

# Stress And Coping Strategies Among The Healthcare Workers In The Military Hospital

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*Abstract* — This study aimed to examine work-related stress among healthcare workers in a military hospital and explore potential contributing factors. One hundred healthcare workers participated, and data were collected using a researcher-made questionnaire, focusing on various stressors prevalent in the healthcare setting. The analysis revealed that demographic factors such as sex, age, length of service, and position did not significantly affect the level of work-related stress experienced by the participants. However, the study highlighted the importance of considering additional factors, such as social support and coping mechanisms, which may influence work-related stress among healthcare workers. The findings underscore the pervasive nature of work-related stress in the healthcare field, indicating a need for interventions to manage and reduce stress levels. Recommendations include implementing stress management programs, ensuring adequate staffing and support from supervisors, and encouraging healthcare workers to develop effective coping strategies and seek social support. Future research is warranted to assess the effectiveness of these interventions and explore other potential factors contributing to work-related stress among healthcare workers. Addressing work-related stress in the healthcare setting is vital to support the well-being of healthcare professionals and enhance the quality of patient care.

*Keywords* — *Stress, Coping strategies, Healthcare workers, Military hospital, Well-being Demographic factors*

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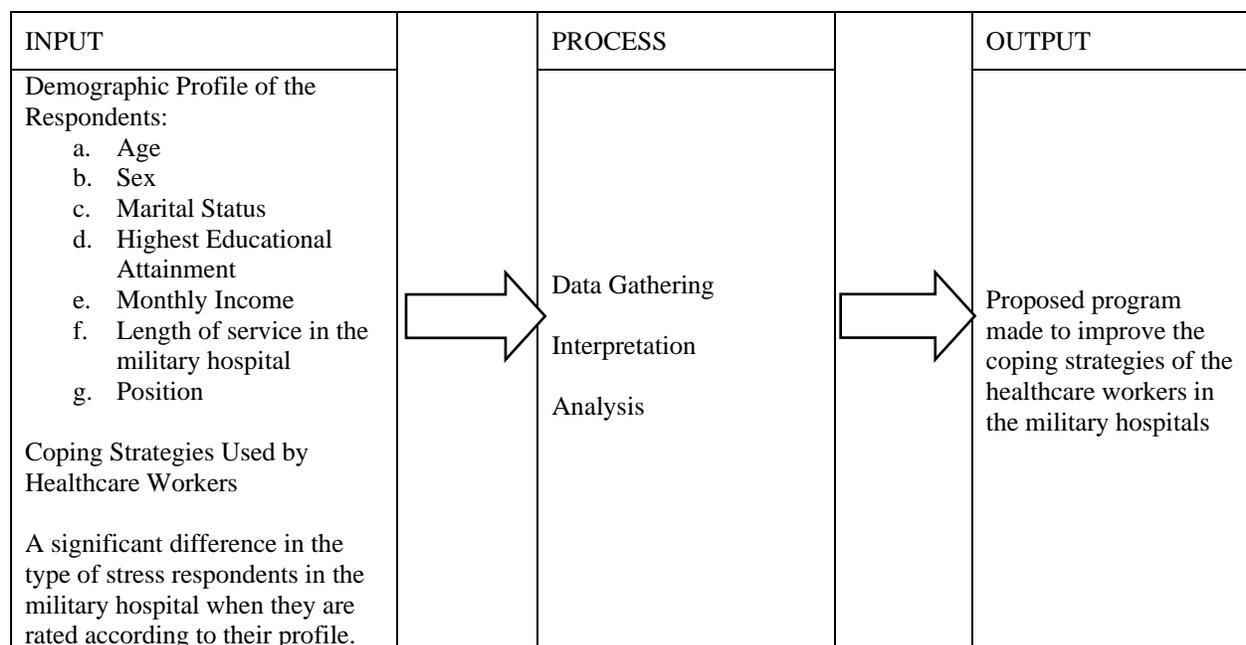
## I. Introduction

Work-related stress among healthcare professionals, especially in military settings, has grown as a prominent global concern with implications for worker well-being and the quality of patient care (West et al., 2018). Military healthcare settings, with their specific challenges, such as treating traumatic injuries and navigating the structured nature of military institutions, necessitate a nuanced understanding (Bridges et al., 2017). Elevated levels of stress can result in burnout, mental health complications, and decreased retention in the workforce, which can, in turn, compromise patient care (Dzau et al., 2018). To manage these stresses, healthcare professionals employ various coping strategies, such as problem-focused coping, emotion-focused coping, and seeking social support (Shanafelt et al., 2017). However, the effectiveness of these strategies often hinges on the precise nature of the stressor and individual perceptions (Panagioti et al., 2017). This study endeavors to elucidate the specific stressors and coping mechanisms adopted by healthcare

workers in military hospitals in Baguio City and Quezon City. The results promise to inform interventions and potentially refine healthcare workforce strategies worldwide.

