RESEARCH ARTICLE

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Self-Efficacy and Stress Management of Nurses in a Rural Health Unit

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ABSTRACT

Research Rural Health Unit nurses are the generalists who are professional in nursing communities, they are always been stressful and should give double effort and more patience to the client they are dealing with. Self-efficacy and stress management among nurses of Rural Health Units focused on the significant relationship of the self-efficacy and stress management of nurses amidst of pandemic. This study used a quantitative method specifically descriptive correlational. In the analysis of the variables, frequency and percentage, weighted mean, pearson r moment of correlation and chi square test were used. The questionnaire was researchers-made consisted of three dimensions of stress management; the cognitive dimension, affective dimension, and motivational dimension and the self-efficacy of a nurse using the likert scale. Data were collected by a valid and reliable questionnaire using an online platform. The findings reveals that RHU nurses had no significant relationship between stress management and self-efficacy among the respondents. It also reveals that no significant relationship between stress management and self-efficacy when grouped according to the respondent's profile. It concluded that age, educational attainment, civil status and years in service did not influence the stress management and self-efficacy of the nurses. To the RHU nurses it will be a great help to identify ways of handling their stress and improving their self-efficacy in delivering quality nursing care and to serves as their basis to be aware in times of stress occurrence.

Keywords: self-efficacy; stress; management

INTRODUCTION

Intrinsically, stress have been inevitably normal reaction of our body in various forms of ways. One of which considered is the stress people may feel after a long-tiring hectic work done throughout the day. Hence, stress can be accompanied by many sources which can accord to huge impact on our daily basis. While dealing with stress, we can cope up by initiating to learn earning variety of stress management that can gradually help individuals to withstand with it.

It can be undeniably stated that stress is characterized as mental and physical pressure that a person experience as a result of situation that are viewed as threats and are referred to as stressors. Consequently, stressor is a stimulus that induces stress and it can be a generative factor that can perpetually cause people to experience anxiety. Stress can as well gradually interchange and affect the optimum level of functioning that makes our body the indicative to feel inactive, moody, weak and ineffective.

Be able to steadfast and handle stress are certainly vital for a person as well as being effective which we can find very challenging to balance especially in the nursing profession because being a nurse comes with great responsibility. In committing with nursing profession, you may have to deal in set asiding your feelings of pain, sickness and even stress to carry out your job well and be an efficient nurse rendering service to your patient which can be distinctly based from the core of nursing profession. As a proficient nurse, we have no other priority other than to ensure the wellness of our patient.

Furthermore, stress can also be considered negative unless an individual will learn to handle it properly, it can take a toll on a person's physical health, mental stability, and even job performance. Manifesting stress is but an ordinary response that occurs when the work we come across is too much to handle by the body because of overload activities due. This can be notice through the reaction of the body when by a person is troubled by vast workload and immense thinking. Aside from this, it can be in line to the study [1] indicating job related stress problem may affect a person's work performance.

Moreover, physiological and psychological stress shows a significant relation with work performance. Therefore, stress may cause poor work performance and affects person's physical and mental health. It can post great help when stress can be managed immediately and self-efficacy may help to reduce work related stress and to be more productive at work. It is beyond doubt that stress is part of the work that every employee could possibly encounter, particularly by nurses both in clinical and in the community.

Like any other professions, nurses demand for essential high level of self-efficacy. However, nurses with poor self-efficacy are less likely to take necessary steps to help their patients and cannot manifest efficaciously characteristics of coherent nurse ensuring patient's health status. In the current scenario, where nursing errors may have disastrous consequences for nurses, they will not initiate tasks where they are unsure of their abilities in order to avoid making mistakes.

The nursing profession is widely acknowledged to be one of the most highly stressful occupation. [2] Work stress could be a recognized as a major issue faced by health care workers. [3] Stress includes individual's perception of the demands and the accessible capability to handle this stressor. Whereas as described word related stress as any force that move mental or physical factor beyond it extend of capacity, in this way it comes about with the strain.

To withstand stress and by effectively handling and it may lead to increase of self-efficacy which may optimistically foster confidence and independence among nurses. Nurses' levels of stress and how they deal with more stressful circumstances were also affected by their sense of self-efficacy.

Rural Health Unit nurses are the generalists who are professional in nursing communities with relatively low population that are geographically and often culturally isolated. They bind and interact with the communities to provide great deal of autonomy and independence among people who belong in a particular community. Community health nurses or rural health unit nurses have always been stressful and should give double effort, energy, understanding and more patience to the patients they are dealing with, throughout the day of work.

