

# MENTAL HEALTH ORIENTATION, PSYCHOLOGICAL CHALLENGES, PERSONALITY TRAITS, AND COPING STRATEGIES AMONG NURSES IN THE NEW NORMAL

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**Abstract:** This study developed a causal model of the nurses' mental health orientation, psychological challenges, personality traits, and coping strategies in the new normal. The descriptive-correlational and causal-comparative research designs were employed using a modified researcher-made survey instrument with content validity and reliability established. It was conducted in the province of Bukidnon. Data collection using the questionnaires was tabulated, examined, and interpreted. The findings indicated that PWBI and DASS21 were insignificant; however, personality traits neuroticism that co-varies with openness to experience: conscientiousness, extraversion, and agreeableness, measured high significance in predicting coping strategies among nurses during the new normal. Causal models 1,2, and 3 found variables of personality trait significant; however, model 4 best fits the coping mechanisms of nurses in the new normal because all of the indices match the criteria of the model, validating that Model 4 is a good fit. The conclusion suggests the need for profound awareness of mental health, psychological perception, personal character development, and coping strategies enhancement among nurses to become practical, efficient, resilient, and productive in their respective institutions and the community.

**Keywords:** openness to experience, conscientiousness, extraversion, agreeableness, neuroticism

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## Introduction

During COVID 19 pandemic, many uncertainties emerged. The economic instability, education system disruption, government agencies' mobility indicators, loss of employment and livelihood, and universal health care were challenged. Medical fields are exhausted by the vast effects brought by this outbreak. The objectives of this study assessed the medical staff nurses' personal, psychological, and professional challenges. Although frontline medical staff nurses are honed by education, values, culture, and traditions, they have individual coping strategies that can be classified as positive or negative. Their orientation about emerging infectious diseases before COVID-19 differed from the presentation of Corona Virus. Social stigmatization and contact with infected patients have increased stress and anxiety levels. The fear of getting infected and death added psychological consequences

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that resulted in somatic conditions. However, personal attributes, added with clear institutional policies and protocols, recognition, and appreciation of work efforts alleviate psychological stress.

**Framework**

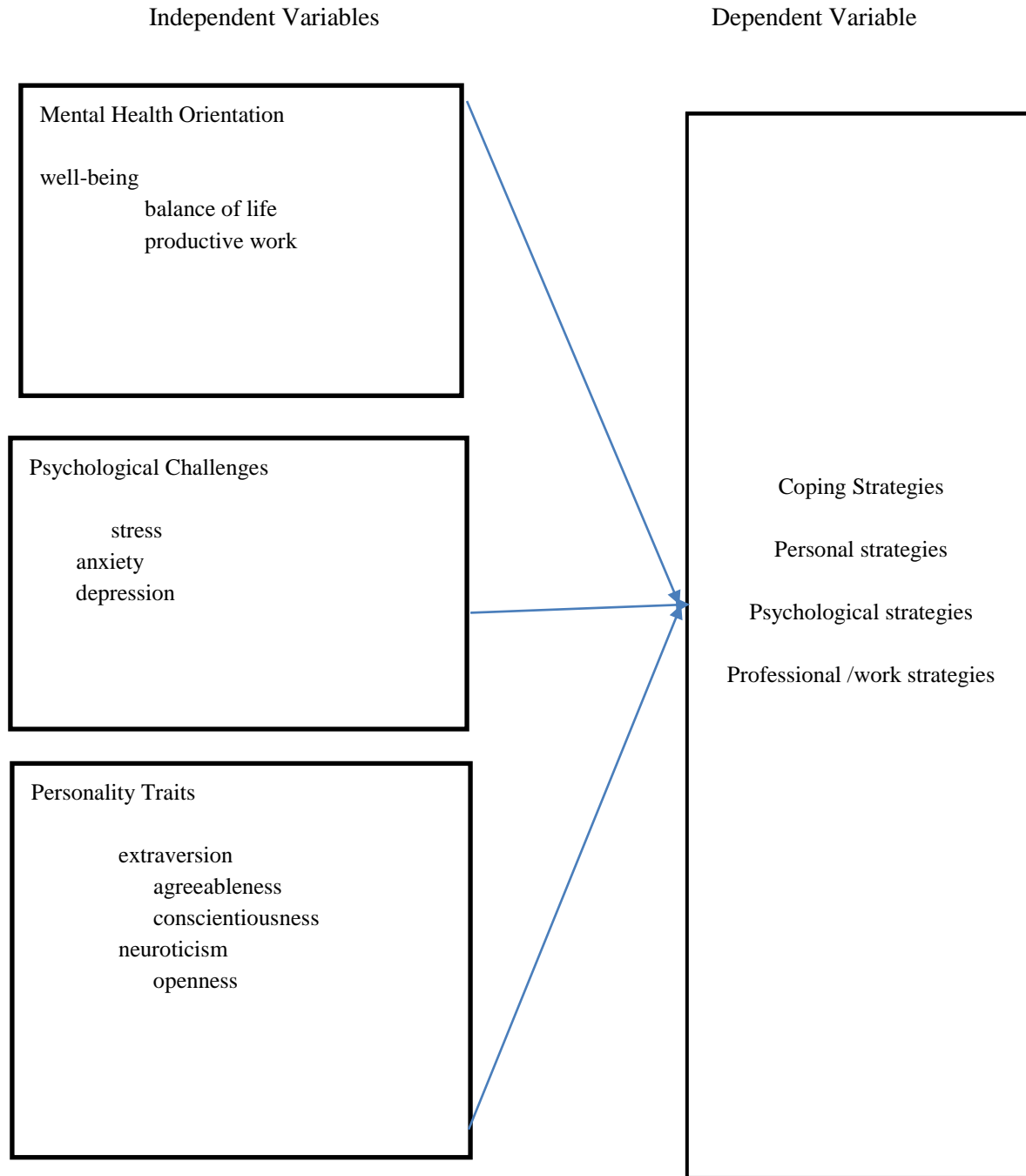


Figure 1: Schematic Presentation of the Variables in the Study

Mental health theories define human development behaviorally, psychologically, and socially. Researchers centered on alleviating pain and suffering, trying to understand what is wrong with the person, and trying to solve it. Nurses' mental health orientation constitutes well-being and creates a balance of life activities and productive work. Psychological challenges include stress, anxiety, and depression. Personal character helped individuals be open-minded, conscientious, extroverted, engaging, and stable emotionally. While coping strategies among nurses in the new normal account for achieving personal awareness, psychological resilience, and coping with life stresses, professional/work strategies encompass the realization of their abilities and contribution to the community.

This study is anchored on the following theories:

The Homeostatic Theory of Well-Being, according to Marks (2015), utilizes external and internal challenges to maximize physical and mental well-being stability.

The Australian Center on Quality of Life/ International Well-Being Group (2013) stated that Quality of Life has a complex composition, and there is no definite measurement form to define it. However, several instruments were developed for selected groups in the population. Currently, the Personal Well-Being Index-Adult (PWI-A) is intended for use with those who are at least 18 years old (Cummins & Weinberg, 2013).

Mental Health Foundation (2021) defined stress as the individual experiencing different encounters with the pressure of growth and development. Threats, pressure, or under stress can result in individual anxiety causing withdrawal, ableness, and helplessness while depression leads to hopelessness and suicide.

All have experienced feeling down, but depression, as defined by Mental Health Foundation (2021), is about more than feeling sad or fed up for a few days. Depression causes a low mood that lasts a long time and affects daily life. It can range from mild to severe. Mild depression can make someone feel low and like everything is harder to do. Severe depression can lead to hopelessness and, in some cases, suicide.

Lovibond (1995) cofounded the three self-report scales designed to process, define, understand, and measure the adverse clinical and emotional states of stress, anxiety, and depression. The stress scale is sensitive to levels of chronic non-specific arousal, and it assesses difficulty relaxing, nervous arousal, and being easily upset/agitated, irritable/over-reactive, and impatient. The anxiety scale assesses autonomic arousal, skeletal muscle effects, situational anxiety, and subjective experience of anxious affect. The Depression scale assesses dysphoria, hopelessness, devaluation of life, self-depreciation, anhedonia, and inertia. The original version was Depression Anxiety Stress Scales (DASS).