**Conceptual Framework:**

This study uses a conceptual framework to differentiate between internal and external stressors affecting healthcare workers in military hospitals. Internal stressors stem from personal emotions and thoughts, while external ones arise from uncontrollable events. Workers utilize cognitive and behavioral coping mechanisms to manage these stressors. The research employs the input-process-output model to examine the relationship between healthcare worker demographics, stressors, and coping strategies. This framework shapes the research's design and recommendations to improve well-being in military healthcare settings.



**Figure 1. Conceptual Framework**

The research investigated stress and coping mechanisms among healthcare workers in military hospitals in Baguio City and Quezon City, focusing on the following objectives:

1. Assess the demographic details of healthcare workers, considering age, gender, marital status, service duration, and position.
2. Identify the most common stressors faced by these professionals, such as job demands, emotional challenges, and conflicts.
3. Examine the coping methods used, distinguishing between cognitive and behavioral techniques, like seeking support and self-care.

4. Analyze potential correlations between the demographic profile and experienced stress types through statistical testing.
5. Propose interventions to enhance healthcare workers' coping abilities, targeting improved well-being and patient care quality.

The study tested the null hypothesis that demographic factors have no significant impact on chosen coping strategies, using statistical analyses at a 0.5 significance level. Through addressing these objectives and evaluating the hypothesis, the research aimed to offer insights into the challenges and coping methods of healthcare workers in military settings, fostering the development of specific supportive measures to benefit this critical workforce.

### **Literature Review**

This research is grounded in Selye's stress theory, emphasizing systemic stress responses in individuals exposed to stimuli. Applied to military hospital healthcare workers, the theory helps understand their physiological and psychological reactions under demanding job scenarios. Five pertinent studies provide insights into work-related stress among healthcare professionals: Smith et al. (2018) identified high patient workloads, lacking supervisory support, and time pressures as stressors for nurses, who adopted both problem-focused and emotion-focused coping. Lee et al. (2019) revealed that irregular and extended hours induced significant stress for emergency physicians, who coped via physical activities and hobbies. Chen et al. (2020) underscored a connection between perceived organizational support and positive coping techniques among military hospital staff, emphasizing the organization's role in bolstering coping mechanisms. Martinez et al. (2017) applied the Job Demand-Control-Support model to stress among nursing assistants, indicating high demands and limited control as stressors but noting the positive effects of peer support. Lastly, Yang et al. (2019) spotlighted resilience's critical role in stress management, with high resilience yielding adaptive coping strategies, countering adverse stress impacts.

### **II. Methodology**

In examining the stressors and coping strategies of healthcare workers in military hospitals, I implemented a comprehensive mixed-methods design. I enlisted 100 healthcare workers from military hospitals situated in Baguio City and Quezon City. My sampling strategy was dual-faceted: firstly, a random sampling method ensured I captured a diverse representation of the healthcare workforce, allowing for a broad yet unbiased participant selection. Secondly, I employed purposive sampling, deliberately choosing individuals who fulfilled specific criteria vital to the research objectives. This ensured I gleaned insights that were both broad and nuanced about the military healthcare environment. Data collection for the quantitative portion hinged on structured questionnaires, aiming to empirically gauge stressors and discern their correlations with chosen coping strategies. Simultaneously, the qualitative dimension of my study was enriched

through semi-structured interviews and focus group discussions. These tools were meticulously designed to provide a deeper understanding of the unique lived experiences of my participants. To situate my findings within the wider academic discourse, I undertook a narrative review. This review not only contextualized my study's results but also synthesized findings from contemporary literature, highlighting current trends and spotlighting areas yet to be explored. At its core, my research design was descriptive, meticulously detailing the behaviors, patterns, and experiences of the participating healthcare workers. I fortified this with the narrative review, painting a more extensive academic landscape around my study's core findings. For researchers aiming to replicate this study, it is paramount to uphold the outlined sampling techniques and data collection methods, ensuring the consistent reliability and authenticity of the findings across varied contexts.