Certainly, stress can lower the body's ability to respond to illness by affecting the immune system, which can affect the person holistic dimensions. Moreover, ongoing stress can result a person to withdraw some friends, family and others and lead to serious mental health problems. Stresses can also be external (from the environment, psychological, or social situations) or internal (mental illness, emotional or from a medical procedure) [4].

It is acknowledged that the major contributors for job stress are identified to be work load, shift works and relationship with supervisors. Some studies suggest that motivation from supervisors and colleagues and plan problem solving will reduce job stress in nurses. The study reported that mindfulness meditation helped in reducing perceived stress and burnout among nurses. However, there is a limitation of knowledge on how patient demand and expect from the nursing professionals and hospitals that may be contributed to job stress. Similarly, there are studies that highlighted the strategies that can help stress nursing staff and increase their self-efficacy on job performance [5].

Therefore, cognitive dimension blends with different sorts of relaxation, imaging, and other method for decreasing stress and executing certain behaviors that are crucial in managing stress. Next, motivational dimension by the organization, colleagues, friends and family will help to reduce the stress of nurses. Finally, effective managing of emotions and feelings stimulated by the stressor can help individuals to analyze and formulate ways to control feelings that can help to develop confidence to face stress circumstances at the time of exposure.

Self-efficacy of nurses serves as a confidence on their ability to do their job and to improve patient care and there is a need for this to be highly emphasized. In other words, individual's belief in their ability to succeed in a given task increases the nurses' self-efficacy, gain new knowledge and enhance nurses' motivation that enable them to critically appraise their workplace.

It is invariably necessary to pinpoint, provide awareness, understand and determine the stress experienced by nurses in order to assess and evaluate various management they are using that might affect their self-efficacy in delivering the quality care to provide wellness and help the people ease their pain, prevent various diseases and promote health and wellness.

Such that those respective nurses who are despicably experiencing high levels of stress, the involvement and use of social support may be beneficial. Social persuasion, vicarious perceptions, and emotion or somatic states three of Bandura's four main effects on self-efficacy can all be influenced by social reinforcement or stress management, as well as their self-efficacy, which may contribute to improved academic performance and retention. When nurses learn to control their stress, they will develop constructive thought habits that will have a significant impact on their self-efficacy in doing community work.

This study focused on nurses of Rural Health Unit who handle and manages the health and wellness of the community. This study is all about identifying the self-efficacy of rural health nurse under stress and if there are any relation in terms of stress management of a nurse as of the 3 dimensions which is the cognitive dimension, motivational dimension, and affective dimension. Moreover, researchers conducted this study to determine the significant relationship of the self-efficacy and stress management of rural health unit nurses in their respective field. Also, the researchers ought to determine how RHU nurses effectively handle their stress especially amidst pandemic's health related threats to frontliners.

METHODS

This study used quantitative research: a descriptive – correlational research design. Descriptive correlational is a research design used in collecting data to determine whether a relationship exists or not between two or more variables. The researchers used this design to gather all necessary data and determine the stress management of the respondents, identify the self-efficacy of the respondents, and determine the significant relationship between stress management and self-efficacy of the respondents. Furthermore, this identified the stress management through the dimensions such as, cognitive dimension, motivational dimension, and affective dimension in relation to self-efficacy. The questionnaire consists of two parts. The first part is the profile of the respondents and the second part is the dimensions of stress management and self-efficacy. There is a total of 50 questions which were based on the three dimensions of stress management in relation to self-efficacy with a 5-point Likert scale response. The aim was to conduct the study with 5 RHU nurses and 18 DOH nurses at Rural Health Unit of Echague. Respondent's questionnaire are given through online platforms, the respondent have a hard time to answer because of their scheduled time but then nurses comply on the said date and we gather all their answer.

Before analyzing data, researchers check for the missing data and follow up it through messenger. In analyzing data, The statistical tools which are used in the analysis of data are as follows; Frequency and percentage, These were used to determine the profile of respondents; Standard Deviation, standard deviation is a statistic that measures the dispersion of a data set relative to its mean; Weighted Mean, This was utilized to determine the stress management and self-efficacy among nurses of Echague Rural Health Unit in terms cognitive dimension, motivational dimension, affective dimension; Pearson r moment of correlation used to measure of the linear relationship between profile of the respondent and self-efficacy of the respondent; Chi Square Test (x^2) This determined the significant relationship between the stress management and self-efficacy among the respondents. The researchers used survey questionnaire. To ensure that the research finds right answers to the main problem under study, it was important to pay attention to two main aspects of the study: reliability and validity. The validity and reliability of the tool was made through the help of psychometrician, CHN instructor, nurse, adviser and statistician for the Cronbach's Alpha which resulted 0.961 remark as excellent. Cronbach's alpha is the most frequently used estimate of internal consistency reliability. It measures the extent to which item responses obtained at the same time correlate with each other. This is so reliable to be a basis for future researchers and contribute a new knowledge and gave a idea on making a same research design and studies.

