

Challenges and Coping Strategies of Nurse Managers in Healthcare Institutions

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Abstract

This study examined the challenges and coping strategies of nurse managers in healthcare institutions, emphasizing occupational demands, managerial well-being, and organizational support. Guided by the Job Demands–Resources Theory and the Transactional Model of Stress and Coping, the study employed a descriptive research design using a focused narrative synthesis of seven purposively selected empirical studies published between 2022 and 2026. A structured documentary data-extraction framework was used to organize qualitative and quantitative findings from healthcare institutions in the Philippines and six other countries. Results identified staffing shortages, excessive workload, competing clinical and administrative responsibilities, and occupational stress as recurring managerial challenges. A study involving 116 nurse managers revealed a significant positive correlation between occupational stress and burnout ($r = .58$, $p < .001$), while problem-focused coping was reported more frequently ($M = 3.83$) than emotion-focused coping ($M = 2.54$). Positive associations were identified between managerial well-being and empowering leadership, social support, psychological capital, and workplace resources. Nurse managers employed problem-solving, workload management, communication, and collaboration; however, organizational constraints limited the implementation of these strategies. The study concluded that effective nursing management requires both individual coping capabilities and adequate institutional support. Strengthening staffing adequacy, leadership development, workplace wellness, and resource allocation is recommended. The study supports Sustainable Development Goal (SDG) 3, Good Health and Well-Being, and SDG 8, Decent Work and Economic Growth, by addressing healthcare workforce well-being and supportive working conditions. Its potential sustainability impact lies in informing institutional policies that strengthen nursing leadership, workforce stability, and healthcare service continuity. Findings are limited to the selected published studies and are not statistically generalizable to all healthcare institutions.

Keywords: Burnout; Coping Strategies; Healthcare Institutions; Nurse Managers; Occupational Stress; Organizational Support; Staffing Shortages; Workforce Sustainability

1. Introduction

Nurse managers play a vital role in healthcare institutions by connecting organizational leadership, nursing personnel, and patient care delivery. Their responsibilities encompass clinical supervision, workforce management, resource allocation, conflict resolution, policy implementation, and quality assurance. However, increasing healthcare demands, workforce shortages, and organizational uncertainties require nurse managers to balance administrative responsibilities with the professional and emotional needs of their nursing teams. The World Health Organization (WHO, 2025) reported that the global nursing workforce reached 29.8 million in 2023, yet an estimated shortage of 5.8 million nurses persisted. Furthermore, only 42% of responding countries reported provisions supporting nurses' mental health, highlighting the need for stronger institutional support and sustainable workforce management. To address these challenges, nurse managers employ various coping strategies, including effective communication, organizational collaboration, emotional support, and professional

development. Filomeno et al. (2024), in a systematic review of 10 qualitative studies, identified communication, organizational commitment, and emotional support as central strategies for managing crises. However, the effectiveness of these approaches may depend on available resources, supportive leadership, and opportunities for professional development. These findings emphasize that managerial coping involves both individual capabilities and organizational support. Against this background, the present study examines the challenges and coping strategies of nurse managers through a synthesis of published empirical evidence, focusing on the interaction between occupational demands, coping responses, and institutional resources. The study aims to provide insights that may inform nursing leadership development, workforce management policies, occupational well-being initiatives, and organizational strategies for sustaining effective healthcare service delivery.

Healthcare institutions rely on nurse managers to implement policies, coordinate resources, and maintain safe patient care while balancing clinical and administrative responsibilities. Siwan et al. (2026), in a review of 49 studies, identified competing responsibilities, role ambiguity, excessive workload, and organizational constraints as recurring challenges. Staffing shortages and limited resources further intensify these demands, often restricting opportunities for mentoring, quality improvement, and professional development. Prolonged exposure to such pressures may affect psychological well-being. Pallesen et al. (2022) reported that 32.3% of hospital-based ward managers in Denmark experienced high personal burnout, 29.0% reported work-related burnout, and 6.5% exhibited employee-related burnout despite generally moderate to high resilience. Similarly, Hult and Terkamo-Moisio (2023) found that approximately 27% of 366 Finnish nurse managers were classified in a depression group based on the study's mental well-being measure, while work engagement, social support, job resources, and psychological capital were positively associated with mental well-being. These findings highlight the importance of organizational support alongside individual coping strategies. Melnyk et al. (2024), in a study involving 125 nurse managers in Florida, identified significant associations between workplace wellness culture, perceived support, staffing conditions, burnout, and mental health outcomes. Although these findings are specific to their respective populations and do not establish causality, they emphasize the need for adequate staffing, administrative assistance, and supportive working environments. Accordingly, the present study synthesizes evidence on nurse managers' challenges and coping strategies, considering the interaction between occupational demands, individual responses, and institutional resources. Its findings may inform improvements in nursing leadership, workforce management, managerial well-being, and sustainable healthcare operations.