**Table 1 Respondents of the Study**

Healthcare Workers	Number of Respondents Hospital A	Number of Respondents Hospital B
Dental Technologist	1	4
Doctors	2	21
Medical Technologist	7	6
Midwife	4	4
Nurses	21	3
Nursing aide	10	1
Pharmacist	3	2
Physical Therapist	0	7
Radiologic Technologist	2	2
Total	50	50

### Data Gathering Instruments:

The researcher employed a tailored questionnaire, influenced by the American Institute for Preventive Medicine's "Stress Management at Work" program, comprising demographics, 12 stress assessment categories, and a section on coping strategies. To ensure its validity, experts in stress management and healthcare reviewed the tool, resulting in a commendable effectiveness rating of 4.73. With approval from the Military Hospital Director/Administrator, an online questionnaire was disseminated among healthcare workers, with responses kept confidential. Data was tabulated in Microsoft Excel. The analysis included frequency and percentage distributions for demographics, weighted mean calculations for challenges and coping, and Pearson correlation to discern the correlation between faced challenges and coping mechanisms.

Formula: 
$$r = \frac{\sum (x_i - \bar{x})(y_i - \bar{y})}{\sqrt{\sum (x_i - \bar{x})^2 \sum (y_i - \bar{y})^2}}$$

Where:

- r = correlation coefficient
- x<sub>i</sub> = values of the x-variable in a sample
- $\bar{x}$  = mean of the values of the x-variable
- y<sub>i</sub> = values of the y-variable in a sample
- $\bar{y}$  = mean of the values of the y-variable

### III. Results and Discussion

#### T The Respondents

One hundred employees from two military hospitals in Baguio City and Quezon City were purposefully selected for this study. Most healthcare workers were aged between 21-25 years (28%), followed by 26-30 (24%), 31-35 (22%), 36-40 (20%), and over 40 (6%), indicating a predominantly young and active demographic. Furthermore, females represented 58% of the respondents, consistent with research suggesting the healthcare sector is largely female-driven (Berlin et al., 2017) and the World Health Organization's report that women constitute 67% of the global health and social care workforce (WHO, 2023).

**Table 2. Distribution of Respondents**

Category	No. of Respondents	Percentages (%)	
Entire Group	100	100	
Age			
Old	Above 40 Years	6	6.00
	36-40 Years Old	20	20.00
	31-35 Years Old	22	22.00
	26-30 Years Old	24	24.00
	21-25 Years Old	28	28.00

**Sex**

Male	42	42.00
Female	58	58.00

**Civil Status**

Single	42	42.00
Married	56	56.00
Widowed	2	2.00

**Length of Service in  
the Military Hospital**

Above 31 Years and	15	15.00
26-30 Years	29	29.00
21-25 Years	14	14.00
16-20 Years	27	27.00
11-15 Years	9	9.00
6-10 Years	5	5.00
1-5 Years	1	1.00

**Position**

Doctor	42	42.00
Medical Technologists	15	15.00
Midwife	8	8.00

Nurse	6	6.00
Nursing Aid	11	11.00
Pharmacist	4	4.00
Physical Therapist	3	3.00
Radiologist	1	1.00

In military hospitals, a majority (56%) of healthcare workers are married, which contrasts with the predominantly unmarried workforce highlighted by Abalos et al., 2020. While a significant 30% have 26-30 years of experience, 42% are doctors, yet this figure doesn't meet the WHO's recommended doctor-to-population ratio for the Philippines (Abalos et al., 2017). The workforce, predominantly young and female, comprises various roles, from doctors to nurses. Such demographics are crucial in devising strategies to mitigate stress and enhance the well-being of healthcare professionals.

Table 3 revealed that the most prevalent type of stress being encountered by healthcare workers in the military hospital was Pressure on the Job (M=2.26, R=1), Stress from Work Overload (M=2.18, R=2), Stress from Work Underload (M=2.14, R=3), Competing Employment Description (M=2.12, R=4) and Stress Cause by Boredom (M=2.11, R=5).