Raymond Cattell, in the 70s in the twentieth century, explored human personality or the birth of 16 Personality factors (16PF), namely: warmth, intellect, emotional stability, aggressiveness, liveliness, dutifulness, social assertiveness, sensitivity, paranoia, abstractness, introversion, anxiety, open-mindedness, independence, perfectness, and tension. However, these factors are broad and labeled specific personality traits that led Goldberg in the 90s in the twentieth-century creation of the big five

personality factor test. This self-report test measures the individual's personality traits in summaries, such as extraversion, sometimes labeled as energy. Moreover, enthusiasm implies an energetic approach toward the social and material world that includes traits such as: sociability, activity, assertiveness, and positive emotionality. Neuroticism, negative emotionality, or nervousness, contrasts emotional stability and even-temperedness with negative emotionalities such as: feeling anxious, nervous, sad, and tense. Agreeableness is sometimes labeled as altruism. Affection contrasts a prosocial and communal orientation toward others with antagonism and includes traits such as tender-mindedness, trust, and modesty. Conscientiousness, labeled as constraint, control of impulse describes socially prescribed impulse control that facilitates task- and goal-directed behavior such as thinking before acting, delaying gratification, following norms and rules, planning, organizing, and prioritizing tasks. Openness to experience, also labeled as originality, open-mindedness describes the breadth, depth, or complexity of an individual's mental and experiential life.

Lazarus and Folkman, in the 80s in the twentieth century, pioneered the coping theory, which defined coping as continuously shifting assessment as exhausting or beyond the person's resources that led to Carver designing the stressful life event inventory in the 90s in the twentieth century on experienced coping orientation to problems. The scale can determine the primary coping styles: either problem-focused coping, emotion-focused coping, or avoidant coping, adding identity, rejection, drug and alcohol abuse, distractibility, emotional security, ranting, amusement, tolerance, conscience, spirituality, and proactive coping with social supports are all examples of self-distraction.

### **Objectives**

- The objectives of this study assessed the medical staff nurses' personal, psychological, and professional challenges.
- The participants were informed about the research findings and shared them through publications and conferences.
- The organization benefited more from effective and efficient coping mechanisms/management programs.

### **Methodology**

The study employed four (4) research instruments. Validated and reliable tools were modified and adopted survey questionnaires from a foreign author like Cummins (2013). The Personal Well-Being Index is a scale to determine personal dimension factors that satisfy the standard of living, health, personal relationship, personal safety, community connectedness, future security, and spirituality. Lovibond and Lovibond's (1995) DASS21, the twenty-one (21) items set of questions designed to assess the emotional states of stress, anxiety, and depression. Goldberg's (1992) The Big Five Personality Traits, is a five-factor model used to scale and describe: openness, conscientiousness, extraversion, agreeableness, and neuroticism kind of personality. Moreover, Carver's (1997) BRIEF COPE, a coping orientation to problems experienced inventory with twenty-eight (28) items questionnaire used to measure effective and ineffective activities in dealing with a stressful life event. Specifically, problem-focused coping, emotion-focused coping, and avoidant coping were applied.

Table 1: The Code, Nature, and Measure of the Variables of the Study

Variables	Code	Nature	Measure
Coping Strategies			
Brief Cope	BCope	Endogenous	Questionnaire on Level of Coping Strategies
Mental Health Orientation			
Personal Well-Being Index	PWBI	Exogenous	Questionnaire on Level of Well-Being Index
Psychological Challenges			
Depression Anxiety Stress Scale	DASS	Exogenous	Questionnaire on Level of Depression Anxiety Stress
Personality Traits		Exogenous	Questionnaire on Level of of Personality Traits
Extraversion	EXTRA		
Agreeableness	AGGRE		
Conscientiousness	CONCI		
Neuroticism	NEURO		
Openness	OPEN		

The data analysis plan from the survey instruments shall be summarized and tabulated according to the following scales, qualitative description, and qualifying statements. Statistical software shall be used to analyze quantitative data; mean and standard deviation will be applied to the described data. The Pearson product-moment correlation will determine the relationship between the independent and dependent variables. At the same time, multiple regression can identify the connection between various variables.

The instruments/questionnaires were an adaptation from a previous study undertaken with permission from authors and a certificate from a licensed psychometrician noting that the modified questionnaire was valid. Consultation with the provincial government administrators, private hospital administrators, local government unit heads, and experts of chosen fields on the health care delivery system attested to the validity of the tools used.

The researcher did a pilot test with a population independent similar to the characteristics of the study. Upon a review of experts' comments, modification using consistency of Cronbach's Alpha that aims its reliability and internal consistency ensuring the instruments can be understood and appropriate to the sample intended for the study. The results were reliable on Cronbach's Alpha Personal Well-Being Index= .931, Depression Anxiety Stress Scale-21= .968, Openness to Experience= .740, Conscientiousness= .842, Extraversion= .821, Agreeableness= .821, Neuroticism =.868, and Brief-COPE= .922

After the Proposal defense, all feedback and suggestions by the research panel were incorporated and submitted for final approval to conduct the study with a letter addressed to the Dean of the School of Nursing Graduates Studies and the Research Ethics Board of Liceo de Cagayan University.

The study was conducted starting April 2021 to May 2022. The reliability and quality of the research findings were observed through strict compliance with the requirements vested by the Office of the Research Ethics Board of Liceo de Cagayan University and the Philippine National Health Research System (PNHRS). Act of 2013 on the constitution of the Philippine Health Research Ethics Board (PHREB) states that the PHREB shall ensure adherence to the universal principles of protecting human participants in research.

Before gathering data, a letter of permission and informed consent was sought from the province of Bukidnon, the Governor's Office through the office of the Chief of Hospitals, the Provincial Health Office, Local Government Units, Private and Government Health Institution Administrators, and participants.

The quantitative, descriptive-correlation method with causal-comparative and Structural Equation Model research designs was used for the study to determine the relationship between coping strategies developed based on the findings and the mental health orientation, psychological challenges, and personality traits among nurses in the new normal.

Participants of this study were identified as frontline registered nurses working and serving different healthcare delivery systems. The number of nurses population was determined and processed through proportionate stratified sampling.

The first stage was identifying the stratum of each institution. There were eight strata in Bukidnon, which has a total of 365 population. In the second stage, determined the desired sample size of 300 was divided by the population size of 365. The quotient value was multiplied by the stratum size based on the number of populations in each stratum. The whole number shall be recognized as the sample size obtained from the product value to come up with a sum of 300 as its total sample size.

*Table 2: Distribution of Participants of the Study*

SAMPLE	NUMBER OF POPULATION INSTITUTION STRATA	
	IN STRATA (N)	SIZE (n)
Bukidnon Provincial Medical Center	120	112
Bethel Baptist Hospital	35	29
Polymedic General Hospital	40	21
Malaybalay Enhanced Screening Area	20	15
Provincial Health Office	10	9
Northern Mindanao Wellness and Reintegration Center- Provincial Disaster Risk Reduction Management Department	10	10
Bukidnon Provincial Hospital Maramag	80	69

Bukidnon Provincial Hospital Kibawe	50	35
300	365	Grand Total

Participants of this study sum up 300 registered nurses of the Province of Bukidnon, specifically in Malaybalay City, the Bukidnon Provincial Medical Center (112), Bethel Baptist Hospital (29), Polymedic General Hospital (21), Malaybalay Enhanced Screening Area (15), Provincial Health Office (9), Northern Mindanao Wellness and Reintegration Center-Provincial Disaster Risk Reduction Management Department (10), Bukidnon Provincial Hospital Maramag (69) and Bukidnon Provincial Hospital Kibawe (35), regardless of age, gender, civil status, educational attainment, employment status, area of assignment, and religion, it was selected using simple random survey questionnaires.

Following the minimum to maximum health protocols set by the IATF, DOH, LGU, and Institutions, such as observing the Revised Omnibus Interim Guidelines on Prevention, Detection, Isolation, Treatment, and Reintegration, Strategies for Covid-19 DOH (2020). The researcher followed the general guidelines: Implementation of the Prevention, Detection, Isolation, Treatment, and Reintegration Strategies response to prevent further transmission.

Informed Consent Forms were provided with the name of the Investigator, a Doctor in Management Major in Advanced Health Care Administration student with a certificate vested by a qualified psychometrician to conduct a validated survey questionnaire, and statements were scrutinized for appropriateness. The participant's data were collected and processed while maintaining the confidentiality of data concerning information about the participant and information that the participant shares. The researcher ensured extra precaution and anonymity of the participant. The data gathered from this survey were kept with the utmost confidentiality. Hence, the participants were not named in any manner. Research files, papers, and documents were secured, which only the researcher could access.

As a participant of this study and an employee of the university health care institution, individual and community benefits must be reaped. They must be aware of standard mental health orientation, psychological challenges, personality traits, and coping strategies among nurses in the new normal. The participants will be informed about the research findings and shared through publications and conferences. The organization will benefit more from effective and efficient coping mechanisms/management programs.

