothers who work full night shifts, highlighting physical aspects of their routines. The highest-rated strategies, with weighted means of 4.56 and 4.67—indicating "Always"—are “spending quality time with loved ones, such as my husband and children,” and “wearing comfortable and well-fitting uniforms and clothing at home.”

This suggests that family plays a crucial role in stress relief for nurses. Begum et al. (2024) noted that the irregular hours of night shifts can hinder family cohesion, affecting the quantity and quality of time spent with family members. These challenges may lead to increased stress levels and strain on family relationships, underscoring the delicate balance nurses must maintain between their professional duties and personal responsibilities.

Table 3. Coping Strategies Utilized by Nurse Mothers along Physical n=30

<i>Indicators</i>	<i>WM</i>	<i>DR</i>	<i>TR</i>
1. Engage in enjoyable activities together with my family.	4.47	A	HU
2. Making time for my children in their studies and games despite my busy schedule	4.43	O	U
3. Practice healthy eating habits, making sure that my meals are nutritionally balanced.	4.57	A	HU
4. Spending quality time with loved ones—my husband and my children.	4.67	A	HU
5. Do stretching and exercises regularly.	3.87	O	U
6. Wear a comfortable and well-fitted uniform and clothing for my home wear.	4.63	A	HU
7. See to it that I get plenty of rest and sleep and make sure that my children have their, as well.	4.30	O	U
8. Ask for assistance for any task that requires physical strength beyond my ability.	3.60	O	U
9. Help my teammates in any procedure and/or task that requires joint physical effort.	3.90	O	U
10. See to it that I am physically healthy every day for all my duties as a nurse and as a mother.	4.57	A	HU
Average Weighted Mean	4.30	O	U

Legend: 4.50–5.00: Always (A) – Highly Utilized (HU); 3.50–4.49: Often (O) – Utilized (U); 2.50–3.49: Sometimes (So) – Moderately Utilized (MU); 1.50–2.49: Seldom (Se) – Slightly Utilized (SU); 1.00–1.49: Never (N) – Not Utilized (NU).

The lowest item is number “ask for assistance for any task that requires physical strength beyond my ability,” with a weighted mean of 3.60 or “Often.” It showed that the nurses felt the workload they had in the area where, at times, they needed the assistance of their colleagues. As mentioned by Ozyurek et al. (2021), working for long hours at night, having a high workload, and having an impaired circadian rhythm may lead to psychological and physiological problems.

Overall, the coping strategies utilized by nurse mothers on full night shift got an average weighted mean of 4.30 or “Often.” It showed that the nurse-mothers utilized the mentioned coping strategies. It is evident that most often the physical aspect is affected in the clinical area due to their workload. Night shifts mainly have negative consequences, even though an Australian study showed that night shifts provided flexibility for family and social activities (Julnes & Angel, 2022).

Coping Strategies Utilized by Nurse Mothers along with Mental/Emotional

Table 4 presents the coping strategies of nurse mothers on full night shift along with mental/emotional, and the highest is number 1, “maintain emotional well-being while balancing motherhood and nursing duties” with a weighted mean of 4.67, or “Always.”

Table 4. Coping Strategies Utilized by Nurse Mothers along with Mental/Emotional n=30

<i>Indicators</i>	<i>WM</i>	<i>DR</i>	<i>TR</i>
1. Maintain emotional well-being while balancing motherhood and nursing duties.	4.67	A	HU
2. Openly communicate needs and challenges with my partner, family, and colleagues.	4.20	O	U
3. Share my feelings with relationship with my co-workers	3.27	O	U
4. Maintain good communication skills and commitment to therapeutic relationships	4.27	O	U



5. Prioritize self-care activities, like personal grooming, hygiene, and healthy exercises.	4.47	O	U
6. Practice personal debriefing myself after duty before I go home to my family.	3.93	O	U
7. Practice journaling my thoughts and feelings after my nursing duties.	3.27	So	MU
8. Practice careful planning of my activities to avoid overlapping and being overwhelmed	3.80	O	U
9. Participate in the recreational activities at home with my children.	4.17	O	U
10. Practice engaging a support system with the other members of the family in caring for the baby and/ or toddler.	3.90	O	U
Average Weighted Mean	3.99	O	U

Legend: 4.50–5.00: Always (A) – Highly Utilized (HU); 3.50–4.49: Often (O) – Utilized (U); 2.50–3.49: Sometimes (So) – Moderately Utilized (MU); 1.50–2.49: Seldom (Se) – Slightly Utilized (SU); 1.00–1.49: Never (N) – Not Utilized (NU).