**Table 3 Most Prevalent Type of Stress Encountered by the Healthcare Workers in the Military Hospital**

Category	Mean	Standard Deviation	Rank
1. Disagreement and Uncertainty	2	0.63	8
2. Pressure on the Job	2.26	0.68	1
3. Completing Employment Description	2.12	0.69	4

4.	Interaction and Comfort with heads	2.02	0.64	7
5.	Health Issues Related to the Job	1.98	0.73	9
6.	Stress from Work Overload	2.18	0.78	2
7.	Stress from Work Underload	2.14	0.72	3
8.	Stress Cause by Boredom	2.11	0.79	5
9.	Issue with Job Security	1.96	0.77	10
10.	Time Constraints	1.93	0.75	11
11.	Tension Related to the Job	2.06	0.87	6

Table 3 reveals that the primary stressors for healthcare workers in the military hospital relate to job demands, particularly job pressure. This is consistent with past studies identifying high job demands as significant stress contributors (Shanafelt et al., 2015). The observed stress from workload imbalances supports the job demands-control model (Karasek and Theorell, 1990 cited in Chen et al 2015), suggesting that high demands without sufficient control amplify stress. Stressors like role ambiguity and monotonous tasks, leading to conflicting job roles and boredom, respectively, are also evident and have been associated with increased dissatisfaction and burnout in healthcare settings (Chen et al., 2015).

The following responses are coping strategies of healthcare workers. These strategies are meant to help healthcare workers manage their stress levels and maintain their well-being in the face of challenging and demanding work. Coping strategies include activities such as unwinding through travel, attending social events, taking short breaks, and simply unwinding. By engaging in these activities, healthcare workers can recharge and feel refreshed, which can help them continue to provide quality care to their patients.

The statements in Table 4A are responses to open-ended questions related to self-care, exercise, and relaxation.

**Table 4A Coping Strategies Used by the Healthcare Workers in Military Hospitals- Self-care, Exercise, Relaxation**

<b>Coping Strategies</b>	<b>Frequency</b>	<b>Percentage</b>
<b>Self-care</b>		
Taking action to change the source of stress	35	35%
Maximizing day off/rest days	50	50%
Exercise and take care of myself	45	45%
Deep breathing and unwinding	30	30%
Talking to others	40	40%
<b>Exercise</b>		
Workout	55	55%
Exercise and meditate	60	60%
Running, jogging, hiking, and Zumba	40	40%
<b>Relaxation</b>		
Deep Breathing	50	50%
Take a break	60	60%
Mental health exercises	45	45%
Buying new personal things	25	25%
Hanging out/eating out	35	35%
Rest	65	65%

The table categorizes responses into self-care, exercise, and relaxation methods. Self-care encompasses addressing stress, maximizing rest, and body massage; exercise includes activities like working out and jogging; while relaxation covers techniques like deep breathing and unwinding. Notably, some methods, like exercise and meditation, can be both a form of self-care and relaxation. This underscores the significance of integrating self-care, exercise, and relaxation in daily routines to combat stress and bolster overall well-being.

The responses in the Table 4B are categorized into three categories: Love (Family and Friends), Pray (Spiritual Belief), and Others. The Love category contains responses that involve spending time with family, talking to family or trusted friends, and playing with kids. The Pray category includes responses that mention praying, thinking of God, and doing a novena.

**Table 4B. Coping Strategies Used by the Healthcare Workers in the Military Hospitals-  
Love, Pray, Eat, Exercise, and others**

<b>Coping Strategies</b>	<b>Frequency</b>	<b>Percentage</b>
<b>Love (Family and Friends)</b>		
Spend time with family	60	60%
Spend quality time	45	45%
Be with family	50	50%
Talk to sister	25	25%
Talk to trusted friends	40	40%
Play with kids	30	30%
Support system	35	35%
<b>Pray (Spiritual Belief)</b>		
Pray harder and think of God	55	55%
Pray and talk to family	50	50%
Unwind with family and novena	25	25%
Pray and eat comfort food	40	40%
Thinking only that I am blessed	35	35%
<b>Eating</b>		
Eating	60	60%
Eat and pray	45	45%
Eat balanced diet	50	50%
Eat and go to the mall	25	25%
Eating and sleep	30	30%
<b>Exercise</b>		
Do some exercises	60	60%
Spend quality time and do exercise	45	45%
<b>Others</b>		
Watching movies	40	40%
Listening to good music	35	35%
Reading books	25	25%
Singing Christian songs	20	20%
Provide needs of family	30	30%
Colleagues	15	15%

The table categorizes responses into Love (Family and Friends), Pray (Spiritual Belief), and Others. The Love category emphasizes spending time with family and friends, while the Pray category focuses on spiritual practices like praying. The others category encompasses diverse activities, from exercising and reading to drawing inspiration from personal or professional

pursuits. Collectively, these responses underscore the crucial role of a support system—be it through loved ones, spirituality, or personal interests—in managing stress and enhancing well-being.