The participants were encouraged to participate voluntarily and had the right to withdraw from this study. The participants were guaranteed no risk or consequences if they chose to participate in this study, nor were penalized for not participating. Conflict of interest arising from financial, familial, or propriety from any sponsor or study site was avoided. Participants did not receive payments beyond reimbursements for expenses incurred due to their participation. A token of appreciation as an incentive was given. Individual responses to answer the questionnaire for 10-15 minutes of their time greatly contributed to the completion of the study. If the question is too personal or makes them uncomfortable, they skip answering such queries. Participants can review their remarks in individual

interviews and erase part or all of the recording or notes. If there were words or concepts that participants did not understand, questions were asked for some clarification. The participant may contact the Investigator by cellphone with number 09178374112 (globe) or email address [jdamasco64839@liceo.edu.ph](mailto:jdamasco64839@liceo.edu.ph) and the Research Ethics Board email [liceoreb@liceo.edu.ph](mailto:liceoreb@liceo.edu.ph) or call LDCU\_REB office (Tel. No. 858-4093 local 172) during office hours, or office of LDCU\_REB Directory/Chair Liceo de Cagayan University, Carmen, Kauswagan Blvd. 9000 Cagayan de Oro City. Tel: +63 9275718181. An intervention plan for participants' debriefing after the survey accommodated the participants' questions and clarifications.

## **Results and Discussion**

This study is aimed to measure: the level of nurses' mental health orientation, psychological challenges, personality traits, their relationship to personal well-being index, depression anxiety stress scale, openness to experience, conscientiousness, extraversion, agreeableness, and neuroticism. It also aims to determine which variables can influence the coping strategies among nurses during the new normal. Descriptive-correlational and causal-comparative designs were used in the study.

The participants were the 300 registered nurses serving different health care delivery systems of the Province of Bukidnon, specifically in Malaybalay City, namely: the Bukidnon Provincial Medical Center, Bethel Baptist Hospital, Polymedic General Hospital, Malaybalay Enhanced Screening Area, Provincial Health Office, Northern Mindanao Wellness and Reintegration Center, Bukidnon Provincial Hospital Maramag and Bukidnon Provincial Hospital Kibawe.

Four Instruments with modified statements were used in the study. Statements were adopted from Cummins' (2013) The Personal Well-Being Index for the level of mental health orientation with nine statements; for the level of psychological challenges, twenty statements from Lovibond, S.H & Lovibond, P.F (1995) DASS21; for the level of personality traits from

Goldberg's (1992) The Big Five Personality Traits, Openness to Experience seven statements, Conscientiousness nine statements, Extraversion eleven statements, Agreeableness nine statements, and Neuroticism eleven statements; Moreover, Carver's (1997) BRIEF COPE for coping strategies twenty-five statements. These instruments were adopted and modified by the researcher. The data were analyzed using means and standard deviation for problems 1, 2, 3, 4, and 5; Pearson product-moment correlation for problem 6, and regression for problem 7.

*Table 7: Level of Nurses Mental Health Orientation in terms of well-being, balance of life activities and productive work.*

Item no.	Indicators	Mean	Standard Deviation	Descriptive Rating	Qualitative Interpretation
1	I am satisfied in thinking	4.54	.538	Strongly Agree	Satisfied Very Adequately about my own life and personal circumstances as a whole.
2	I am satisfied with my personal	4.47	.618	Agree	Satisfied Adequately relationship.
3	I am satisfied with my spirituality	4.47	.618	Agree	Satisfied Adequately or religion.
4	I am satisfied with my standard	4.40	.634	Agree	Satisfied Adequately



5	I am satisfied with my feeling	4.38	.602	Agree	Satisfied Adequately as part of the community.	
6	I am satisfied with how safe I	4.29	.644	Agree	Satisfied Adequately feel.	
7	I am satisfied with what I am	4.26	.704	Agree	Satisfied Adequately achieving in life.	
8	I am satisfied with my health	4.23	.876	Agree	Satisfied Adequately condition.	
9	I am satisfied with my future	4.22	.694	Agree	Satisfied Adequately security.	
		Mean	4.3630	.52103	Agree	Satisfied Adequately

**Legend:**

Scale	Range	Descriptive Rating	Qualitative Interpretation
5	4.51-5.0	Strongly Agree (SA)	Satisfied Very Adequately (SVA)
4	3.51-4.50	Agree (A)	Satisfied Adequately (SA)
3	2.51-3.50	Undecided (U)	Almost Satisfied (AS)
2	1.51-2.50	Disagree (D)	Slightly Satisfied (SS)
1	1.0-1.5	Strongly Disagree (SD)	Not Satisfied (NS)

The result about the level of nurses' mental health orientation in terms of well-being and the balance of life activities and productive work, the overall mean of 4.3630 and standard deviation of 0.52103 ratings agree and signifies satisfaction adequately validating that nurses mental health are well oriented during the new normal.

Table 8

*Nurses' Level of Psychological Challenges in Terms of Stress, Anxiety, and Depression.*

Item no.	Indicators	Mean	Standard Deviation	Descriptive Rating	Qualitative Interpretation
1	I have difficulty slowing down. Depressed/Anxious/Stressed	2.35	.951	Disagree	(Positive) Less
2	I tended to over-react to situations Depressed/Anxious/Stressed	2.13	1.008	Disagree	(Positive) Less
3	I felt dryness in my mouth Depressed/Anxious/Stressed	2.12	1.067	Disagree	(Positive) Less
4	I felt that I was using a lot of nervous energy. Depressed/Anxious/Stressed	1.98	1.143	Disagree	(Positive) Less
5	I was intolerant of anything that kept me from getting on what I was doing. Depressed/Anxious/Stressed	1.91	1.042	Disagree	(Positive) Less

*Damasco / Mental Health Orientation, Psychological Challenges, Personality Traits.....*

6	I worried about situations in which I Depressed/Anxious/Stressed  might panic and make a fool of myself.	1.90	1.119	Disagree	(Positive)	Less
7	I felt something wrong with my heart beat Depressed/Anxious/Stressed  the absence of physical exertion (e.g., sense  of heart rate increase, heart missing a beat)	1.85	1.166	Disagree	(Positive)	Less
8	I experienced breathing difficulty (e.g., Depressed/Anxious/Stressed  excessive rapid breathing, breathlessness  in the absence of physical exertion)	1.84	1.099	Disagree	(Positive)	Less
9	I found myself getting agitated. Depressed/Anxious/Stressed	1.82	1.128	Disagree	(Positive)	Less
10	I couldn't seem to experience any Depressed/Anxious/Stressed  positive feeling at all.	1.74	.781	Disagree	(Positive)	Less
11	I experience trembling (e.g., in the hands) Depressed/Anxious/Stressed	1.73	1.013	Disagree	(Positive)	Less
12	I felt down-hearted and blue. Depressed/Anxious/Stressed	1.69	.972	Disagree	(Positive)	Less
13	I felt scared without any good reason. Depressed/Anxious/Stressed	1.69	1.044	Disagree	(Positive)	Less
14	I found it difficult to relax. Depressed/Anxious/Stressed	1.68	.952	Disagree	(Positive)	Less
15	I didn't have initiative to do things. Depressed/Anxious/Stressed	1.67	.958	Disagree	(Positive)	Less
16	I was not enthusiastic about anything Depressed/Anxious/Stressed	1.64	.955	Disagree	(Positive)	Less
17	I felt that I have nothing to look forward to Depressed/Anxious/Stressed	1.62	.831	Disagree	(Positive)	Less
18	I felt that I was rather touchy Depressed/Anxious/Stressed	1.62	.886	Disagree	(Positive)	Less

19	I felt I was close to panic Depressed/Anxious/Stressed	1.59	.945	Disagree	(Positive) Less
20	I felt I wasn't worth much as a person Depressed/Anxious/Stressed	1.50	.898	Strongly Disagree	(Positive) Not
21	I felt that life was meaningless Depressed/Anxious/Stressed	1.43	.895	Strongly Disagree	(Positive) Not

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<b>Overall Mean</b>	<b>1.79</b>	<b>.835</b>	<b>Disagree</b>	<b>(Positive) Less</b>
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**Depressed/Anxious/Stressed**