It implies that the nurse mothers cannot separate the physical and emotional well-being in coping with their duties. As cited by Vitale et al. (2015), physiological and maintaining well-being, social difficulties from night shift work include problems with sleep, diet, menstrual cycles, stress/anxiety, weight gain, workplace errors, and driving accidents. Also reported was less time for leisure, domestic responsibilities, child care, friends, and family.

The lowest item is number 3 and 7, “share my feelings with relationship with my co-workers” and “practice journaling my thoughts and feelings after my nursing duties” with a weighted mean of 3.27 or “Sometimes.” It showed that the nurses work hand in hand with their colleagues and share their responsibilities with one another. If the other one is not busy, then the other nurses can rescue them in the clinical area.

Overall, on the coping strategies utilized by nurse mothers on full night shift, along with mental/emotional, got an average weighted mean of 3.99 or “Often.” It showed that the nurse mothers have to cope with the schedule of the night shift, since it is normal for a nurse to go on the night shift.

According to Ozyurek et al. (2021), nursing is a challenging profession as it requires a high level of responsibility, performing difficult activities, and working in shifts. Nursing quite often involves working in night shifts, which is a characteristic of nursing that is very difficult to change.

Coping Strategies Utilized by Nurse Mothers along with Socio-Economic

Table 5 presents the coping strategies of nurse mothers on full night shift along with socio-economic factors, the highest are numbers 4 and 6, “build strong family support,” and “make a viable budget for all needs, savings, and other family expenses” with a weighted mean of 4.60, or “Always.”

Table 5. Coping Strategies Utilized by Nurse Mothers along Socio-Economic n=30

Indicators	WM	DR	TR
1. Utilize the childcare support system	4.47	O	U
2. Leverage on flexible work schedule	4.23	O	U
3. Seek financial assistance programs	2.83	So	MU
4. Build strong family support	4.60	A	HU
5. Advocate for workplace policies supporting breastfeeding and family needs	3.60	O	U
6. Make a viable budget for all needs, savings, and other family expenses.	4.60	A	HU
7. See to it that we in the family live within our means by following our budget.	4.53	A	HU
8. And my older children engaged in small gardening to produce a part of our vegetable consumption.	2.77	So	MU
9. And my children practice re-using, re-cycling, and conserving materials available at home to lessen our expenses.	2.97	So	MU
10. Loan funds only for long-term projects that are necessary for the family, like buying a lot and building our house.	2.07	Se	SU
Average weighted mean	3.67	O	U

Legend: 4.50–5.00: Always (A) – Highly Utilized (HU); 3.50–4.49: Often (O) – Utilized (U); 2.50–3.49: Sometimes (So) – Moderately Utilized (MU); 1.50–2.49: Seldom (Se) – Slightly Utilized (SU); 1.00–1.49: Never (N) – Not Utilized (NU).

The lowest item is number 10, “loan funds only for long-term projects that are necessary for the family, like buying a lot and building our house,” with a weighted mean of 2.07, or “Seldom.” It showed that the nurses did not resort totally to getting loans for the family. This is related to the fact that nurses have their salaries and perceive that getting loans will be an additional burden on their part, except for bigger projects for the family

Overall, on the coping strategies utilized by nurse mothers on full night shift along with socio-economic factors, the average weighted mean was 3.67 or “Often.” It showed that the nurses used a lot of coping mechanisms, wherein it is up to them what to adapt in their daily lives.

Coping Strategies Utilized by Nurse Mothers along with Spiritual

Table 6 presents the coping strategies of nurse mothers on full night shift along spiritual, the highest are numbers 9 and 10” practice my nursing duties as my calling and mission in life,” and “practice my nursing duties as my calling and mission in life” with a weighted mean of 4.80, and 4.83 or “Always.”