Recent literature identifies interconnected challenges experienced by nurse managers, including competing clinical and administrative responsibilities, workforce shortages, psychological distress, and limited organizational support. Siwan et al. (2026) found that overlapping responsibilities contribute to role conflict and workload pressures, particularly when nurse managers must balance clinical supervision with staffing, budgeting, documentation, and strategic planning. Similarly, Aydogdu (2023), in an integrative review of 12 studies, identified workplace demands, physical and psychological consequences, coping and resilience, and institutional support as major themes during the COVID-19 pandemic. Nurse managers relied on professional experience, managerial skills, collegial support, administrative assistance, and continuing education to address these challenges. However, the applicability of pandemic-related findings to routine healthcare operations requires further examination. Workforce limitations and organizational pressures also influence managerial decision-making. Ozmen and Arslan Yurumezoglu (2022), in a qualitative study involving 19 nurse managers in Türkiye, identified excessive workload, ineffective crisis management, and moral burdens associated with decision-making. Their findings emphasized the importance of multidisciplinary collaboration and managerial empowerment in addressing organizational difficulties. Psychological distress represents another significant concern. Trueblood et al. (2025), through a scoping review of 22 studies, identified burnout, moral distress, anxiety, and work-related stress among nurse managers. These conditions were associated with inadequate organizational support, resource scarcity, workplace violence, and conflicting professional expectations. The findings highlight the importance of addressing institutional conditions alongside individual coping capabilities to promote managerial well-being and retention. Coping strategies constitute another major theme in the literature. Filomeno et al. (2024), in a systematic review of 10 qualitative studies, identified communication, organizational commitment, and emotional support as central strategies used by nurse managers during crises. These approaches emphasize clear communication, coordinated responses, and supportive professional relationships. However, coping strategies may differ according to the nature and duration of workplace difficulties. Lin et al. (2026), in a study involving 116 nurse managers in Taiwan, found a significant positive relationship between occupational stress and burnout ($r = .58, p < .001$). Emotion-focused coping was associated with a stronger stress–burnout relationship, whereas problem-focused coping did not demonstrate a statistically significant mediating effect. These findings suggest that coping outcomes depend on the strategies employed and the circumstances in which they are applied, although the study's cross-sectional design does not establish causality. Organizational resources further influence nurse managers' professional experiences. Forster and Koob (2023), in their investigation of 408 nurse managers in Germany, found that empowering leadership was positively associated with work engagement, whereas insufficient rewards and work–life interference were negatively associated with engagement. Their statistical model explained approximately 26% of the variance in work engagement, demonstrating the relevance of workplace resources while acknowledging that other factors also contribute to managerial outcomes.

Collectively, the literature indicates that nurse managers' challenges and coping strategies are shaped by the interaction of workload, staffing conditions, psychological demands, individual responses, and institutional support. These findings establish the need to examine not only the difficulties encountered by nurse managers but also the coping mechanisms and organizational resources that may help them sustain professional well-being and effective nursing leadership.

At the global level, nursing workforce shortages and unequal distribution contribute to the challenges experienced by nurse managers. According to the World Health Organization (2025), the global nursing workforce increased from 27.9 million in 2018 to 29.8 million in 2023; however, an estimated shortage of 5.8 million nurses persisted. The shortage is projected to decline to 4.1 million by 2030 if existing trends continue. Moreover, approximately 78% of nurses were concentrated in countries representing only 49% of the global population, indicating significant workforce disparities. The WHO (2025) further reported that only 42% of responding countries had provisions supporting nurses' mental health. These conditions highlight the continuing challenges of workforce allocation, retention, and psychosocial support, which may increase the responsibilities and occupational pressures experienced by nurse managers. In the Philippines, healthcare workforce challenges remain evident in recruitment, employment conditions, and the implementation of Universal Health Care. Pepito et al. (2025), in a qualitative study involving 92 participants, identified concerns related to graduate preparation, restrictive hiring arrangements, personnel budget limitations, and workforce retention. These systemic issues may affect nurse managers' ability to maintain adequate staffing and sustain healthcare operations. More specifically, Gacal (2026) examined the coping strategies of 64 nursing leaders, comprising 41 head nurses and 23 nurse supervisors, across six selected hospitals in Isabela. The study provided Philippine evidence on how nursing managers respond to workforce shortages. However, its focus on staffing challenges within selected hospitals highlights the need for broader investigations into administrative, operational, interpersonal, and psychological difficulties across different healthcare settings. At the institutional level, nurse managers' experiences may vary according to staffing arrangements, service demands, organizational resources, leadership structures, and administrative policies. Public hospitals, private institutions, and community healthcare facilities operate under different conditions that may influence managerial responsibilities and available coping mechanisms. Since the present study draws on published empirical evidence rather than primary data from a specific healthcare institution, its findings cannot be generalized to all Philippine nurse managers. Nevertheless, the combined global and national literature provides a basis for examining recurring managerial challenges, coping strategies, and the role of organizational support. These insights may inform context-specific approaches to strengthening nursing leadership, workforce management, and managerial well-being within healthcare institutions.