**Legend:**

Scale	Range	Descriptive Rating	Qualitative Interpretation
5	4.51-5.0	Strongly Agree(SA)	Highly Depressed/Anxious/Stressed (Negative)HDAS
4	3.51-4.50	Agree (A)	Depressed/Anxious/Stressed (Negative)DAS
3	2.51-3.50 (Negative)MDAS	Undecided (U)	Moderately Depressed/Anxious/Stressed
2	1.51-2.50	Disagree (D)	Less Depressed/Anxious/Stressed (Positive)LDAS
1	1.0-1.50	Strongly Disagree (SD)	Not Depressed/Anxious/Stressed (Positive)NDAS

The level of psychological challenges in terms of stress, anxiety, and depression among nurses during the new-normal exhibits the overall mean of 1.7862 and standard deviation of .83544 answering disagree, proving positive less stressed, anxious and depressed signifying the opposite characteristics high scores on stress scale over-aroused, tense, unable to relax, touch, easily upset, irritable, easily startled, nervy, jumpy, fidgety, intolerant of interruption or delay. On anxiety scales with high scores were apprehensive, panicky, trembly, shaky, aware of dryness of the mouth, breathing difficulties, pounding of the heart, sweatiness of the palms, worried about performance, and possible loss of control, on characteristics of a high score on depression manifestation of self-disparaging, dispirited, gloomy, blue, convinced that life has no meaning or value, pessimistic about the future, unable to experience enjoyment or satisfaction, unable to become interested or involved, slow and lacking in initiative. The sum-up result shows nurses' resilience during the new normal based on the evidence of this study.

Table 9

*Nurses' Level of Personality Traits in Terms of Extraversion*

Item Qualitative	Indicators	Mean	Standard Deviation	Descriptive Rating
no. Description				

1.	I enjoy meeting new people Moderately Positive	4.06	.853	Somewhat True of me
2.	I feel energized when around other people Moderately Positive	3.85	.837	Somewhat True of me
3.	I like to start conversations Moderately Positive	3.82	.945	Somewhat True of me
4.	I find it easy to make new friends Moderately Positive	3.78	.967	Somewhat True of me
5.	I carefully think things through before speaking Moderately Positive	3.78	1.057	Somewhat True of me
6.	I have a wide social circle of friends and acquaintances Moderately Positive	3.73	.951	Somewhat True of me
7.	I say things before thinking about them Neither Positive nor Negative	3.19	1.002	Uncertainly True of me
8.	I prefer aloneness Neither Positive nor Negative	2.79	1.166	Uncertainly True of me
9.	I feel exhausted when having to socialize a lot Neither Positive nor Negative	2.67	1.111	Uncertainly True of me
10.	I dislike making small talk Moderately Negative	2.43	1.111	Rarely True of Me
11.	I find it difficult to start conversations Moderately Negative	2.22	1.054	Rarely True of Me
Overall Mean		3.30	.500	Uncertainly True of me Neither Positive nor Negative

**Legend:**

Scale	Range	Descriptive Rating	Qualitative Interpretation
5	4.51-5.0	Very True of me (VTM)	Very Positive (VP)
4	3.51-4.50	Somewhat True of me (STM)	Moderately Positive (MP)
3	2.51-3.50	Uncertainly True of me (UTM)	Neither Positive nor Negative (NPN)

2	1.51-2.50	Rarely True of Me (RTM)	Moderately Negative (MN)
1	1.0-1.50	Never True of Me (NTM)	Negative (N)

The level of personality traits in extraversion shows that nurses in this study rated themselves as neither positive nor negative with an overall mean of (M=3.3021, SD= .50047). Disclosing the neutral factor on this type of personality is that they are sociable, talkative, adventurous, cheerful, frank, and assertive.

Table 10

<i>Nurses' Level of Personality Traits in Terms of Agreeableness.</i>					
Item Qualitative	Indicators	Mean	Standard	Descriptive	
no. Description			Deviation		Rating
1. I care about others Positive	4.47	.724		Somewhat True of me	Moderately
2. I assist others who are in need of help Positive	4.45	.660		Somewhat True of me	Moderately
3. I enjoy helping and contributing to the happiness of other people Moderately Positive		4.38	.743	Somewhat True of me	
4. I feel empathy and concern for other people Positive	4.36	.739		Somewhat True of me	Moderately
5. I do care about how other people feel Positive	4.03	1.085		Somewhat True of me	Moderately
6. I have great deal of interest in other people Positive	3.78	.757		Somewhat True of me	Moderately
7. I take little interest in others nor Negative	2.70	1.059		Uncertainly True of me	Neither Positive

8. I insult and belittle others	1.69	.975	Rarely True of Me	Moderately
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Negative

Moderately Positive	Overall	Mean	3.73	.516	Somewhat True of me
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**Legend**

Scale	Range	Descriptive Rating	Qualitative Description
5	4.51-5.0	Very True of me (VTM)	Very Positive (VP)
4	3.51-4.50	Somewhat True of me (STM)	Moderately Positive (MP)
3	2.51-3.50	Uncertainly True of me (UTM)	Neither Positive nor Negative(NPN)
2	1.51-2.50	Rarely True of Me (RTM)	Moderately Negative (MN)
1	1.0-1.50	Never True of Me (NTM)	Negative (N)

This study's level of personality traits in terms of agreeableness refers to a warm, flexible, understanding, and cooperative with a desire to reduce or avoid causing discomfort to some people. Nurses rated themselves generally as moderately positive (M=3.7329, S=.51561). These are characteristics of a nurse to care with compassion and competence.

**Table 11 Nurses Level of Personality Traits in Terms of Conscientiousness.**

Item	Indicators	Mean	Standard	Descriptive
Qualitative				
no.			Deviation	Rating
Description				
I enjoy having a set schedule	4.39	.784	Somewhat True of me	Moderately Positive
I pay attention to detail	4.32	.884	Somewhat True of me	Moderately Positive
I finish important task right away	4.12	.788	Somewhat True of me	Moderately Positive
I spend time preparing	4.09	.937	Somewhat True of me	Moderately Positive
I procrastinate important tasks	2.30	1.125	Rarely True of Me	Moderately Negative
I dislike structure and schedules	2.26	1.183	Rarely True of Me	Moderately Negative
back where they belong	2.12	1.256	Rarely True of Me	Moderately Negative
assigned tasks	1.91	1.008	Rarely True of Me	Moderately Negative
of things	1.81	1.034	Rarely True of Me	Moderately Negative
	Mean	3.82	.945	Somewhat True of me
				Moderately Positive
				<b>Legend</b>
	<b>Descriptive Rating</b>		<b>Qualitative Description</b>	<b>Range</b>
			Very Positive	Very True of me 4.51-5.0
			Somewhat True of me	Moderately Positive 3.51-4.50
			Neither Positive nor Negative	Uncertainly True of me 2.51-3.50
			Moderately Negative	1. 51-2.50 Rarely True of Me
			Negative	Never True of Me 1.0-1.50
				Scale
				5
				4
				3
				2
				1

The level of personality traits in terms of conscientiousness comprises carefulness, orderliness, thoughtfulness, reasonable impulse control, and goal-directed behaviors. Nurses are moderately positive (M=3.82, S=.945), indicating conscientiousness as part of their routine work.

Table 12

*Nurses' Level of Personality Traits in Terms of Neuroticism*

Item no.	Qualitative Description	Indicators	Mean	Standard Deviation	Descriptive Rating
1.	I deal well with stress Positive	4.06	.780	Somewhat True of me	Moderately
2.	I am emotionally stable Positive	4.01	.985	Somewhat True of me	Moderately
3.	I am very relaxed nor Negative	3.49	1.096	Uncertainly True of me	Neither Positive
4.	I do not worry much nor Negative	3.44	1.028	Uncertainly True of me	Neither Positive
5.	I rarely feel sad or depressed nor Negative	3.33	1.057	Uncertainly True of me	Neither Positive
6.	I worry about many different things nor Negative	2.79	1.123	Uncertainly True of me	Neither Positive
7.	I experience a lot of stress nor Negative	2.71	1.138	Uncertainly True of me	Neither Positive
8.	I get upset easily Negative	2.45	1.079	Rarely True of Me	Moderately
9.	I struggle to bounce back after stressful events Moderately Negative		2.32	1.150	Rarely True of Me
10.	I experience dramatic shift in mood Negative	2.30	1.146	Rarely True of Me	Moderately

11. I feel anxious Negative	2.26	1.063	Rarely True of Me	Moderately
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Overall Mean	3.27	.37425	Uncertainly True of me
Neither Positive nor Negative			

**Legend**

Scale	Range	Descriptive Rating	Qualitative Description
5	4.51-5.0	Very True of me (VTM)	Very Positive (VP)
4	3.51-4.50	Somewhat True of me (STM)	Moderately Positive (MP)
3	2.51-3.50	Uncertainly True of me (UTM)	Neither Positive nor Negative (NPN)
2	1.51-2.50	Rarely True of Me (RTM)	Moderately Negative (MN)
1	1.0-1.5	Never True of Me (NTM)	Negative (N)

The level of personality traits in terms of neuroticism, nurses experienced the feeling of being stressed, anxious, depressed, and mood changes but were able to bounce back. The overall mean (M= 3.2663, S=.37425) is neither positive nor negative, reflecting that nurses are resilient once caught in different issues and situations, indicating that nurses practice self-awareness, contentment, confidence, handle stressful situations events, and are emotionally stable.