Table 6. *Coping Strategies Utilized by Nurse Mothers along with Spiritual n=30*

<i>Indicators</i>	<i>WM</i>	<i>DR</i>	<i>TR</i>
1. Seek support from a spiritual leader, adviser, or friend.	3.47	So	MU
2. Practice mindfulness and meditation	3.80	O	U
3. Pray and do relaxation techniques to focus my thoughts and achieve peace of mind	4.40	O	U
4. Practice my religious beliefs and my relationship with our Lord God.	4.76	A	HU
5. Lead, together with my spouse, our family in our religious faith.	4.03	O	U
6. Attend church worship service with my family and children	4.03	O	U
7. Practice a close brotherly/ sisterly relationship with other members of our church group.	3.37	So	MU
8. Read the Holy Bible and/or spiritual reading materials during my off-duty	3.47	So	MU
9. Practice my faith in our Lord God every day at home and at work.	4.80	A	HU
10. Practice my nursing duties as my calling and mission in life.	4.83	A	HU
Average Weighted Mean	4.10	O	U

Legend: 4.50–5.00: Always (A) – Highly Utilized (HU); 3.50–4.49: Often (O) – Utilized (U); 2.50–3.49: Sometimes (So) – Moderately Utilized (MU); 1.50–2.49: Seldom (Se) – Slightly Utilized (SU); 1.00–1.49: Never (N) – Not Utilized (NU).

The lowest items are numbers 7 and 8, “practice close brotherly/ sisterly relationship with other members of the healthcare team, and “read the Holy Bible and/or spiritual reading materials during my off duty” with a weighted mean of 3.47 and 3.37, or “Sometimes.” It showed that the nurses were

Overall, on the coping strategies utilized by nurse mothers on full night shift, along with spiritual, got an average weighted mean of 4.10 or “Often.” It showed that the nurse mothers coped differently while on duty, since it is necessary to relieve them of the stress they encountered in their duties. Staff are faced with several stressors daily, such as the COVID-19 pandemic situation, which affects health and the quality of services to patients. Spiritual coping with stress is an attempt to overcome stress on the basis of what is transcendent. The use of spiritual coping strategies helps a person to overcome tensions caused by the work environment (Mirzaei et al., 2022).

Summary of Coping Strategies Utilized by Nurse Mothers

Table 7 presents the coping strategies of nurse mothers on full night shift, the highest aspects are along physical and spiritual, with a weighted mean of 4.30, and 4.10, or “Often.”

Table 7. *Summary of Coping Strategies Utilized by Nurse Mothers n=30*

<i>Aspect</i>	<i>WM</i>	<i>DR</i>	<i>TR</i>
Physical	4.30	O	U
Mental/Emotional	3.99	O	U
Socio-Economic	3.67	O	U
Spiritual	4.10	O	U
Overall Weighted Mean	4.02	O	U

Legend: 4.50–5.00: Always (A) – Highly Utilized (HU); 3.50–4.49: Often (O) – Utilized (U); 2.50–3.49: Sometimes (So) – Moderately Utilized (MU); 1.50–2.49: Seldom (Se) – Slightly Utilized (SU); 1.00–1.49: Never (N) – Not Utilized (NU).

It connotes that the nurses used it more as a coping mechanism because we all know that the family is one of the priorities among nurses, so they utilized it most. Julnes and Angel (2022) found that nurses encountered difficulties getting adequate rest due to family responsibilities and/ or circadian rhythm disturbances. Some even chose to give up sleep entirely to meet family obligations. American nurses working nights had a high risk of family stressors. The same issues were seen across cultures and across gender roles. It showed that nurses working nights found limited family time and ability to resolve family conflicts.

The lowest aspects are along mental/emotional, and socio-economic, with a weighted mean of 3.99 and 3.67 or “Often.” It showed that the nurse mothers coped mentally/emotionally in their night shift duties. There is enough evidence that nursing is a stressful job, and according to the US Occupational Safety and Health Institute, the nursing profession is ranked 27th among 130 studied professions regarding work-related mental health problems, and nurses are under pressure and stress (Akbat et al., 2017).

Overall, on the coping strategies utilized by nurse mothers on full night shift, got an average weighted mean of 4.02 or “Often.” It reflects that the nurse mothers experienced this coping in the clinic area while on night shift. As mentioned by Savic et al. (2019), in relation to other psychological consequences of shift work, a recent meta-analysis highlighted a significant association between poor sleep and a heightened risk of depression.

ANOVA Results on the Difference in the Coping Strategies Utilized by Nurse Mothers across Age

Table 8 shows the difference in the coping strategies utilized by nurse-mothers across age. The computed F-values generated significance values which are higher than the set .05 level of significance.