Table 4C categorizes the responses as Recreational Activities. These activities are meant to provide a break from the usual work routine and help individuals relax and unwind. The responses include watching K-drama, playing basketball, singing, and dancing, listening to music, sleeping, baking cakes, playing badminton, music therapy, watching sports online, watching drama series, watching movies, doing gym exercises, and cleaning.

**Table 4C. Coping strategies used by the healthcare workers in the military hospitals recreational activities**

Recreational Activities	Frequency	Percentage
Watching K-drama	30	30%
Playing basketball	25	25%
Singing and dancing	35	35%
Listening to music	60	60%
Sleeping at home	50	50%
Baking cakes	10	10%
Playing badminton	15	15%
Music therapy	20	20%
Watching sports online	15	15%
Watching drama series	30	30%
Watching movies	45	45%
Doing gym exercises	25	25%
Cleaning and sweeping	20	20%

These activities can be done individually or with friends and can provide a sense of enjoyment and satisfaction. They can help individuals recharge and feel refreshed, which can contribute to improved overall well-being. By taking time to engage in these activities, individuals can manage stress and improve their mental and physical health.

The responses are categorized as Relaxation and Socializing. These activities are meant to provide a break from work and daily responsibilities and help individuals relax and unwind. The responses include unwinding through traveling, attending social events, taking short breaks, and simply unwinding.

**Table 4D. Coping Strategies Used by the Healthcare Workers in the Military Hospitals- Relaxation and Socializing**

Relaxation and Socializing	Frequency	Percentage
Unwind/ travel	35	35%
Attending socials	25	25%
Taking short breaks	50	50%
Unwinding	45	45%
Vacation leave and think of inspiration	20	20%

Engaging in leisure activities boosts well-being and aids in stress management. Table 5A reveals no significant stress level differences between male and female healthcare workers in the military hospital (Oladimeji et al., 2015). This aligns with the Job Demand-Control model, emphasizing the balance of job demands and control in determining stress (Karasek, 1979 cited in Liu et al 2019). The uniform stress across genders suggests similar job demands and control in the hospital. However, these findings may not be generalizable, and unexamined factors like organizational culture could also play a role in stress (Liu et al., 2019), pointing to the importance of broader research.

**Table 5A Differences in the Type of Stress Being Encountered by Healthcare Workers in the Military Hospital Classified as Sex**

Category	Mann-Whitney	z-value	p-value	Statistical Decision
1. Disagreement and Uncertainty	1139	-0.554	0.58	Not Significant
2. Pressure on the Job	1113.5	-0.732	0.464	Not Significant
3. Competing Employment Description	1090	-0.898	0.369	Not Significant
4. Interaction and Comfort with heads	1116.5	-0.711	0.477	Not Significant
5. Health Issues Related to the Job	1002.5	-1.512	0.131	Not Significant
6. Stress from Work Overload	995	-1.562	0.118	Not Significant
7. Stress from Work Underload	1030	-1.317	0.188	Not Significant
8. Stress Cause by Boredom	1031	-1.309	0.109	Not Significant
9. Issue with Job Security	1024.5	-1.363	0.173	Not Significant
10. Time Constraints	1101.5	-0.819	0.413	Not Significant
11. Tension Related to the Job	1083	-0.947	0.344	Not Significant

p-value<0.05, Significant; p-value>0.05, Not Significant

Table 5 shows that age doesn't significantly influence stress levels among healthcare workers in the studied military hospital (Oladimeji et al., 2015). This consistency is consistent with the Job Demands-Resources model, highlighting the role of job demands and resources in determining stress (Bakker & Demerouti, 2017). While these results are specific to this hospital,

they might not generalize to other settings. Factors like social support may also play a role, emphasizing the need for more extensive research (Liu et al., 2019).