Table 13

*Nurses' Level of Personality Traits in Terms of Openness to Experience*

Item no.	Indicators	Mean	Standard Deviation	Descriptive Rating	Qualitative Interpretation
I am open to trying new thing		4.33	.633	Somewhat True of me	Moderately Positive
I focused on tackling new challenges		4.25	.644	Somewhat True of me	Moderately Positive
I am very creative		3.99	.694	Somewhat True of me	Moderately Positive
I am happy to think about abstract concepts		3.97	.857	Somewhat True of me	Moderately Positive
I dislike change		2.31	1.098	Rarely True of Me	Moderately Negative
I do not enjoy new things		1.98	1.086	Rarely True of Me	Moderately Negative
I resist new ideas		1.88	1.146	Rarely True of Me	Moderately Negative
Overall Mean		3.24	.539	Uncertainly True of me	Neither Positive nor Negative

Qualitative Interpretation	Descriptive Rating	Range	Legend Scale
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Very Positive (VP)	Very True of me (VTM)	4.51-5.0	5
Somewhat True of me (STM)	Moderately Positive (MP)	3.51-4.50	4
Neither Positive nor Negative (NPN)	Uncertainly True of me (UTM)	2.51-3.50	3
Moderately Negative (MN)	Rarely True of Me (RTM)	1.51-2.50	2
Negative (N)	Never True of Me (NTM)	1.0-1.50	1

The level of personality traits in terms of openness to experience responses divulging nurses generally are neither positive nor negative whose (M= 3.2448, S= .53969), which suggests the open-mindedness of nurses in this study. The ability to create, imagine, innovate, loves adventure, and experience new things are congruent to happiness, positive affect, and quality of life.

Table 14

*Mean and Standard Deviation on Coping Mechanisms/ Strategies Employed by Nurses in the New Normal.*

Indicators	Mean	Standard	Descriptive
Qualitative	Deviation		Rating
Interpretation			
1. I work or do other activities to take my mind away from the problem Moderately Positive	4.33	.562	I do this sometimes
2. I just make fun of the situation Moderately Positive	4.31	.789	I do this sometimes
3. I concentrate on doing something about the situation I'm in Moderately Positive	4.30	.852	I do this sometimes
4. I give up trying to deal with the problem Moderately Positive	4.26	1.067	I do this sometimes
5. I have negative feelings about the situation Moderately Positive	4.21	.759	I do this sometimes
6. I try to come up with a strategy about what to do Moderately Positive	4.16	.921	I do this some times
7. I look for something good in what is happening Moderately Positive	3.97	1.024	I do this sometimes
8. I look at the problem in a different light, to make it seem more positive Moderately Positive	3.91	1.085	I do this sometimes

9. I accept the reality that it has happened Moderately Positive	3.89	.954	I do this sometimes
10. I just have to live with the problem at hand Moderately Positive	3.89	.790	I do this sometimes
11. I get advice or help from other people Moderately Positive	3.88	1.140	I do this sometimes
12. I blame myself on the things that happened Moderately Positive	3.87	1.014	I do this_sometimes
13. I say things to let my unpleasant feelings escape Moderately Positive	3.79	1.106	I do this sometime s
14. I seek comfort and understanding from someone Moderately Positive	3.64	1.046	I do this sometimes
15. I refuse to believe that the crisis has happened Moderately Positive	3.55	1.148	I do this sometimes
16. I do something to think about it less, such as going to movies, watching TV, reading, daydreaming, sleeping, or shopping. Neither Positive nor Negative	3.5	.920	I am Uncertain if I did this
17. I think hard on what steps or actions to take Neither Positive nor Negative	3.37	1.085	I am Uncertain if I did this
18. I say to myself “this isn’t real” Neither Positive nor Negative	2.94	1.145	I am Uncertain if I did this
19. I try to find comfort in my religion or spiritual beliefs Neither Positive nor Negative	2.72	1.125	I am Uncertain if I did this
20. I pray or meditate Neither Positive nor Negative	2.69	1.157	I am Uncertain if I did this
21. I criticize myself for my inability to take problems Neither Positive nor Negative	2.67	1.243	I am Uncertain if I did this
22. I take action to try to make the situation better Neither Positive nor Negative	2.59	1.152	I am Uncertain if I did this
23. I get emotional support from others Moderately Negative	2.47	1.13	I rarely do this

24. I give- up on the attempt to cope with the situation	2.31	1.107	I rarely do this
Moderately Negative			
25. I get help and advice from other people	2.17	1.333	I rarely do this
Moderately Negative			
Overall Mean	3.11	1.159	I am Uncertain if I did this
Neither Positive nor Negative			

**Legend**

Scale	Range	Descriptive Rating	Qualitative Interpretation
5	4.51-5.0	I do this a lot (IDL)	Very Positive (
4	3.51-4.50	I do this sometimes (IDS)	Moderately Positive (MP)
3	2.51-3.50	I am Uncertain if I did this (IU)	Neither Positive nor Negative(NPN)
2	1.51-2.5	I rarely do this (IR)	Moderately Negative (MN)
1	1.0-1.5	I never do this(IN)	Negative (N)

The extent of the coping mechanisms/ strategies employed by nurses in the new normal in terms of personal, psychological, and professional /work strategies this study generally revealed neither positive nor negative, with (M=3.11, S=1.159). These measured effective and ineffective activities in dealing with a stressful life event, specifically problem-focused, emotional-focused, and avoidant coping.

Table 15

*Correlation Analysis Between Nurses Coping Mechanisms and Mental Health Orientation, Psychological Challenges and Personality Traits*

Variables	R-value	p-value
Interpretation		
Brief Cope	1	
Personal Well-Being Index Not Significant	-0.103	0.076 NS
Depression, Anxiety, Stress, Scale Not Significant	0.102	0.077 NS

Openness to Experience Highly Significant	0.360	0.000**
Conscientiousness Highly Significant	0.296	0.000**
Extraversion Highly Significant	0.423	0.000**
Agreeableness Highly Significant	0.453	0.000**
Neuroticism Highly Significant	0.577	0.000**

\*\* P<0.01    NS= Not Significant

Nurses coping mechanisms were not significantly associated with personal well-being index ( $r = -0.103$ ,  $p = 0.076$ ) indicative of mental health orientation and depression, anxiety, and stress scale ( $r = 0.102$ ,  $p = 0.077$ ) pertaining to psychological challenges. However, the five personality traits, openness to experience ( $r = 0.360$ ,  $p = 0.000$ ), conscientiousness ( $r = 0.296$ ,  $p = 0.000$ ), extraversion ( $r = 0.423$ ,  $p = 0.000$ ), agreeableness ( $r = 0.453$ ,  $p = 0.000$ ), and neuroticism ( $r = 0.577$ ,  $p = 0.000$ ) are highly significant. The study implies that personality traits have a significant relationship with the coping strategies among nurses in the new normal.

Table 16  
*Variables that best influence coping mechanisms*

Model		Unstandardized Coefficients		Standardized Coefficients	
Sig	Beta	t	Std. Error	B	
.000		8.539	.185	1.579	(Constant)
.000	13.841	1.219	.088	1.304	NEUROTICISM
-9.008	.000	-.698		-.418	CONSCIENTIOUSNESS
.002	-3.122	-.133	.029	-.089	PERSONAL WELL-BEING INDEX
-3.054	.002	-.193	.041	-.125	OPENNESS TO EXPERIENCE
		R=0.70		R <sup>2</sup> =0.49	F -value= 70.925
					p-value= 0.00

The variable influencing coping strategies is the neuroticism level personality traits with a p-value of 0.000.