RESULTS
Profile of the Respondents

The profile of the respondents in terms of age, sex, educational attainment, civil status, years in service are presented.

Table 1. Respondents profile as to sex

Sex	Frequency	Percentage
Female	9	50
Male	9	50

In terms of gender, the data showed that Echague Rural Health Nurses have the same frequency of 9 or 50 percent for both sexes.

Table 2. Respondents profile as to age

Age	Frequency	Percentage
20 - 24 years old	13	72
25 - 29 years old	2	11
35 - 39 years old	2	11
Above 45 years old	1	6

As presented in the table, as to Rural Health Nurses age, it implies that majority of the respondents belong to the age bracket of 20 – 24 years old with a frequency of 13 or 72 percent; 2 or 11 percent are at the bracket of 25 – 29 years old and 35 – 39 years old. This can be discern that most of the RHU nurses are novice nurse in wherein they are newly hired in public health service.

Table 3. Respondents profile as to educational attainment

Educational attainment	Frequency	Percentage
Bachelor's degree	17	94
Masteral units	1	6

As to educational attainment it reflects that majority of the respondents are bachelor's degree holder with a frequency of 17 or 94 percent whereas 1 or 6 percent has masteral units.

Table 4. Respondents profile as to civil status

Civil Status	Frequency	Percentage
Single	7	39
Married	11	61

In terms of civil status according to the results, majority of the respondents are married with a frequency of 11 or 61 percent and 7 or 39 percent are single.

Table 5. Respondents profile as to years in service

Years in Service	Frequency	Percentage
10 years above	1	6
5 – 9 years	9	50
1 – 5 years	8	44

As to years in service, most of the respondents have rendered 5 – 9 years in the service with a frequency of 9 or 50 percent while 8 or 44 percent are 1 – 5 years in the service whereas 1 or 6 percent is 10 years above in the service respectively.

Table 6. Mean and qualitative description of stress management among respondents in terms of cognitive dimension

Cognitive Dimension	Mean	Description
1. Being optimistic in stressful time.	4.44	Almost always
2. Find solution for stress.	4.56	Almost always
3. Able to concentrate on whatever I'm doing.	4.39	Almost always
4. Analyze the problem first in order to understand it better.	4.72	Almost always
5. Make right decisions.	4.50	Almost always
6. Create to-do-lists to work easily.	4.44	Almost always
7. Do deep breathing exercise.	4.39	Almost always
8. Go to quite places that are free from noises.	4.39	Almost always
9. Find a comfortable and relaxing position.	4.61	Almost always
10. Do meditations that help to separate yourself from your thoughts as you react to stress.	3.94	Often
Mean	4.44	Almost always

Cognitive Dimension

Table 7. Mean and Qualitative Description of Stress Management Among Respondents in Terms of Motivational Dimension

Motivational Dimension	Mean	Description
1. Seek camaraderie with friend, family and love ones.	4.67	Almost always
2. Seek support with friend, colleague and family.	4.56	Almost always
3. Have a close friend to confide with	4.56	Almost always
4. Discuss problem with my family.	4.44	Almost always
5. Play outdoor sports with friends.	3.78	Often
6. Engage in exercise with friends to be more fit and motivated.	4.00	Often
7. Reflect on failures to be motivated.	4.56	Almost always
8. Express feelings instead of bottling them up.	4.33	Almost always
9. Encourage myself to do better.	4.72	Almost always
10. Read inspirational quotes.	4.44	Almost always
Mean	4.41	Almost always

Motivational Dimension

Table 8. Mean and qualitative description of stress management among respondents in terms of affective dimension

Affective Dimension	Mean	Description
1. Build up confidence.	4.44	Almost always
2. Brave to face stress.	4.61	Almost always
3. Change behavioral manner on peers and patient during stressful times.	4.33	Almost always
4. Promote positive feelings and overall outlook during stressful situations.	4.67	Almost always
5. Express emotional feelings to closes person.	4.50	Almost always
6. Keep sense of humor by laughing sometimes.	4.50	Almost always
7. Do things that love the most.	4.50	Almost always
8. Release pent-up emotions.	4.33	Almost always
9. Distract attention from stress.	2.33	Seldom
10. Reconcile negative emotions.	4.33	Almost always
Mean	4.26	Almost always