The present study is anchored in the Job Demands–Resources (JD-R) Theory and the Transactional Model of Stress and Coping, which provide complementary perspectives for understanding the challenges and coping strategies of nurse managers. The JD-R Theory explains how workplace demands and available resources influence occupational well-being and professional functioning. Job demands include staffing shortages, excessive administrative responsibilities, competing clinical priorities, interpersonal conflicts, and resource limitations, while job resources encompass adequate personnel, managerial authority, administrative assistance, supportive leadership, and professional development. Forster and Koob (2023), in their study involving 408 nurse managers in Germany, found that empowering leadership was positively associated with work engagement, whereas insufficient rewards and work–life interference were negatively associated with engagement. These findings emphasize that nurse managers' experiences are influenced by the balance between organizational demands and available institutional resources. The Transactional Model of Stress and Coping provides an additional perspective by explaining how individuals assess stressful situations and select strategies to manage them. Coping may be problem-focused, involving practical actions such as workload prioritization, delegation, conflict resolution, and resource coordination, or emotion-focused, involving emotional regulation and support-seeking. Lin et al. (2026), in their investigation of 116 nurse managers in Taiwan, examined the relationships among occupational stress, coping strategies, and burnout. Their findings demonstrated that emotion-focused coping was associated with a stronger stress–burnout relationship, whereas problem-focused coping did not exhibit a statistically significant mediating effect. These findings highlight the complexity of coping responses and suggest that their outcomes depend on the nature of workplace challenges, the strategies employed, and the organizational conditions in which they are implemented. Integrating these theoretical perspectives, the study conceptualizes managerial challenges as workplace demands that interact with personal, interpersonal, and organizational resources to influence coping responses and professional well-being. The JD-R Theory explains the role of institutional conditions, while the Transactional Model of Stress and Coping clarifies how nurse managers respond to occupational pressures. Together, these frameworks guided the synthesis of published evidence concerning managerial difficulties, problem-focused and emotion-focused coping, organizational support, and work-related outcomes. The integrated framework emphasizes that coping strategies should be examined alongside institutional resources rather than viewed solely as individual responsibilities. It also provides a basis for identifying potential improvements in nursing leadership, workload management, and organizational support without assuming that particular coping strategies directly reduce burnout or improve healthcare outcomes.

Despite growing research on nursing management, several gaps remain concerning managerial responsibilities, coping strategies, and organizational support. Siwan et al. (2026), in a review of 49 studies across 13 countries, identified limited understanding of how nurse managers balance clinical and administrative responsibilities. Existing research also emphasizes crisis-related experiences during the COVID-19 pandemic (Aydogdu, 2023; Filomeno et al., 2024), leaving opportunities to examine persistent challenges in routine healthcare operations, including staffing shortages, excessive workload, and resource limitations. Another gap involves the interaction between individual coping and institutional support. Pallesen et al. (2022) found that burnout persisted despite moderate to high resilience, while Melnyk et al. (2024) identified significant associations between workplace conditions, burnout, and mental health outcomes. These findings highlight the importance of examining organizational resources alongside personal coping strategies. In the Philippines, Gacal (2026) investigated coping strategies among nursing leaders in selected hospitals in Isabela, but the study primarily focused on workforce shortages, leaving broader managerial challenges requiring further investigation. To address these gaps, the present study synthesizes qualitative and quantitative evidence from published empirical investigations to provide an integrated understanding of nurse managers' challenges, coping strategies, and organizational support. The findings may inform evidence-based recommendations for leadership development, workload management, staffing support, and occupational well-being while identifying priorities for future research in Philippine healthcare institutions.

The present study aligns most directly with Sustainable Development Goal 3: Good Health and Well-Being, particularly Target 3.c, which concerns health financing and the recruitment, development, training, and retention of the health workforce. Nurse managers influence the day-to-day organization of nursing services and the working conditions experienced by nursing personnel. Understanding their challenges and coping strategies can provide evidence relevant to workforce support, leadership development, and the institutional capacity needed to sustain healthcare delivery. This alignment is consistent with the World Health Organization's (2025) emphasis on investment in nursing education, employment, leadership, and service delivery as components of stronger health systems. The study also supports SDG 8: Decent Work and Economic Growth, particularly Target 8.8, which emphasizes the protection of labor rights and the promotion of safe and secure working environments. Nurse managers face demands that may affect their own occupational well-being while also being responsible for supporting the working conditions of nursing personnel. By examining workload, workplace relationships, organizational support, and coping strategies, the study may identify evidence relevant to occupational wellness, managerial support, and more sustainable working arrangements. These potential contributions concern the study's intended application; they should not be presented as demonstrated outcomes before institutional data are obtained (United Nations Department of Economic and Social Affairs [UN DESA], 2025). A further connection exists with SDG 5: Gender Equality, particularly Target 5.5 on equal opportunities for leadership and participation in decision-making. The WHO (2025) reported that women comprised approximately 85% of the global nursing workforce. It also found that although 66% of reporting countries had nursing leadership development initiatives, only 25% of low-income countries offered structured leadership development. These figures establish the relevance of equitable access to leadership preparation in a predominantly female profession. The present study may contribute to this objective by identifying professional development and institutional support needs among nurse managers. However, it cannot claim to demonstrate gender-based discrimination or unequal leadership opportunities unless those matters are expressly included in its research questions and supported by collected evidence. These SDG connections reflect the broader principle that healthcare quality depends not only on the availability of clinical services but also on the conditions under which healthcare professionals and leaders perform their responsibilities. The study's contribution lies in generating evidence that institutions may use to consider improvements in workforce support and leadership practices.