**Table 5B. Differences in the Type of Stress Being Encountered by Healthcare Workers in the Military Hospital Classified as Age**

Category	Chi-Square	df	p-value	Statistical Decision
1. Disagreement and Uncertainty	5.25	4	0.262	Not Significant
2. Pressure on the Job	2.317	4	0.678	Not Significant
3. Competing Employment Description	3.248	4	0.517	Not Significant
4. Interaction and Comfort with heads	8.449	4	0.076	Not Significant
5. Health Issues Related to the Job	8.358	4	0.079	Not Significant
6. Stress from Work Overload	8.546	4	0.074	Not Significant
7. Stress from Work Underload	4.002	4	0.406	Not Significant
8. Stress Cause by Boredom	6.581	4	0.16	Not Significant
9. Issue with Job Security	2.044	4	0.728	Not Significant
10. Time Constraints	6.167	4	0.187	Not Significant
11. Tension Related to the Job	2.603	4	0.626	Not Significant

p-value<0.05, Significant; p-value>0.05, Not Significant

Table 5C reveals that civil status doesn't significantly impact stress levels among healthcare workers in the military hospital in question (Oladimeji et al., 2015). This aligns with the Job Demands-Resources model, suggesting job demands and resources play a more pivotal role in stress than civil status (Bakker & Demerouti, 2017). While this finding is pertinent to the studied hospital, it may not be universally applicable in other healthcare settings. Factors like social support could also be influential, underscoring the necessity for comprehensive research (Liu et al., 2019).

**Table 5C. Differences in the Type of Stress Being Encountered by Healthcare Workers in the Military Hospital Classified as Civil Status**

Category	Chi-Square	df	P-value	Statistical Decision
1. Disagreement and Uncertainty	3.72	2	0.156	Not Significant
2. Pressure on the Job	2.986	2	0.225	Not Significant
3. Competing Employment Description	4.21	2	0.122	Not Significant
4. Interaction and Comfort with heads	7.659	2	0.22	Not Significant
5. Health Issues Related to the Job	3.394	2	0.183	Not Significant
6. Stress from Work Overload	0.929	2	0.628	Not Significant
7. Stress from Work Underload	2.207	2	0.332	Not Significant
8. Stress Cause by Boredom	3.49	2	0.175	Not Significant
9. Issue with Job Security	2.732	2	0.255	Not Significant
10. Time Constraints	0.136	2	0.934	Not Significant
11. Tension Related to the Job	0.764	2	0.682	Not Significant

p-value<0.05, Significant, p-value>0.05, Not Significant

Table 5D shows that healthcare workers' stress levels in a military hospital don't differ based on their length of service, a finding supported by the Conservation of Resources (COR) theory which posits that stress arises from potential resource loss (Hobfoll, 1989 cited in Liu et al 2019). In this hospital, workers, regardless of tenure, seem to have similar access to these resources. While informative for this specific hospital, such findings might vary in other settings. Additional factors, like social support and work-life balance, can also play roles in determining stress levels (Liu et al., 2019).

**Table 5D. Differences in the Type of Stress Being Encountered by Healthcare Workers in the Military Hospital Classified as to Length of Service**

Category	Chi-Square	df	P-value	Statistical Decision
1. Disagreement and Uncertainty	6.74	6	0.345	Not Significant
2. Pressure on the Job	3.846	6	0.697	Not Significant
3. Competing Employment Description	4.266	6	0.641	Not Significant
4. Interaction and Comfort with heads	9.086	6	0.169	Not Significant
5. Health Issues Related to the Job	11.475	6	0.075	Not Significant
6. Stress from Work Overload	14.515	6	0.24	Not Significant
7. Stress from Work Underload	8.213	6	0.223	Not Significant
8. Stress Cause by Boredom	5.843	6	0.441	Not Significant
9. Issue with Job Security	4.069	6	0.667	Not Significant
10. Time Constraints	0.214	6	1.000	Not Significant
11. Tension Related to the Job	7.713	6	0.26	Not Significant

p-value<0.05, Significant; p-value>0.05, Not Significant

Table 5E suggests that the stress levels among healthcare workers in a military hospital don't vary significantly by position, consistent with the Job Demand-Control-Support model which highlights job demands, control, and social support as key stress influencers (Karasek & Theorell, 1990 cited in Liu et al 2019). While this pattern is evident in the studied military hospital, it might differ in other settings. Factors like workload and job autonomy, not fully explored in this study, can also impact stress (Liu et al., 2019).