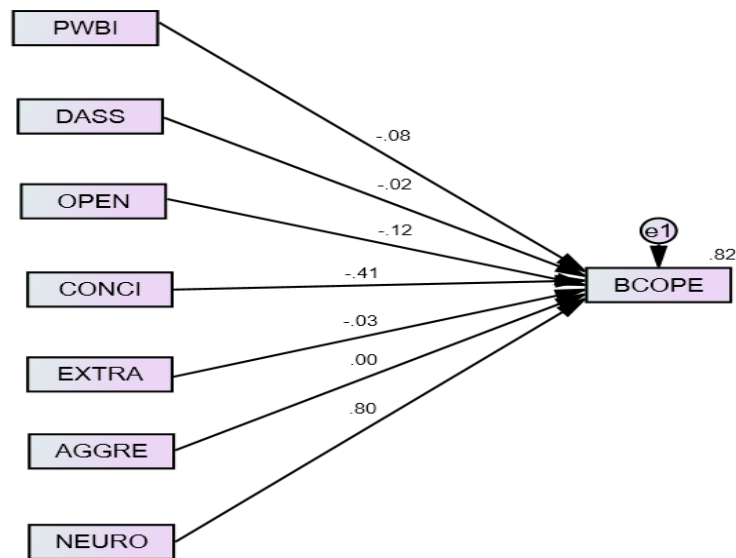


Figure 8: Causal Model 1 on Coping Strategies Among Nurses

The standard regression weight of model 1 result showed that among these seven variables that were tested, neuroticism, conscientiousness, openness to experience and a personal well-being index with a p-value was found significant ( $p < 0.05$ ). The personal well-being index has a beta coefficient of  $-.080$ , depression anxiety stress scale  $-.023$ , openness to experience  $-.117$ , conscientiousness  $-.407$ , extraversion  $-.027$ , agreeableness  $-.002$ , neuroticism  $.797$ . The data indicated that neuroticism with the highest p-value of  $.797$  among seven variables has found insignificant considering that  $p < 0.05$ . Therefore, the personal well-being index, depression anxiety stress scale, openness to experience, conscientiousness, extraversion, and agreeableness variable significantly influenced the coping strategies of nurses in the new normal.

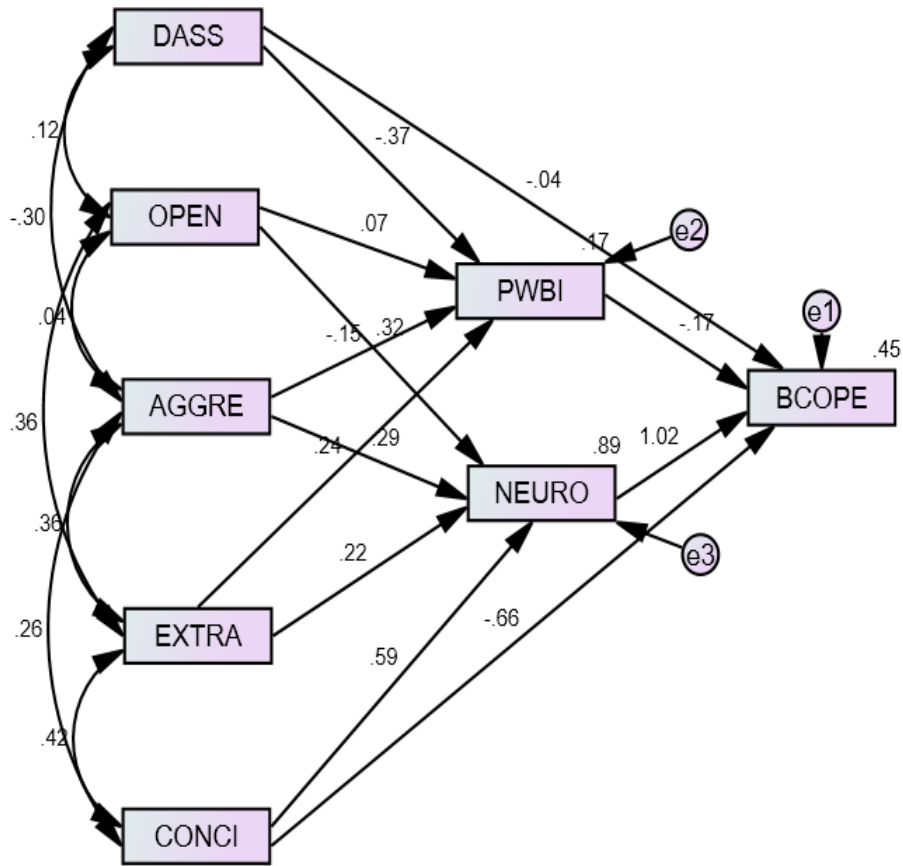


Figure 10: Hypothesized Causal Model 2 on Coping Strategies Among Nurses

Structural model 2 neuroticism directly affects the performance with 1.09, which has the highest effect value among the other variables. This means that mental health orientation and personality traits greatly help nurses with coping strategies to increase professional performance.

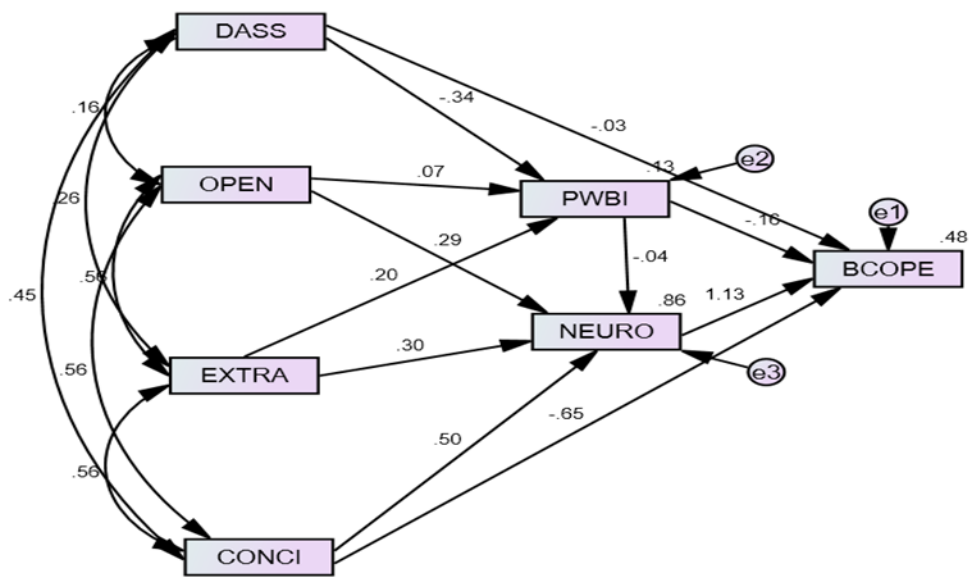


Figure 12: Causal Model 3 on Coping Strategies Among Nurses

Structural model 3 displayed the network of the structural relationship between the personal well-being index to coping strategies and neuroticism to coping strategies. This indicates that neuroticism still directly affects coping strategies with 1.131, which has the highest effect value among the seven variables. This means that the personality trait neuroticism shows a great help in increasing professional performance.