The study contributes to multidisciplinary sustainability by connecting nursing management with public health, workforce development, professional education, and institutional governance. The WHO (2025) emphasized that nursing shortages and unequal workforce distribution threaten sustainable healthcare delivery. Siwan et al. (2026) identified excessive workload and competing managerial responsibilities, while Trueblood et al. (2025) linked inadequate organizational support and resource limitations to psychological distress and intentions to leave managerial positions. These findings highlight the importance of strengthening institutional support, occupational well-being, and workforce retention. The study also provides evidence relevant to leadership development and healthcare governance. Forster and Koob (2023) associated empowering leadership with work engagement, while Filomeno et al. (2024) emphasized communication, collaboration, and emotional support as coping strategies. Furthermore, Pepito et al. (2025) identified workforce challenges in the Philippines involving recruitment, employment conditions, and retention. Overall, the study may inform evidence-based policies and management practices that support nursing leadership, workforce stability, and sustainable healthcare operations. However, the effectiveness of these proposed improvements requires further empirical evaluation.

2. Material and methods

2.1 Research Design

The study employed a descriptive research design using a focused narrative synthesis of published empirical research. This approach facilitated the examination of existing evidence concerning the challenges experienced by nurse managers and the strategies they employed to manage occupational demands. Qualitative and quantitative studies were incorporated to provide complementary perspectives on managerial experiences, psychological well-being, workplace conditions, and organizational support. The research design was informed by existing investigations of nursing management. Ozmen and Arslan Yurumezoglu (2022) utilized a qualitative descriptive approach to examine the challenges and opportunities experienced by 19 nurse managers during the COVID-19 pandemic. Meanwhile, Lin et al. (2026) employed a cross-sectional correlational design involving 116 nurse managers to investigate occupational stress, burnout, and coping strategies. These studies demonstrated the relevance of examining managerial experiences through both qualitative accounts and quantitative evidence. The present study integrated findings from different research designs through a descriptive narrative synthesis. This approach enabled the identification of common managerial difficulties, coping responses, and organizational conditions without combining incompatible statistical measures or claiming causal relationships.

2.2 Locale of the Study

The study was conducted within a documentary research setting using published investigations from healthcare institutions in the Philippines, Türkiye, Germany, Finland, China, the United States, and Taiwan. These settings provided evidence from different healthcare systems and organizational environments. The Philippine context was represented by Gacal (2026), who examined nurse supervisors and head nurses from six selected hospitals in Isabela. International evidence was obtained from Ozmen and Arslan Yurumezoglu (2022) in Türkiye, Forster and Koob (2023) in Germany, Hult and Terkamo-Moisio (2023) in Finland, Yu et al. (2024) in China, Melnyk et al. (2024) in the United States, and Lin et al. (2026) in Taiwan. The inclusion of studies from different geographical settings allowed the analysis to consider managerial challenges within diverse organizational contexts. However, the findings were interpreted according to their original populations and settings and were not assumed to represent all healthcare institutions in the Philippines.

2.3 Respondents of the Study

The study synthesized empirical evidence from seven published investigations involving nurse managers and nursing leaders across the Philippines, Türkiye, Germany, Finland, China, the United States, and Taiwan. The selected studies included participants with managerial and supervisory responsibilities, providing diverse perspectives on occupational challenges, coping strategies, and organizational support (Ozmen & Arslan Yurumezoglu, 2022; Forster & Koob, 2023; Hult & Terkamo-Moisio, 2023; Yu et al., 2024; Melnyk et al., 2024; Gacal, 2026; Lin et al., 2026). These participants represented the original samples of the published studies, providing a substantial secondary evidence base for understanding nursing management across different healthcare settings.

2.4 Sample and Sampling Procedure

The study employed purposive selection of documentary sources based on their relevance to the research objectives. Seven empirical studies published between January 2022 and September 21, 2026, were included in the focused synthesis. Eligible studies involved nurse managers or nursing personnel with formal supervisory responsibilities and presented findings related to managerial challenges, workforce management, occupational stress, burnout, coping strategies, or organizational support. Both qualitative and quantitative studies were considered to provide a comprehensive understanding of nursing management experiences. Studies involving general nursing personnel without identifiable managerial evidence were excluded, while literature reviews were used only as supporting references to avoid duplication of evidence. The selected publications were those of Ozmen and Arslan Yurumezoglu (2022), Forster and Koob (2023), Hult and Terkamo-Moisio (2023), Yu et al. (2024), Melnyk et al. (2024), Gacal (2026), and Lin et al. (2026). These studies provided empirical evidence from diverse healthcare settings, allowing the identification of recurring challenges, coping mechanisms, and organizational factors affecting nurse managers. The selection was purposive rather than exhaustive; therefore, the findings represented a focused synthesis of relevant literature rather than a comprehensive systematic review.