Table 8. ANOVA Results on the Difference in the Coping Strategies Utilized by Nurse Mothers across Age

Aspect	Source of Variation	Sum of Squares	Df	Mean Squares	F-value	Sig	Remarks
Physical	Between Groups	.951	4	.238	1.454	.246	Not Significant
	Within Groups	4.089	25	.164			
	Total	5.040	29				
Mental/Emotional	Between Groups	1.803	4	.451	2.302	.087	Not Significant
	Within Groups	4.896	25	.196			
	Total	6.699	29				
Socio-Economic	Between Groups	2.757	4	.689	2.371	.080	Not Significant
	Within Groups	7.269	25	.291			
	Total	10.027	29				
Spiritual	Between Groups	1.684	4	.421	2.227	.095	Not Significant
	Within Groups	4.727	25	.189			
	Total	6.411	29				
Overall	Between Groups	1.517	4	.379	2.588	.061	Not Significant
	Within Groups	3.663	25	.147			
	Total	5.180	29				

This suggests acceptance of the null hypothesis. Therefore, there is no significant difference in the coping strategies utilized by the nurse-mothers when their age is considered. Nurse mothers use the same coping strategies along physical, mental, socio-economic, and spiritual aspects regardless of their age. It revealed that the nurse mothers share the same coping strategies when they are on their night shift duty. Because of their workloads in the area, they coped a lot since it is part of their duty, since they handle a lot of patients.

t-Test Results on the Difference in Coping Strategies Utilized by Nurse Mothers across Civil Status

Table 9 shows the difference in the coping strategies utilized by nurse mothers across civil status.

Table 9. t-Test Results on the Difference in the Coping Strategies Utilized by Nurse Mothers across Civil Status

Aspect	Civil Status	n	Mean	Mean Difference	Standard Error Difference	Df	t-value	Sig	Remarks
Physical	Single	10	4.08	-.330	.152	28	-	.03	Significant
	Married	20	4.41						
Mental/Emotional	Single	10	3.76	-.350	.178	28	-	.05	Not Significant
	Married	20	4.11						
Socio-Economic	Single	10	3.33	-.505	.211	28	-	.02	Significant
	Married	20	3.84						
Spiritual	Single	10	3.85	-	-	-	-	.04	Significant
	Married	20	4.22						
Overall	Single	10	3.76	-.389	.149	28	-	.01	Significant
	Married	20	4.15						

No significant difference exists along the mental/emotional aspect. Meanwhile, significant negative mean differences are indicated along physical, socio-economic, and spiritual aspects. This means that married nurse-mothers utilized better coping strategies as compared to single mothers. Julnes and Angel (2022) cited that American nurse working nights had a high risk of family stressors. The same issues were seen across cultures and across gender roles. It showed that nurses working nights found limited family time and ability to resolve family conflicts. Nurses reported having insufficient time to manage their personal and home responsibilities. They reported feeling moody and irritable, which occasionally triggered family conflicts, revealed that working nights influenced social life, and could lead to health problems.

t-Test Results on the Difference in the Coping Strategies Utilized by Nurse Mothers across Highest Educational Attainment

Table 10 displays the difference in the coping strategies utilized by nurse-mothers across the highest educational attainment.

Table 10. t-Test Results on the Difference in the Coping Strategies Utilized by Nurses Mothers across Highest Educational Attainment

Aspect	Highest Educational Attainment	n	Mean	Mean Difference	Standard Error Difference	Df	t-value	Sig	Remarks
Physical	Bachelor's Degree	25	4.25	-.288	.201	28	-	.16	Not Significant
	With MA Units	5	4.54						

Mental/Emotional	Bachelor's Degree With MA Units	25 5	3.96 4.16	-.200	.237	28	-.845	.40 5	Not Significant
Socio-Economic	Bachelor's Degree With MA Units	25 5	3.65 3.76	-.112	.292	28	-.383	.70 5	Not Significant
Spiritual	Bachelor's Degree With MA Units	25 5	4.06 4.26	-.198	.231	28	-.854	.40 0	Not Significant
Overall	Bachelor's Degree With MA Units	25 5	3.98 4.18	-.201	.207	28	-.971	.34 0	Not Significant

The computed t-values have corresponding significance values which are higher than the set .05 level of significance, hence, no significant difference exists. This means that the mothers, regardless of their highest educational attainment, use the same coping strategies along physical, mental/emotional, socio-economic, and spiritual aspects. It clearly implies that the nurses' mothers share the same experience in coping with their clinical duties. They attend to patients, and they need to do it for their patients' welfare.