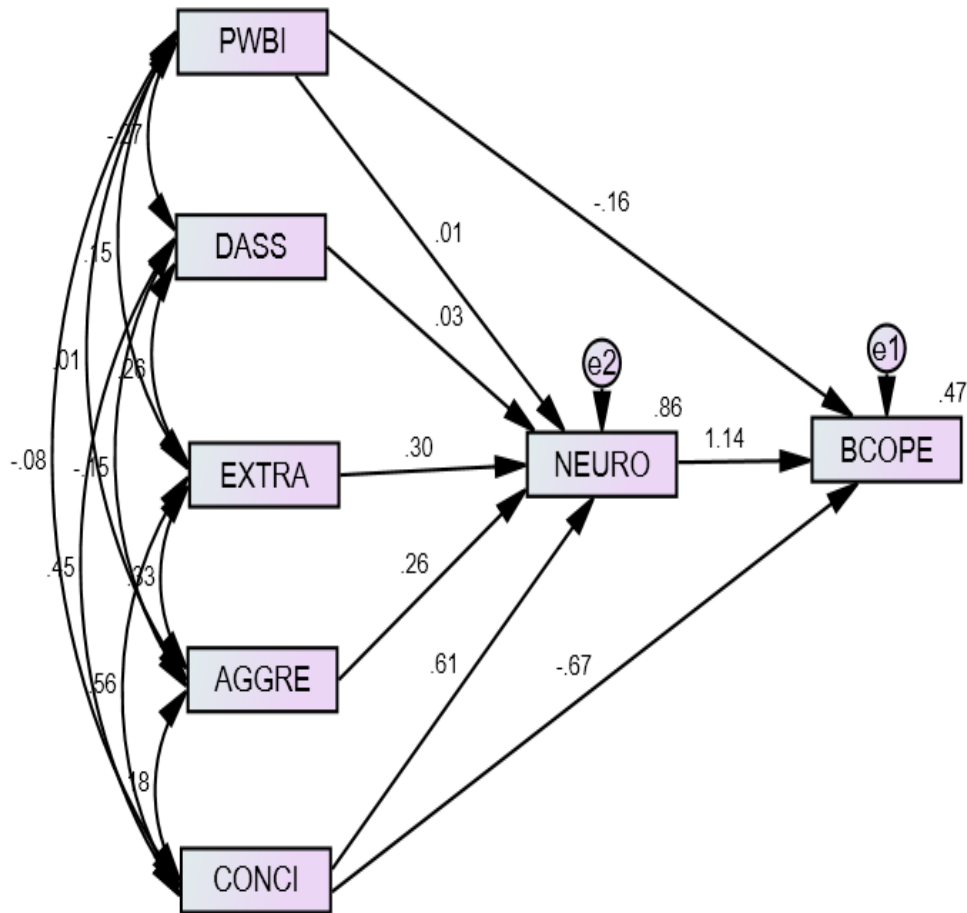


Figure 14: Causal Model 4 Best Fit Coping Strategies Among Nurses

Table 26

Variable	Causal Model 4 Direct, Indirect, and Total Effects		
	Direct Effect	Indirect Effect	Total Effect
Neuroticism	1.316	0.000	1.136
Personal Well-Being Index	-0.155	0.088	-0.147
Depression, Anxiety, Stress, Scale	-0.000	0.031	0.031
Extraversion	0.000	0.345	0.345
Agreeableness	0.000	0.295	0.295
Conscientiousness	-0.668	0.692	0.024

Table 28

Standard Fit Index of Causal Model 4



Index	Criterion Value	Causal Model 4 Value
CMIN/DF	<2.00	0.760
P-Value	>0.05	0.516
GFI	>0.95	0.998
NFI	>0.95	0.998
TLI	>0.95	1.005
CFI	>0.95	1.000
RMSEA	<0.05	0.000

Structural model 4 is the best fit for the coping mechanisms of nurses in the new normal. All of the indices fit the criteria of the model. CMIN/DF =0.760 is lesser than the traditional value of 2.00. The P-value =0.516 fits with the standard value greater than 0.05. GFI =0.998 fits with the standard value which is >0.95, NFI =0.998, TLI =1.005, CFI =1.000 were greater than the standard value of 0.95. RMSEA, with its fit value of 0.000, is less than the standard value of 0.05, which implies that Model 4 is a good fit. Hence, Model 4 is the best fit model.

### **Conclusions**

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

The mental health orientation of nurses in terms of well-being, the balance of life activities, and productive work are well-oriented during the new normal, indicating satisfied and adequately positive mental health in which the individual realizes his or her abilities, can cope with the everyday stresses of life, can work productively and fruitfully, thus able to contribute to the community, as well as the development of one's potential, having some control over one's life, a sense of purpose, and experiencing positive relationships influencing a sustainable condition that allows nurses to develop and thrive despite present circumstances.

The psychological challenges nurses face based on the result are less stressed, anxious, and depressed during the new normal, implicating that during the Covid-19 pandemic, nurses are vulnerable to poor mental health. Contributing challenges and factors were identified, such as feeling safe but isolated at home, disrupted mental health services, canceled plans and changed routines, uncertainty, and lack of control, to add to the rolling media coverage. However, some found this period a time of respite, drew upon reserves of resilience, and adapted their coping strategies. To maintain positive well-being, some nurses derived resilience from previous experiences of adversity, social comparison, and accountability, engaging in hobbies and activities, and staying connected with others, while some perceived social support.

Personality traits in terms of extraversion are "neither positive nor negative," disclosing the neutral factor of this type of personality that is sociable, talkative, adventurous, cheerful, frank, and assertive. Regarding agreeableness, nurses are moderately warm, flexible, understanding, and cooperative, desiring to reduce or avoid causing discomfort to some people. Conscientious nurses are moderately careful, orderly, and thoughtful, have reasonable impulse control, and goal-directed behaviors. The personality trait neuroticism contrasts emotional stability and even-temperedness with negative

emotionality, such feeling as feeling anxious, nervous, sad, and tense; however, participants of this study answered "uncertainly true of me" and "neither positive nor negative," which reflects that nurses are resilient in different issues and situations indicating that nurses practice self-awareness, contentment, confidence, handles stressful events and emotionally stable. Nurses are open-minded with the ability to create, imagine, innovate, love adventure, and experience new things. Generally, nurses' personality traits are congruent to the neutral balance of happiness, positive affect, and quality of life.

The coping mechanisms/ strategies of nurses in the new normal in terms of personal strategies, psychological strategies, and professional /work strategies measured in this study have generally been effective in responding and dealing with a stressful life event, specifically in problem-focused coping, emotional- focused coping, and avoidant coping.

Nurses coping mechanisms were not significantly associated with mental health orientation and psychological challenges. However, the five personality traits, openness to experience, conscientiousness, extraversion, agreeableness, and neuroticism, are highly significant in the coping strategies among nurses in the new normal.

Personality traits neuroticism, conscientiousness, openness to experience, and Mental Health Orientation in terms of the Personal Well-Being Index were examined for variables that can influence coping strategies among nurses as reflected by the beta weight and ruled out that the variable which influenced coping strategies was the personality traits neuroticism with a p-value of 0.000.

Structural model 4 best fits the coping mechanisms of nurses in the new normal, and all of the indices fit the criteria of the model. The model is anchored on mental health orientation, psychological challenges, personality traits, neuroticism, conscientiousness, extraversion, and agreeableness.

## **Recommendations**

Based on the findings and conclusions discussed herein, the following recommendations were made:

For the Hospital Administration. It is advised that the hospital administration evaluate their policies, guidelines, protocols, and mental health awareness among health care workers, specifically frontline nurses, to determine their level of mental health during the new normal. Appropriate measures enhance well-being, quality of life, work-life balance, and productivity.

The administration may contemplate formulating a psychological assessment and deal in proportion to early detection and management of signs and symptoms of feelings of stress, anxiety, and depression. Professional and social support builds trust and confidence, giving hope, encouragement, and motivation despite the challenges encountered.

Health institutions of Bukidnon may consider new measures of prioritizing in creating practical tools designed for intervention, specifically health care providers in the region, which promote improvement and hone their constituents' and nurses' distinct sets of behaviors, cognition, and emotional patterns. The importance of self-awareness leads to developing personality traits that will

help individuals cope with personal, psychological, and professional problems or cope better in stressful situations. Scheduled programs, training, seminars, conferences, and other related interventions and applications promote coping strategies for a successful, productive individual and organization.

Future nurses learning competencies may be incorporated with suitable lessons/topics applicable to the new-normal system so that nursing students can embrace reality while learning. This may help sustain the interest of nursing students to learn more even during the pandemic period. A clear understanding of personality traits and specific conscientiousness is one of the five c's in nursing. The relevance of care, compassion, competence, confidence, conscience and commitment is a must to be inculcated in young hearts and minds hence improving the outcome of new generation nurses and excelling in professional performance through demonstration, return demonstration, education, debriefing, reconnection, harmonious relationship, support, and recognition.

Clinical administrators use the foundation to develop a good working environment, design programs that protect their staff from psychological burnout, personality trait upliftment, and structured social debriefing to promote active and problem-coping strategies.

Nurses may discover appropriate personality traits and coping strategies to manage challenges during this new normal.

Future researchers may choose to apply coping strategies learned from the study regardless of personal, professional, and psychological challenges and access accurate and validated output from the study. Other research studies may use SEM with essential variables and factors to better advance nurses' coping strategies.

## **References**

- Abbott, P., Nativel, C., & Wallace, C. (2013). Dual Earner Parents Strategies for Reconciling Work and Care in Seven European countries. *Observatoire de La Société Britannique*, 14, 73–97. <https://doi.org/10.4000/osb.1521>
- Baird, J. (2020, March 20). As people retreat to their homes, concerns grow for women who live in fear. ABC News. <https://www.abc.net.au/news/2020-03-20/domestic-violence-spike-amid-coronavirus-crisis/12074726?nw=0&r=HtmlFragment>
- Baird, Julia. 2020. Domestic Abuse Advocates Warn of an Increase in Violence amid Coronavirus Crisis. New York: ABC News.
- Balgah, R. A., Amungwa, F. A., & Egwu, B. M. J. (2019). A Gender Analysis of Intra-Household Division of Labor in Cameroon Using Moser's Triple Roles Framework. *Asian Journal of Agricultural Extension, Economics & Sociology*, 1–12. <https://doi.org/10.9734/ajaees/2019/v29i430095>
- Bar-On, R., & Parker, J. D. A. (n.d.). Emotional Quotient Inventory: Youth Version (EQ-i: YV): Technical Manual; Multi-Health Systems): Toronto, ON, Canada, 2000. [Review of Emotional Quotient Inventory: Youth Version (EQ-i: YV): Technical Manual; Multi-Health Systems): Toronto, ON, Canada, 2000.].