2.5 Research Instrument

The study utilized a structured documentary data-extraction framework to systematically organize information from the selected empirical publications. The framework included bibliographic details, research settings, study designs, participant characteristics, sample sizes, managerial challenges, coping strategies, organizational factors, and key findings. Extracted information was classified into three analytical domains: managerial challenges, coping strategies, and organizational support. These covered staffing shortages, excessive workload, competing responsibilities, occupational stress, problem-solving, communication, emotional regulation, collaboration, managerial empowerment, professional development, and workplace wellness. The framework was informed by Ozmen and Arslan Yurumezoglu (2022), who identified workload pressures, crisis management difficulties, moral

decision-making burdens, multidisciplinary support, and managerial empowerment among nurse managers. It also incorporated the problem-focused and emotion-focused coping dimensions examined by Lin et al. (2026). Numerical data, including sample sizes, percentages, means, standard deviations, and correlation coefficients, were extracted only when reported in the original publications and interpreted within their respective research contexts. As the framework served exclusively as an instrument for organizing secondary data, no pilot testing, psychometric validation, or internal consistency analysis was conducted.

2.6 Data Gathering Procedure

Data were gathered through a targeted search of empirical studies published from 2022 to September 21, 2026, using PubMed, PubMed Central, publisher-hosted journal websites, and Philippine E-Journals. Search terms included nurse managers, managerial challenges, coping strategies, nursing shortage, occupational stress, burnout, and organizational support. Publications were screened for relevance to the research objectives, resulting in the selection of seven empirical studies involving nurse managers and nursing supervisors. The search was targeted rather than exhaustive and did not involve a systematic review screening process. Relevant information was extracted from published abstracts and accessible full-text articles and organized into three categories: managerial challenges, coping strategies, and organizational support. Both qualitative findings and quantitative data, including sample sizes and reported statistical results, were documented. Particular attention was given to Philippine evidence, including Gacal (2026), who examined coping strategies among 64 nursing leaders from six hospitals in Isabela. International studies were also reviewed to provide broader perspectives on occupational stress, psychological well-being, and managerial support. The extracted information was checked against the original publications to maintain accuracy. No primary data collection, interviews, surveys, or access to confidential institutional records were undertaken.

2.7 Data Analysis Techniques

The collected data were analyzed using descriptive and narrative synthesis to identify recurring managerial challenges, coping strategies, and organizational factors affecting nurse managers. Qualitative findings were grouped according to similarities in experiences, while quantitative results were summarized using the statistical information reported in the original studies. Hult and Terkamo-Moisio (2023) reported that approximately 27% of 366 Finnish nurse managers were classified in a depression group based on the study's mental well-being measure. Forster and Koob (2023) found that workplace-related variables explained approximately 26% of the variance in work engagement among 408 German nurse managers. Similarly, Lin et al. (2026) identified a significant positive correlation between occupational stress and burnout among 116 nurse managers in Taiwan ($r = .58, p < .001$). These findings were interpreted within their original research contexts without establishing causal relationships. Qualitative evidence was synthesized to identify common patterns in managerial experiences. Yu et al. (2024) identified government, hospital, patient, and nurse-related factors influencing staffing, while Ozmen and Arslan Yurumezoglu (2022) documented challenges involving excessive workload, crisis management, and moral decision-making, alongside the importance of multidisciplinary support and managerial empowerment. Findings were compared descriptively without conducting a meta-analysis or additional inferential statistical tests because of differences in research designs, populations, and measurement instruments. The synthesized evidence provided a basis for identifying recurring challenges, coping responses, and potential improvements in nursing leadership, workforce management, and institutional support. Conclusions were limited to the selected published studies and were not generalized to all healthcare institutions.

3. Results and Discussion

3.1 Occupational and Managerial Challenges Experienced by Nurse Managers

3.1.1 Workforce Shortages and Excessive Workload

The reviewed evidence identified staffing shortages and excessive workload as recurring challenges in nursing management. Lin et al. (2026) examined 116 nurse managers in Taiwan and reported a moderate overall occupational stress score ($M = 3.31, SD = 0.60$). Workload recorded the highest mean among the five stress dimensions ($M = 3.64, SD = 0.57$), followed by administrative management ($M = 3.25, SD = 0.63$), interpersonal relationships ($M = 3.25, SD = 0.78$), and role stress ($M = 3.24, SD = 0.76$). In the Philippines, Gacal (2026) investigated 64 nursing leaders from six hospitals in Isabela and identified staffing shortages as a central concern requiring workload-management initiatives and improvements in the nursing practice environment. These findings demonstrate the importance of examining staffing adequacy as an organizational concern rather than treating workload solely as an individual management problem. Yu et al. (2024) identified government, hospital, patient, and nurse-related factors affecting workforce allocation, highlighting the interaction between institutional resources and operational requirements. The Philippine findings are further supported by Pepito et al. (2025), whose qualitative investigation involving 92 healthcare stakeholders identified recruitment restrictions, personnel budget limitations, and employment conditions as important workforce concerns. Collectively, these studies suggest that sustainable workload management requires adequate staffing, appropriate resource allocation, and institutional support alongside individual managerial strategies.