ANOVA Results on the Difference in the Coping Strategies Utilized by Nurse Mothers across Salary Grade

Table 11 presents the difference in the coping strategies utilized by nurse-mothers across salary grade. No significant difference exists along the mental/emotional aspect as indicated in the computed F-value of 2.475 and significance value of .10

Table 11. ANOVA Results on the Difference in the Coping Strategies Utilized by Nurse Mothers across Salary Grade

Aspect	Source of Variation	Sum of Squares	Df	Mean Squares	F-value	Sig	Remarks
Physical	Between Groups	1.260	2	.630	4.500	.021	Significant
	Within Groups	3.780	27	.140			
	Total	5.040	29				
Mental/Emotional	Between Groups	1.038	2	.519	2.475	.103	Not Significant
	Within Groups	5.661	27	.210			
	Total	6.699	29				
Socio-Economic	Between Groups	3.664	2	1.832	7.773	.002	Significant
	Within Groups	6.363	27	.236			
	Total	10.027	29				
Spiritual	Between Groups	1.357	2	.678	3.624	.040	Significant
	Within Groups	5.054	27	.187			
	Total	6.411	29				
Overall	Between Groups	1.229	2	.614	4.197	.026	Significant
	Within Groups	3.952	27	.146			
	Total	5.180	29				

On the other hand, significant differences exist along physical, socio-economic, and spiritual aspects across salary grades. It is given that, despite the workload the nurse mothers have, regardless of the salary grade they have, they need to cater to their patients' needs. Akbat et al., (2017), cited some of the major stressors which have been identified in the nurses include tension factors such as high work pressure and a high demand in the workplace, having to work on the night shift, facing threats and violence at workplace, having to adapt to new therapies and high expectations of patients and their relatives, having to stay on duty on holidays, facing life-threatening and acute emergencies and patients with unstable situation, having to work with the opposite sex and low equipment and facilities, having occasional conflicts with doctors beside inadequate teamwork, little support of managers for the nurses and lack of reward and incentives, the ambiguity of nursing responsibilities (Akbat et al.,2017).

ANOVA Results on the Difference in the Coping Strategies Utilized by Nurse Mothers across Employment Status

Table 12. ANOVA Results on the Difference in the Coping Strategies Utilized by Nurse Mothers across Employment Status

Aspect	Source of Variation	Sum of Squares	Df	Mean Squares	F-value	Sig	Remarks
Physical	Between Groups	1.413	2	.707	5.261	.012	Significant
	Within Groups	3.627	27	.134			
	Total	5.040	29				
Mental/Emotional	Between Groups	.509	2	.255	1.111	.344	Not Significant
	Within Groups	6.189	27	.229			
	Total	6.699	29				
Socio-Economic	Between Groups	1.420	2	.710	2.227	.127	Not Significant
	Within Groups	8.607	27	.319			
	Total	10.027	29				
Spiritual	Between Groups	.639	2	.320	1.495	.242	Not Significant
	Within Groups	5.772	27	.214			
	Total	6.411	29				

	Total	6.411	29				
Overall	Between Groups	.911	2	.455	2.880	.074	Not
	Within Groups	4.270	27	.158			Significant
	Total	5.180	29				

Table 12 presents the difference in the coping strategies utilized by nurse-mothers across employment status. No significant difference exists along mental/emotional, socio-economic, and spiritual aspects.

However, a significant difference exists along the physical aspect. It clearly showed that the nurse mothers focused more on the physical aspect due to the fact that in their daily duties, they encounter a lot of fatigue, stress, and are overloaded with activities in the area. Regardless of their employment status, they incur physical exhaustion, which to them is normally part of the duty. In our situation in the Philippines, proper staffing is most of the time not followed due to the inadequacy of nurses. According to Babapour et al. (2022), nurses are in close contact with patients, and such factors as employment location, variety of hospitalized cases, lack of manpower, forced overtime hours, and the attitude of the ward manager can impose tremendous stress on nurses.

ANOVA Results on the Difference in the Coping Strategies Utilized by Nurse Mothers across the Number of Years in Service

Table 13 displays the difference in the coping strategies utilized by the nurse-mothers across the number of years in service. AS indicated in the computed values, no significant difference exists along physical, mental/emotional, and spiritual aspects.