- Bell, A. S., Rajendran, D., & Theiler, S. (2012). Job stress, wellbeing, work-life balance and work-life conflict among Australian academics. *E-Journal of Applied Psychology*, 8(1). <https://doi.org/10.7790/ejap.v8i1.320>
- Betts, K. (2011). Career Advancement: Ten Negotiation Strategies for Women in Higher Education. *Academic Leadership: The Online Journal*, 9(3). [https://scholars.fhsu.edu/alj/vol9/iss3/3?utm\\_source=scholars.fhsu.edu%2Falj%2Fvol9%2Fiss3%2F3&utm\\_medium=PDF&utm\\_campaign=PDFCoverPages](https://scholars.fhsu.edu/alj/vol9/iss3/3?utm_source=scholars.fhsu.edu%2Falj%2Fvol9%2Fiss3%2F3&utm_medium=PDF&utm_campaign=PDFCoverPages)
- Bullet Journal for Mental Health in 2021. (2020, December 23). Jebra Turner. <https://jebra.com/bullet-journal-mental-health/>.
- Census of Population (2020). Region X (Northern Mindanao). Total Population by Province, City, Municipality and Barangay. PSA. Retrieved 8 July 2021. Challenges. (n.d.). The Main Place. <http://www.themainplace.org/challenges#:~:text=A%20mental%20challenge%20is%20any>
- Community Well-Being Index. (n.d.). Retrieved March 27, 2022, from [https://wellbeingindex.sharecare.com/wp-content/uploads/2020/12/MCCS-6953-CWBI\\_2019-MSA-County-Rankings-v5-KA.pdf](https://wellbeingindex.sharecare.com/wp-content/uploads/2020/12/MCCS-6953-CWBI_2019-MSA-County-Rankings-v5-KA.pdf)
- Diener, E., Lucas, R. E., & Cummings, J. A. (2019, June 28). 16.1 Personality Traits. Openpress.usask.ca; University of Saskatchewan Open Press. <https://openpress.usask.ca/introductiontopsychology/chapter/personality-traits/>
- Diener, E., Pressman, S. D., Hunter, J., & Delgado-Chase, D. (2017). If, Why, and When Subjective Well-Being Influences Health, and Future Needed Research. *Applied Psychology: Health and Well-Being*, 9(2), 133–167. <https://doi.org/10.1111/aphw.12090>
- Dimensions of Customer Service. (2021, May 5). Peoplocity. <https://peoplocity.com/2021/05/05/dimensions-of-customer-service/Do-We-Still-Believe-That-Women-Should-Do-All-Housework-Amid-COVID-19-?>
- Egyptian Streets. (2020, April 5). <https://egyptianstreets.com/2020/04/05/do-we-still-believe-that-women-should-do-all-the-housework-amid-covid-19/>
- Fouché, C., & Martindale, K. (2011). Work–Life Balance: Practitioner Well-Being in the Social Work Education Curriculum. *Social Work Education*, 30(6), 675–685. <https://doi.org/10.1080/02615479.2011.586566>
- Huppert, F. A., & So, T. T. (2013). Flourishing Across Europe: Application of a New Conceptual Framework for Defining Well-Being. *Social indicators research*, 110(3), 837–861.
- Karimi, L., Leggat, S. G., Donohue, L., Farrell, G., & Couper, G. E. (n.d.). Emotional rescue: The role of emotional intelligence and emotional labour on well-being and job- stress among community nurses. (pp. 70, 176–186) [Review of Emotional rescue: The role of emotional intelligence and emotional labour on well-being and job- stress among community nurses.
- Kennedy, B. (2014, November 28). Is there a relationship between personality and choice of nursing specialty: an integrative literature review - BMC Nursing. BioMed Central. <https://bmcnurs.biomedcentral.com/articles/10.1186/s12912-014-0040-z>
- Kim, S., Sturman, E., & Kim, E. S. (2015). Structural Equation Modeling: Principles, Processes, and Practices. SpringerLink.
- Liu, S., & Hynes, K. (2012). Are Difficulties Balancing Work and Family Associated With Subsequent Fertility? *Family Relations*, 61(1), 16–30. <http://www.jstor.org/stable/41403636>

- Liu, S., & Hynes, K. (2012). Are Difficulties Balancing Work and Family Associated With Subsequent Fertility? *Family Relations*, 61(1), 16–30. <https://doi.org/10.1111/j.1741-3729.2011.00677.x>
- Lovibond, S.H. & Lovibond, P.F. (1995). Manual for the Depression Anxiety & Stress Scales. (2nd Ed.) Sydney: Psychology Foundation. <https://www.bristol.ac.uk/media-library/sites/sps/documents/c-change/dass.pdf>
- Lu, M. (2022, April 15). Do type A personality and neuroticism moderate the relationships of occupational stressors, job satisfaction and burnout among Chinese older nurses? A cross-sectional survey - BMC Nursing. BioMed Central. <https://bmcnurs.biomedcentral.com/articles/10.1186/s12912-022-00865-7>
- Lumen Learning. (2012). Aging: Late Adulthood | Boundless Psychology. Lumenlearning.com. <https://courses.lumenlearning.com/boundless-psychology/chapter/aging-late-adulthood/>
- Mack, D. E., Wilson, P. M., Gunnell, K. E., Gilchrist, J. D., Kowalski, K. C., & Crocker, P. R. E. (2012). Health-Enhancing Physical Activity: Associations with Markers of Well-Being. *Applied Psychology: Health and Well-Being*, 4(2), 127–150.
- Mental Health Foundation. (2015, July 20). What is wellbeing, how can we measure it and how can we support people to improve it? Mental Health Foundation. <https://www.mentalhealth.org.uk/blog/what-wellbeing-how-can-we-measure-it-and-how-can-we-support-people-improve-it>
- Models of Leadership The Delta Kappa Gamma Bulletin International Journal for Professional Educators. (n.d.). Retrieved March 27, 2022, from <http://www.deltakappagamma.org/NH/DKGBulletinspring2011.PDF>
- Nel, J. A., Jonker, C. S., & Rabie, T. (2013). Emotional Intelligence and Wellness Among Employees Working in the Nursing Environment. *Journal of Psychology in Africa*, 23(2), 195–203.
- Opare, F. Y., Aniteye, P., Afaya, A., & Glover-Meni, N. (2020). “We try our best to offer them the little that we can” coping strategies of ghanaian community psychiatric nurses:A qualitative study. Research Square. <https://doi.org/10.21203/rs.3.rs-25727/v1>
- OpenStax CNX. (n.d.). Cnx.org. <http://cnx.org/contents/4abf04bf-93a0-45c3-9cbc-2cefd46e68cc@5.48>
- Philippines: number of nurses 2020 by region. (n.d.). Statista. <https://www.statista.com/statistics/1122083/philippines-number-of-nurses/>
- ProQuest | Better research, better learning, better insights. (n.d.). Wwww.proquest.com. <https://www.proquest.com/scholarly-journals/salutary-factors-hospital-work->
- Quach, E. D. (2018). Work and the Family in Later Life: The Effects of Role Stressors, Role Enhancement, and Role Conflict on Self-Perceptions on Aging. *The International Journal of Aging and Human Development*, 90(2), 135–151. <https://doi.org/10.1177/0091415018812404>
- Resnick, B. (n.d.). Measurement of Resilience. [https://www.duke-nus.edu.sg/docs/librariesprovider3/events-docs/resilience-measurements.pdf?sfvrsn=7aa4d538\\_0](https://www.duke-nus.edu.sg/docs/librariesprovider3/events-docs/resilience-measurements.pdf?sfvrsn=7aa4d538_0)
- Stoewen, D. L. (2017). Dimensions of wellness: Change your habits, change your life. *The Canadian Veterinary Journal*, 58(8), 861–862.
- World Health Organization. (2012). The World health report: 2001: Mental health: new understanding, new hope. Who.int. <https://doi.org/9241562013>