3.1.2 Competing Clinical and Administrative Responsibilities

The selected qualitative studies revealed that nurse managers experienced difficulties balancing clinical responsibilities with administrative and organizational expectations. Ozmen and Arslan Yurumezoglu (2022), through interviews with 19 nurse managers in Türkiye, identified six themes involving initial reactions to crises, ineffective crisis management, excessive workload, moral burdens in decision-making, multidisciplinary support, and managerial empowerment. Yu et al. (2024) similarly identified four major levels and 10 subthemes influencing nurse staffing, including budgetary constraints, hospital characteristics, patient care requirements, and nursing workforce concerns. These findings suggest that managerial challenges arise from the simultaneous responsibility to maintain clinical standards, address personnel concerns, and satisfy organizational requirements. Siwan et al. (2026) reinforced this interpretation in a scoping review of 49 studies, reporting that 46 studies, or 94%, identified challenges associated with fulfilling clinical and managerial responsibilities. The review also documented strategies involving problem-solving, emotional coping, and prioritization. Consequently, healthcare institutions may benefit from clearer managerial roles, appropriate delegation, and administrative assistance that allows nurse managers to maintain their clinical leadership functions without becoming overwhelmed by competing duties.

3.1.3 Occupational Stress and Psychological Well-Being

The reviewed quantitative evidence documented psychological challenges among nurse managers. Hult and Terkamo-Moisio (2023) investigated 366 Finnish nurse managers and reported that approximately 27% were classified in a depression group based on the study's mental well-being measure. These managers reported fewer personal and work-related resources than those outside the depression group. Meanwhile, Lin et al. (2026) reported a mean burnout score of 45.26 (SD = 18.27) among 116 nurse managers in Taiwan, indicating considerable variation in burnout levels within the study population. These figures represent outcomes from separate instruments and populations and were not combined into a single prevalence estimate. The findings indicate that occupational well-being is an important consideration in nursing management. Trueblood et al. (2025), in a scoping review of 22 studies, identified burnout, moral distress, anxiety, depression, and work-related stress among nurse managers. The review also associated psychological distress with resource scarcity, inadequate organizational support, workplace violence, and conflicts between professional values and organizational expectations. Although individual coping strategies remain relevant, these findings support the importance of addressing workplace conditions that contribute to persistent psychological demands. Institutional wellness programs, manageable workloads, and accessible psychological support represent potential areas for improvement rather than interventions already demonstrated to be effective by the present synthesis.

3.2 Coping Strategies and Adaptive Responses of Nurse Managers

3.2.1 Problem-Focused Coping and Workload Management

The reviewed studies documented the use of practical coping strategies to address managerial difficulties. Lin et al. (2026) reported that nurse managers used problem-focused coping more frequently ($M = 3.83$, $SD = 0.38$) than emotion-focused coping ($M = 2.54$, $SD = 0.51$). In the Philippine investigation, Gacal (2026) found that nurse supervisors and head nurses commonly employed strategies intended to improve the nursing practice environment and manage workload. However, respondents also reported difficulties implementing these measures. The greater use of problem-focused coping in the Taiwanese study provides evidence that nurse managers actively attempt to address workplace difficulties. Such responses may involve planning, prioritization, problem-solving, and the coordination of available resources. Siwan et al. (2026) identified deliberate decision-making and planned problem-solving among the approaches nurse managers use to balance their clinical and administrative roles. Nevertheless, the Philippine findings demonstrate that implementing coping strategies can remain difficult when organizational constraints persist. Problem-focused coping should therefore be viewed as one component of a broader institutional response rather than a substitute for sufficient staffing or management support.

3.2.2 Communication, Collaboration, and Social Support

The qualitative evidence identified interpersonal and collaborative resources as important components of managerial coping. Ozmen and Arslan Yurumezoglu (2022) reported that support from colleagues and multidisciplinary teams formed one of the six themes identified in their study of 19 nurse managers. Hult and Terkamo-Moisio (2023) also found that social support had a positive standardized total association with mental well-being ($\beta = 0.26$) among 366 Finnish nurse managers. These findings documented the relevance of workplace relationships and professional support to managers' experiences. The importance of collaboration is consistent with Filomeno et al. (2024), who synthesized 10 qualitative studies and identified communication, organizational commitment, and emotional support as the principal domains of nurse managers' crisis-management strategies. Communication enables managers to coordinate activities and clarify expectations, while collaboration and emotional support may provide resources for managing difficult decisions and stressful events. These findings support the potential value of peer mentoring, multidisciplinary coordination, regular management consultations, and supportive workplace communication. However, the evidence does not establish that any single support mechanism will produce equivalent outcomes across different healthcare institutions.