Significant difference exists along the socio-economic aspect, which reflects that the nurse mothers vary in their perception when it comes to socio-economic factors, which have to do with their economic issues.

While workplace mental health programs and interventions can help alleviate burnout, it is crucial to address the structural factors contributing to burnout among Filipino nurses, such as low salaries, delayed benefits, understaffing, overwork, and job insecurity. Although the Philippines has a shortage of nurses, a surplus of Filipino nurses exists in other sectors within the country and abroad. (Alibudbud, 2023).

Table 13. ANOVA Results on the Difference in the Coping Strategies Utilized by Nurse Mothers across the Number of Years in Service

Aspect	Source of Variation	Sum of Squares	Df	Mean Squares	F-value	Sig	Remarks
Physical	Between Groups	.267	3	.089	.484	.696	Not
	Within Groups	4.773	26	.184			Significant
	Total	5.040	29				
Mental/Emotional	Between Groups	1.084	3	.361	1.674	.197	Not
	Within Groups	5.614	26	.216			Significant
	Total	6.699	29				
Socio-Economic	Between Groups	3.506	3	1.169	4.660	.010	Significant
	Within Groups	6.521	26	.251			
	Total	10.027	29				
Spiritual	Between Groups	.626	3	.209	.938	.437	Not
	Within Groups	5.785	26	.222			Significant
	Total	6.411	29				
Overall	Between Groups	.760	3	.253	1.489	.241	Not
	Within Groups	4.421	26	.170			Significant
	Total	5.180	29				

ANOVA Results on the Difference in the Coping Strategies Utilized by Nurse Mothers across the Number of Children

Table 13 presents the difference in the coping strategies utilized by the nurse-mothers across the number of children. The computed F-values provided significant values which are higher than the set .05 level of significance. This indicates insignificant results leading to the acceptance of the null hypothesis. There exists no significant difference in the coping strategies utilized by the nurse-mothers across the number of children. It reflects that the number of children the nurse mothers have does not in any way affect their ability to cope with their night shift duties. According to Meg (2022), working a night shift while having children can be challenging, as it disrupts the typical family routine and limits the amount of time you can spend awake with your kids during their active hours; however, with proper planning and support, it can be managed effectively by establishing a consistent sleep schedule, delegating childcare responsibilities, and maximizing quality time with your children during your awake hours.

Table 13. ANOVA Results on the Difference in the Coping Strategies Utilized by Nurse Mothers across the Number of Children

Aspect	Source of Variation	Sum of Squares	Df	Mean Squares	F-value	Sig	Remarks
Physical	Between Groups	.957	2	.479	3.166	.058	Not
	Within Groups	4.083	27	.151			Significant
	Total	5.040	29				
Mental/Emotional	Between Groups	.328	2	.164	.696	.507	Not



	Within Groups	6.370	27	.236				Significant
	Total	6.699	29					
Socio-Economic	Between Groups	1.110	2	.555	1.680	.205		Not Significant
	Within Groups	8.917	27	.330				
	Total	10.027	29					
Spiritual	Between Groups	.420	2	.210	.947	.400		Not Significant
	Within Groups	5.991	27	.222				
	Total	6.411	29					
Overall	Between Groups	.617	2	.309	1.827	.180		Not Significant
	Within Groups	4.563	27	.169				
	Total	5.180	29					

ANOVA Results on the Difference in the Coping Strategies Utilized by Nurse Mothers across Areas of Assignment

Table 14 shows the difference in the coping strategies utilized by the nurse-mothers across the areas of assignment.

The computed F-values generated significance values which are higher than the set .05 level of significance. This suggests acceptance of the null hypothesis. The area of assignment of the nurse mothers does not affect the coping strategies they use. It reflects that nurse mothers do not affect their coping in their area of assignment due to the fact that nurses are rotated in different areas of the hospital, and so they know how to cope in any area of assignment. Smits et al., (2021) cited that nurse mothers assigned in different wards" refers to a situation where a hospital has designated nurses who specialize in caring for mothers (postpartum care) but are assigned to different patient wards within the hospital, meaning they may not always be stationed in the same dedicated "mother-baby" unit, potentially rotating between various wards depending on patient needs and staffing requirements.