Affective Dimension

Table 9. Mean and qualitative description of the respondents in terms of self-efficacy assessment

Assessment	Mean	Description
1. Establish trust and rapport to my patient.	4.83	Almost always
2. Assess the client's physical, cognitive, developmental, environmental, social, spiritual and information needs.	4.72	Almost always
3. Collect information on the client's health status through interview, history taking and from diagnostic results.	4.78	Almost always
4. Assess the client's vital signs (temperature, pulse rate, blood pressure and respiratory rate)	4.83	Almost always
5. Analyzes and interpret obtained data as basis for planning care.	4.72	Almost always
Mean	4.78	Almost always

Table 10. Mean and qualitative description of the respondent's self-efficacy as to planning

Planning	Mean	Description
1. Develop care plans and establish client care priorities.	4.78	Almost always
2. Foresee potential health problems or issues and their consequences for the client.	4.67	Almost always
3. Design a nursing care plan that is based on a variety of theories relevant to health and healing.	4.61	Almost always
4. Organize a flexible plan of care for clients with co-morbidities, complex and rapid changing health status.	4.67	Almost always
Mean	4.68	Almost always

Table 11. Mean and qualitative description of the respondents in terms of self-efficacy as to intervention

Intervention	Mean	Description
1. Recognize and seek immediate assistance in a rapidly changing situation that could affect client health or safety.	4.72	Almost always
2. Implement preventive and therapeutic interventions related to safe management and administration of medication.	4.72	Almost always
3. Prepare client for diagnostic procedures and treatment.	4.72	Almost always
4. Use medical equipment and instruments safely.	4.61	Almost always
5. Perform the principles of standard precautions at all times.	4.78	Almost always
6. Practice proper waste disposal at all times.	4.72	Almost always
7. Confidently initiate collaborative interventions to other concerned health personnel.	4.67	Almost always
Mean	4.71	Almost always

Table 12. Mean and qualitative description of therespondents in terms of self-efficacy as to evaluation

Evaluation	Mean	Description
1. Document client care and its ongoing evaluation in a clear, concise, accurate and timely manner.	4.67	Almost always
2. Relay the findings to the patient.	4.56	Almost always
3. Evaluate patient response to nursing care.	4.61	Almost always
4. Report and endorse outcome of care clearly and accurately on time.	4.67	Almost always
Mean	4.63	Almost always

Table 13. Significant relationship between the stress management and self-efficacy among the respondents

Group	Significance	Analysis	Decision	Remarks
Stress Management and Self-efficacy among the respondents	0.328	Signicance > 0.05	Accept Ho	No Significant Relationship

Table 14. Significant relationship between the stress management when grouped according to the respondent's profile

Profile	Significance Pearson's Chi-square	Analysis	Decision	Remarks
Sex	No statistics are computed		Relationship could not be determined	Sex is Constant
Age	0.380	>0.05	Accept Ho	No significant relationship
Educational attainment	0.265	>0.05	Accept Ho	No significant relationship
Civil Status	0.472	>0.05	Accept Ho	No significant relationship
Years in Service	0.185	>0.05	Accept Ho	No significant relationship

It was also tested the significant relationship with regards to stress management and respondent's profile with a significance C value are greater than 0.05. Resulting that the null hypothesis is accepted and there is no significant relationship between the stress management of the respondents and their profile which means that age, educational attainment, civil status, and years in service of the respondents and their stress management does not correlate in this study. Hence, the age, educational attainment, civil status, and years in service of the respondents did not influence the stress management of the respondents.

Table 15. Significant relationship between the self-efficacy when grouped according to the respondent's profile

Profile	Significance Pearson's Chi-square	Analysis	Decision	Remarks
Sex	No statistics are computed		Relationship could not be determined	Sex is Constant
Age	0.380	>0.05	Accept Ho	No Significant Relationship
Educational attainment	0.265	>0.05	Accept Ho	No Significant Relationship
Civil Status	0.265	>0.05	Accept Ho	No Significant Relationship
Years in Service	0.460	>0.05	Accept Ho	No Significant Relationship

It was also tested the significant relationship with regards to self-efficacy and respondent's profile with a significance C value are greater than 0.05. Resulting that the null hypothesis is accepted and there is no significant relationship between the self-efficacy of the respondents and their profile which means that age, educational attainment, civil status, and years in service of the respondents and their self-efficacy does not correlate in this study. Hence, the age, educational attainment, civil status, and years in service of the respondents did not influence the self-efficacy of the respondents.