3.2.3 Leadership Empowerment and Organizational Support

The selected studies identified organizational support as an important resource associated with positive managerial outcomes. Forster and Koob (2023) examined 408 nurse managers in Germany and found that empowering leadership was positively associated with work engagement. Their statistical model explained approximately 26% of the variance in work engagement. Hult and Terkamo-Moisio (2023) also reported positive standardized total associations between mental well-being and job resources ($\beta = 0.19$), psychological capital ($\beta = 0.28$), and work engagement ($\beta = 0.38$). These findings support the relevance of the Job Demands–Resources perspective in understanding nursing management. Empowering leadership, access to resources, and supportive organizational conditions may help nurse managers sustain professional engagement while managing substantial responsibilities. Evidence of potentially beneficial interventions was provided by Malini et al. (2025), who reviewed seven intervention studies involving 318 nurse managers across the United States, Türkiye, Egypt, and Brazil. Their review reported improvements in outcomes such as emotional intelligence, leadership skills, and psychological well-being following resilience-focused interventions, including mindfulness, psychoeducational programs, and leadership development. However, the authors identified a need for further research on long-term outcomes and workforce retention.

3.3 Relationship Between Occupational Challenges, Coping Strategies, and Managerial Well-Being

3.3.1 Occupational Stress and Burnout

The reviewed quantitative evidence revealed a significant relationship between occupational stress and burnout. Lin et al. (2026) reported a positive correlation between occupational stress and burnout among 116 nurse managers in Taiwan ($r = .58$, $p < .001$). Their mediation analysis found a significant indirect association through emotion-focused coping ($B = 5.01$, 95% CI [2.39, 8.07]), whereas the indirect association through problem-focused coping was not statistically significant ($B = 0.24$, 95% CI [−0.43, 1.08]). These results were obtained from a cross-sectional study and did not establish causal effects. The findings indicate that greater occupational stress was associated with higher burnout in the Taiwanese sample. They also demonstrate that coping strategies should not automatically be classified as effective simply because managers report using them. Although problem-focused coping was used more frequently, it did not show a statistically significant mediating effect in this study. Furthermore, the emotion-focused measure included responses such as avoidance and emotional release; its association with greater burnout should not be generalized to all forms of emotional regulation. The findings are consistent with Trueblood et al. (2025), who emphasized the contribution of persistent organizational difficulties to psychological distress. These results support examining coping within the broader context of workload, resources, and institutional support.

3.3.2 Workplace Resources and Work Engagement

The selected studies demonstrated positive associations between organizational resources and managerial well-being. Hult and Terkamo-Moisio (2023) reported significant positive standardized total associations between mental well-being and work engagement ($\beta = 0.38$), psychological capital ($\beta = 0.28$), social support ($\beta = 0.26$), job resources ($\beta = 0.19$), and a sense of calling ($\beta = 0.13$). Forster and Koob (2023) found that empowering leadership was positively associated with work engagement, whereas insufficient formal rewards and interference between work and personal life were negatively associated with engagement. These results identify several workplace and personal resources associated with favorable managerial outcomes. Work engagement and psychological capital were particularly relevant in the Finnish statistical model, while the German findings emphasized empowering leadership and the importance of rewards and work–life boundaries. The studies suggest that organizational approaches should extend beyond teaching individual coping skills to include managerial empowerment, professional recognition, and adequate workplace resources. Nevertheless, because the studies used cross-sectional designs, the findings support associations rather than proof that increasing any specific resource will independently improve mental well-being.

3.3.3 Staffing Adequacy and Reduced Burnout

Melnik et al. (2024) examined 125 nurse managers in Florida and reported significant associations among workplace culture factors, burnout, and mental health outcomes. Compared with nurse managers experiencing staff shortages, those without staff shortages were 6.11 times more likely not to screen positive for burnout. The study also identified significant relationships involving perceived workplace support and wellness culture. This finding provides numerical evidence of the relationship between staffing conditions and managerial well-being. Although it does not establish that adequate staffing directly prevents burnout, the magnitude of the reported association supports considering staffing as an important organizational factor. The finding is consistent with Gacal (2026), who documented workload-management strategies and implementation difficulties among Philippine nursing leaders. Healthcare institutions may therefore consider staffing reviews, workload assessments, and responsive workforce planning as components of managerial support. Such approaches should be evaluated through subsequent research to determine their actual effects on burnout, staff retention, and healthcare delivery.