Table 14. ANOVA Results on the Difference in the Coping Strategies Utilized by Nurse Mothers across the Area of Assignment

Aspect	Source of Variation	Sum of Squares	Df	Mean Squares	F-value	Sig	Remarks
Physical	Between Groups	1.206	5	.241	1.510	.224	Not Significant
	Within Groups	3.834	24	.160			
	Total	5.040	29				
Mental/Emotional	Between Groups	1.863	5	.373	1.849	.141	Not Significant
	Within Groups	4.836	24	.201			
	Total	6.699	29				
Socio-Economic	Between Groups	2.270	5	.454	1.405	.258	Not Significant
	Within Groups	7.757	24	.323			
	Total	10.027	29				
Spiritual	Between Groups	1.495	5	.299	1.460	.240	Not Significant
	Within Groups	4.916	24	.205			
	Total	6.411	29				
Overall	Between Groups	1.340	5	.268	1.676	.179	Not Significant
	Within Groups	3.840	24	.160			
	Total	5.180	29				

Relationship between the Coping Strategies Utilized by Nurse Mothers and their Profile Variables

Table 15 displays the relationship between the coping strategies utilized by the nurse-mothers and their profile variables.

Significant positive r-values were computed between the Physical aspect and age, civil status, salary grade, employment status, and number of children. This implies that the older the married nurse-mother, and the higher the salary grade, position, and number of children, the more frequently they utilize the coping strategies along the physical aspect.

Along the socio-economic aspect, significant positive r-values are detected with age and civil status, while a significant negative r-value is detected with the area of assignment. The older the married nurse-mother and the less toxic the area of assignment, the more frequently they utilize the coping strategies along the socio-economic aspect.

Table 15. Relationship between the Coping Strategies Utilized by Nurse Mothers and their Profile Variables

Profile Variable	Physical		Mental/Emotional		Socio-Economic		Spiritual		Overall	
	r-value	sig	r-value	Sig	r-value	sig	r-value	sig	r-value	Sig
Age	.386*	.035	.315	.090	.411*	.024	.273	.145	.406*	.026
Civil status	.380*	.039	.349	.059	.412*	.024	.375*	.041	.441*	.015
Highest Educational Attainment	.262	.162	.158	.405	.072	.705	.159	.400	.180	.340

Salary Grade	.436*	.016	-.045	.813	-.273	.145	-.031	.871	-.009	.962
Employment Status	.486*	.006	.221	.241	.242	.198	.233	.215	.331	.074
Number of Years in Service	.180	.341	-.097	.609	-.111	.557	-.194	.305	-.076	.688
Number of Children	.400*	.028	.160	.399	.257	.171	.096	.615	.261	.164
Area of Assignment	-.014	.942	-.334	.071	-.369*	.045	-.310	.095	-.313	.092

*Significant at .05 level

The significant positive r-value between spiritual and civil status means that married nurse-mothers better utilize the spiritual coping strategies. It reflects that those nurse mothers with families coped a lot because of their responsibility with their family, especially with their children, and thereby they worked tremendously for them.

The level of utilization of the coping strategies by the respondent-nurses is related to the variables age, civil status, salary grade, employment status, and number of children in the areas of physical, socio-economic, and overall.

Conclusions

Based on the findings of the study, the following are hereby concluded.

The nurse mothers are very much qualified in performing their duties and responsibilities as nurses but are still assign to job orders although duties in the frontline area which is the OPD/ER. The coping strategy utilized by the nurse mothers were highest along physical and spiritual and lowest on emotional/mental and socio-economic. Most profile variables were not able to differentiate the levels of utilization of coping strategies in relation to the reduction of stress in their jobs. Some variables associated with the level of obligations of coping strategies of mothers who are nurses, respectfully in the areas of physical, socio-economic, spiritual and overall.

Based on the conclusions formulated, the following recommendations are hereby proposed.

The nurse respondents must pursue their higher educational degree for them to get promoted from their present position as job orders. They must continue to enrich their knowledge and skills to have a smoother performance of clinical duties. They must also try other coping strategies to lessen the burden in going for full night shift duty. They must also orient their family especially their children the nature of the work of a nurse. Nurse mothers can be proposed for a salary increase since most of them had been there for a long time and submit their pertinent documents for the ranking of personnel. The proposed program may be adopted and implemented by the hospitals to improve the healthcare services among nurses. Future studies can replicate using other variables of the study.

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Affiliations and Corresponding Information

Nimpha L. Calimlim, RN
Urdaneta City University – Philippines

Alyssa Ashley R. Diego, MAN, Ed.D.
Urdaneta City University – Philippines