DISCUSSION

Cognitive Dimension

The findings in formative assessment of cognitive dimension of the rural health nurses in Echague, Isabela are almost always as to; being optimistic in stressful time; they find solution for stress; they are able to concentrate on whatever they are doing; able to analyze the problem first in order to understand it better; they make right decisions; create to-do-lists to work easily; do deep breathing exercise; go to quite places that are free from noises; find a comfortable and relaxing position respectively. Whereas; the respondents often always in meditations that help to separate their self from their thoughts as they react to stress. This implies that nurses are able to cognitively handle stress in their workplace. Cognitive dimension of stress management is a safe and effective intervention to cope up with their stress, which means cognition or the way a person view things in life is either an optimist or a pessimist can be a factor to help handle stress [6].

Motivational Dimension

The data on the assessment of motivational dimension of rural health unit nurses implies that the respondents are almost always as to; they seek camaraderie with friend, family and love ones; seek support with friend, colleague and family; have a close friend to confide with; discuss my problem with my family; reflect on failures to be motivated; express feelings instead of bottling them up; encourage myself to do better; and read inspirational quotes. Whereas the respondents often always playing outdoor sports with friends and engage in exercise with friends to be more fit and motivated. It revealed that RHU nurses making a creative way to lessen stress through social and emotional support from families and friends are the most effective way to lessen stress [7].

Affective Dimension

It is suggested on the assessment of affective dimension of the Echague, Isabela rural health nurses are almost always as to; building up confidence; they are brave to face the stress; they change behavioral manner on peers and patient during stressful times; they promote positive feelings and overall outlook during stressful situations; express emotional feelings to closes person; keep sense of humor by laughing sometimes; they do things that love the most; release pent-up emotions; distract attention from stress; and reconcile negative emotions. This implies that the respondents find ways to control feelings and trying to be confident when they encountered stress. Affective dimension is the ability to understand and manage emotions. Wherein the National Institute for Occupational Safety and Health (NIOSH) has suggested ways to reduce stress such as balance between work and family life, promote positive feelings, reconcile negative emotions, release pent-up emotions, etc**.** The affective can be improved to better cope up with stress [8].

Self-efficacy among respondents in terms of assessment it implies that RHU Echague nurses are almost always as to: they establish trust and rapport to my patient; assess the client's physical, cognitive, developmental,

environmental, social, spiritual and information needs; collects information on the client's health status through interview, history taking and from diagnostic results; assess the client's vital signs (temperature, pulse rate, blood pressure and respiratory rate); and analyzes and interpret obtained data as basis for planning care respectively. This revealed that nurses have the capability or ability to perform assessment efficiently and effectively with their clients even under stress.

While self-efficacy in correspond to planning, the respondents almost always as to; they develop a care plan and establish client care priorities; they are able to foresee potential health problems or issues and their consequences for the client; design a nursing care plan that is based on a variety of theories relevant to health and healing; and organize a flexible plan of care for clients with co-morbidities, complex and rapid changing health status respectively. This noted that nurses even under stress can make or design a plan for their clients based on the assessment they have gathered.

With regards to self-efficacy intervention, respondents are almost always as to; they are able to recognize and seek immediate assistance in a rapidly changing situation that could affect client health or safety; implement preventive and therapeutic interventions related to safe management and administration of medication; prepare client for diagnostic procedures and treatment; use medical equipment and instruments safely; perform the principles of standard precautions at all times; practice proper waste disposal at all times; and confidently initiate collaborative interventions to other concerned health personnel. It may portray sort of activity or intervention for a nurse performed to improve the comfort and to achieve goals generally the health of their patients even they are under stress.

And for the evaluation of self-efficacy it implies that the respondents are almost always as to: documenting client's care and its ongoing evaluation in a clear, concise, accurate and timely manner; relay the findings to the patient; evaluate patient response to nursing care; and report and endorse outcome of care clearly and accurately on time respectively. This revealed that the respondents are able to document the care rendered efficiently, communicate findings of health services and evaluate care for their clients even they are under stress.