3.4 Philippine Context and Implications for Nursing Management

The Philippine evidence identified practical coping responses alongside persistent implementation challenges. Gacal (2026) examined 64 respondents from six hospitals in Isabela, consisting of 41 head nurses and 23 nurse supervisors. The respondents commonly reported strategies involving improvements to the practice environment and workload management. The study also reported no differences in coping strategies and implementation problems across the demographic and professional characteristics it examined, including age, sex, educational attainment, department, years of service, and position. Nevertheless, difficulties in implementing coping measures remained evident. These findings suggest that coping practices may be used across different groups of nursing leaders while organizational barriers remain unresolved. Pepito et al. (2025) provide additional Philippine context through their study of 92 healthcare stakeholders, which identified workforce concerns involving restrictive recruitment arrangements, personnel budgets, and employment conditions. Together, these studies support the consideration of institutional measures addressing staffing, resource allocation, leadership support, and workforce retention. They do not establish the prevalence of particular coping strategies among all Philippine nurse managers, and their findings should be applied according to the characteristics and resources of individual healthcare institutions.

3.5 Overall Synthesis and Limitations of the Evidence

The seven selected empirical studies identified a consistent interaction among managerial demands, coping responses, and organizational resources. Staffing shortages, excessive workload, competing responsibilities, and psychological distress were documented across different healthcare contexts. Constructive findings included the greater reported use of problem-focused coping in Taiwan, positive associations between work engagement and supportive resources in Finland and Germany, and the association between the absence of staffing shortages and lower burnout screening risk in Florida. Philippine evidence documented active efforts to improve working conditions and manage workload, although implementation difficulties persisted. These results represent findings from the individual studies and were not pooled to calculate an overall effect or estimate. The broader literature supports interpreting these findings within a comprehensive approach to nursing leadership. Filomeno et al. (2024) emphasized communication, organizational commitment, and emotional support; Malini et al. (2025) reported favorable outcomes from several resilience-focused interventions; and Siwan et al. (2026) demonstrated the prevalence of competing responsibilities across the studies included in their scoping review. These findings provide a basis for recommending further examination of leadership development, peer support, workload management, staffing adequacy, and institutional wellness programs. However, the present synthesis was limited by purposive study selection, differences in research design and measurement, reliance on published findings, and the absence of primary participant-level data. The results consequently provide context-specific evidence and potential directions for institutional improvement rather than definitive estimates applicable to all nurse managers or proof of intervention effectiveness.

4. Conclusion & Recommendations

The study concluded that nurse managers experience substantial challenges involving staffing shortages, excessive workload, competing clinical and administrative responsibilities, and occupational stress. The reviewed evidence demonstrated that occupational stress was positively associated with burnout (Lin et al., 2026), while empowering leadership, social support, psychological capital, and adequate workplace resources were associated with favorable managerial outcomes (Forster & Koob, 2023; Hult & Terkamo-Moisio, 2023). Nurse managers employed problem-focused coping, workload management, communication, collaboration, and emotional support to address workplace difficulties. However, organizational constraints limited the implementation of these strategies (Gacal, 2026). Overall, the findings indicate that effective nursing management requires not only individual coping capabilities but also adequate staffing, supportive leadership, and institutional resources to sustain managerial well-being and healthcare operations.

Healthcare institutions should strengthen organizational support for nurse managers through staffing reviews, workload assessments, appropriate resource allocation, and clearer distribution of clinical and administrative responsibilities. Leadership development programs, peer mentoring, multidisciplinary collaboration, and workplace wellness initiatives should be considered to enhance managerial coping and professional well-being. Hospital administrators should also establish mechanisms for identifying workplace difficulties and addressing barriers to implementing coping strategies. These recommendations are consistent with the findings of Filomeno et al. (2024), Malini et al. (2025), and Siwan et al. (2026). Future research should evaluate the effectiveness of these interventions in improving managerial well-being, workforce retention, and healthcare operations.

The study was limited to a focused synthesis of seven purposively selected empirical studies published between 2022 and 2026. Differences in research designs, participant populations, healthcare settings, and measurement instruments prevented statistical pooling and direct comparison of certain findings. Moreover, the absence of primary data collection and the limited Philippine-specific evidence restricted the generalizability of the conclusions. Future investigations should collect primary data from nurse managers across diverse Philippine

healthcare institutions and employ longitudinal or intervention-based designs to assess the effectiveness and sustainability of coping strategies and organizational support initiatives.

5. Compliance with ethical standards

The authors declare no conflicts of interest in relation to this study. The research adhered to accepted ethical principles for secondary research by ensuring accurate attribution of sources, responsible data interpretation, and transparent reporting of findings. As the study involved a focused review of publicly available empirical publications, no direct recruitment of human participants, interviews, surveys, or collection of identifiable personal information was undertaken. Consequently, informed consent and institutional approvals for primary data collection were not applicable. All extracted information was presented in its original research context, with appropriate citations to acknowledge the respective authors and prevent misrepresentation of findings. Particular care was taken when discussing occupational stress, burnout, and psychological well-being to avoid unsupported conclusions and preserve the integrity of the published evidence.

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