Classification Factor	Stress Factor	P-Value	Statistical Significance
	Disagreement and Uncertainty	0.58	Not Significant
	Pressure on the Job	0.464	Not Significant
	Competing Employment Description	0.369	Not Significant
	Interaction and Comfort with Heads	0.477	Not Significant
	Health Issues Related to the Job	0.131	Not Significant
	Stress from Work Overload	0.118	Not Significant
	Stress from Work Underload	0.188	Not Significant
	Stress Cause by Boredom	0.109	Not Significant
	Issue with Job Security	0.173	Not Significant
	Time Constraints	0.413	Not Significant
Sex	Tension Related to the Job	0.344	Not Significant
	Disagreement and Uncertainty	0.262	Not Significant
	Pressure on the Job	0.678	Not Significant
	Competing Employment Description	0.517	Not Significant
	Interaction and Comfort with Heads	0.076	Not Significant
	Health Issues Related to the Job	0.079	Not Significant
	Stress from Work Overload	0.074	Not Significant
	Stress from Work Underload	0.406	Not Significant
	Stress Cause by Boredom	0.160	Not Significant
	Issue with Job Security	0.728	Not Significant
Age	Time Constraints	0.187	Not Significant
	Tension Related to the Job	0.626	Not Significant

**Table 5E Differences in the Type of Stress Being Encountered by Healthcare Workers in the Military Hospital Classified as Position**

Category	Chi-Square	df	P-value	Statistical Decision
1. Disagreement and Uncertainty	13.159	9	0.156	Not Significant
2. Pressure on the Job	11.538	9	0.241	Not Significant
3. Competing Employment Description	16.54	9	0.056	Not Significant
4. Interaction and Comfort with heads	10.342	9	0.323	Not Significant
5. Health Issues Related to the Job	11.118	9	0.268	Not Significant
6. Stress from Work Overload	11.053	9	0.272	Not Significant
7. Stress from Work Underload	12.834	9	0.17	Not Significant
8. Stress Cause by Boredom	13.039	9	0.161	Not Significant
9. Issue with Job Security	13.381	9	0.146	Not Significant
10. Time Constraints	16.312	9	0.061	Not Significant
11. Tension Related to the Job	14.531	9	0.105	Not Significant

**Table 5F**  
**Summary table for significant differences in the type of stress encountered**  
**by healthcare workers in the military hospital when classified**  
**According to their profile**

	Disagreement and Uncertainty	0.156	Not Significant
	Pressure on the Job	0.225	Not Significant
	Competing Employment Description	0.122	Not Significant
	Interaction and Comfort with Heads	0.22	Not Significant
	Health Issues Related to the Job	0.183	Not Significant
	Stress from Work Overload	0.628	Not Significant
	Stress from Work Underload	0.332	Not Significant
	Stress Cause by Boredom	0.175	Not Significant
	Issue with Job Security	0.255	Not Significant
	Time Constraints	0.934	Not Significant
Civil Status	Tension Related to the Job	0.682	Not Significant
	Disagreement and Uncertainty	0.345	Not Significant
	Pressure on the Job	0.697	Not Significant
	Competing Employment Description	0.641	Not Significant
	Interaction and Comfort with Heads	0.169	Not Significant
	Health Issues Related to the Job	0.075	Not Significant
	Stress from Work Overload	0.24	Not Significant
	Stress from Work Underload	0.223	Not Significant
	Stress Cause by Boredom	0.441	Not Significant
	Issue with Job Security	0.667	Not Significant
	Time Constraints	1.000	Not Significant
Length of Service	Tension Related to the Job	0.260	Not Significant

The study reveals that stress levels among healthcare workers in a military hospital don't significantly differ based on factors such as age, sex, or length of service. P-values from various tests confirm this, aligning with the Job Demands-Resources model and the Conservation of Resources theory. While these results are pertinent to the specific military hospital, their applicability to other settings is uncertain. Other factors, like social support, might also affect stress, pointing to potential research directions.

#### IV. Conclusion

The study underscores that in military hospitals, demographic variables such as age, gender, and job tenure significantly influence the stressors healthcare workers encounter and their coping mechanisms. This diversity in experience highlights the necessity for tailored stress management approaches. Workers employ a variety of coping strategies, from problem-solving to

seeking social support. For optimized workforce well-being, it's recommended that hospital management ensure balanced workloads, possibly through staff augmentation and improved communication. Clear job roles, career development opportunities, and a collaborative atmosphere can alleviate stress. Furthermore, resources for mental well-being, flexible work schedules, equality initiatives, personal wellness encouragement, and continuous stress management education can collectively bolster the holistic health and satisfaction of healthcare professionals.

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