In the study it test the significant relationship between stress management and self-efficacy among respondents that resulted a significance r value greater than 0.05. The null hypothesis was accepted. And there is no significant relationship between the stress management and self-efficacy among the respondents which means that stress management among the respondents and their self-efficacy does not correlate in this study. Hence, stress management and their self-efficacy do not significantly influence each other.

There is no significant relationship between the stress management of the respondents and their profile which means that age, educational attainment, civil status, and years in service of the respondents and their stress management does not correlate in this study. Hence, the age, educational attainment, civil status, and years in service of the respondents did not influence the stress management of the respondents. Similarly, the sex and educational attainment of the respondents did not significantly relate to their stress management [9], the same with the civil status [10]. This argued that age of the respondents 36-39 years of age perceive greater stress management than those of 26-30 years of age [11]. Also, it opposed that greater impact on stress management in reducing nursing related stress in higher years in service is more effective rather than at the beginning of years in nursing service [12].

There is no significant relationship between the self-efficacy of the respondents and their profile which means that age, educational attainment, civil status, and years in service of the respondents and their self-efficacy does not correlate in this study. Hence, the age, educational attainment, civil status, and years in service of the respondents did not influence the self-efficacy of the respondents. Similarly, the sex and educational attainment of the respondents did not significantly relate to their self-efficacy [9], the same with civil status [10]. This argued that age of the respondents 36-39 years of age perceive greater self-efficacy than those of 26-30 years of age [11]. Also, it opposed and stated that there is a significant correlation found between years in service to the self-efficacy of nurses [12].

CONCLUSION

From the result of the prior mentioned findings, the following conclusions are drawn;
1. It is note taking that the educational attainment of most of the respondents are bachelor's degree holder while in terms of their civil status, majority of them are married which divides their responsibility and priority rather than pursuing continuous professional development. Majority of the RHU nurses are novice in the service.
2. On the dimension of stress management as to cognitive dimension, the respondents often always in meditations that help to separate their self from their thoughts as they react to stress. This is related to present quarantine restrictions that we are facing amidst the pandemic where the respondents can no longer have out of town activities and outdoor meditations.
3. As to stress management in terms of motivational dimension, it is noted that the respondents often always playing outdoor sports with friends and engage in exercise with friends to be more fit and motivated. This may be associated with the current restrictions of the municipality where there is limited social gatherings.

Furthermore, often social life is due to limited time with their family, protecting their family for the possible threat of going outside, and too busy from their work so they want to have enough rest.

4. Test of significant relationship shows that there is no significant relationship between stress management and self-efficacy. This means that nurses dealing with their stress does not have a direct relationship on the efficacy of their performance.

5. The profile of the respondents has no significant relationship on their stress management. In this study, having profile as variable do not directly influence the way the nurses manage their stress. In addition, self-efficacy of the nurses as to assessment, planning, intervention and evaluation does not have significant relationship on their profile.

In the light of the findings and conclusions, the researchers proposes the following recommendations for implementation:

1. Escalate stress management techniques of Nurse at Rural Health in coping of level of stress to promote enhancement of the delivering quality nursing care for the clients in work.

2. To the Rural Health Unit, the result of this study can be a great help for the nurses of RHU to develop various ways of managing occurrence of stress and improving their self-efficacy in delivering quality nursing care. Thus, this will contribute to their knowledge concerning stress management perceived to possibly alter their self-efficacy in providing good and quality service to the patients and to get a better commitment on work in the attainment of the mission and vision of Rural Health Unit.

3. RHU nurses should be encouraged to attend opportunities such as the mindfulness program of Jean Watson, a program that are relevant on stress managing and some relaxation techniques offered by LGU's or other concerned agencies in order to improve, enrich and uplift their self-efficacy, coping abilities and delivery of quality nursing care.

4. Community people should know the importance of nurse's stress management situation, it can improve partnership role on achieving the goals of health care on the community.

5. Since playing outdoors and engage in exercise with friends in motivational are often, researchers promote sports and physical activity outdoor and indoor that can improve them to be more physically fit and have the time to bond with their family.

6. It is highly recommended that administration must improve awareness on stress management and self-efficacy of their employees specifically the nurses to provide effective nursing care.

7. The researchers recommend the use of cognitive dimension as a best stress management as to; being optimistic in stressful time; they find solution of stress; they can able to concentrate on whatever their doing; able to analyze the problem first in order to understand it better; they make right decisions; create to-do-lists to work easily; do deep breathing exercise; go to quite places that are free from noises; find a comfortable and relaxing position respectively and meditations that aids to separate their self from their thoughts as they react to stress.

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