Emotional Styles on Adaptation to Change among Nurses in a Level 2 Government Hospital

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ABSTRACT

This study aimed to assess nurses emotional styles, determine their level of adaptation to change, and examine the relationships among profile variables, emotional style, and adaptability. The study employed a quantitative descriptive–correlational design using complete enumeration of staff nurses assigned to patient care areas in a government hospital in Surigao City, Philippines. Data were gathered through an online survey using the Emotional Style Questionnaire and the ADAPTA-10 instrument. Descriptive and inferential statistics were utilized to analyze the data. Findings showed that nurses demonstrated a somewhat high emotional style, while adaptation to change was at a fair level, with emotional adaptation being more challenging than cognitive–behavioral adaptation. Profile variables were generally unrelated to emotional style, while civil status, position, and work schedule were significantly related to adaptation to change. Emotional style was not significantly associated with adaptation to change. An emotional resilience and adaptability enhancement plan was proposed to improve nurses adaptability.

Keywords: Emotional style, Adaptation to change, Nurses, Government hospital, Emotional Resilience

INTRODUCTION

Emotions play a central role in how nurses function within dynamic healthcare environments, with emotional style influencing how they perceive, react to, and regulate emotions in clinical practice. Dimensions such as outlook, resilience, social intuition, self-awareness, sensitivity to context, and attention affect how nurses interact with colleagues, care for patients, and respond to stress. Nurses with stronger resilience and a positive outlook are more likely to remain composed and solution-oriented during high-pressure situations, while sensitivity to context and social intuition support teamwork and collaboration in hospital settings (Mderis et al., 2024; Kuzmanov, 2022). Emotional self-awareness also improves communication and decision-making during transitions, making emotional style an important factor in nursing performance and professional interaction (Lopez & Kim, 2023). Closely related to this is adaptation to change, which involves emotional, cognitive, and behavioral responses to new circumstances. In healthcare environments where technological innovations, policy changes, and shifting patient needs are common, adaptability is essential. Evidence suggests that nurses with stronger emotional intelligence and resilience are more capable of sustaining job satisfaction and effectiveness during transitions, while weaker emotional regulation is associated with stress and disengagement (Singh et al., 2024).

In actual hospital settings, these dynamics are evident during situations such as the implementation of new digital charting systems or sudden staff reassignments due to shortages. Some nurses adapt quickly, assist peers, and maintain workflow efficiency, while others struggle emotionally and experience decreased motivation or frustration. These realities highlight that adaptation to change is influenced not only by technical competence but also by emotional tendencies that shape coping behaviors. In this context, the study examines the interrelationship between emotional style and adaptation to change among nurses in a government hospital in Surigao City while considering personal characteristics such as age, years of experience, and rank. The study addresses a gap in the Philippine context, where evidence on nurse adaptability is still limited, particularly in provincial government hospitals rather than urban or international settings.

The study supports SDG 3: Good Health and Well-Being and SDG 8: Decent Work and Economic Growth by emphasizing workforce resilience, retention, productivity, and quality patient care during organizational transitions (United Nations, 2023). The competence of the researcher as a registered nurse in a government hospital and a graduate student in Nursing Management further strengthens the relevance of the study through firsthand exposure to staffing reassignments, policy shifts, and technological changes in healthcare settings. The findings are expected to provide practical value for nursing management by identifying emotional style dimensions that predict successful adaptation, allowing hospital leaders to implement resilience workshops, emotional intelligence training, mentoring programs, and evidence-based change management strategies that support emotionally balanced and adaptable nursing teams.

Research Questions

This study was to assessed the interrelationship among personal characteristics, emotional styles and adaptation to change of nurse in a government hospital in Surigao City, Philippines during the first quarter of 2026.

The study specifically answered the following queries:

1. What were the personal characteristics of the nurses in terms of:

1.1 age;
1.2 sex;
1.3 civil status;
1.4 years of Nursing Experience;
1.5 department/Ward/Unit;
1.6 employment status and
1.7 highest educational attainment?

2. What was the emotional styles of nurses in terms of:

2.1 outlook;
2.2 resilience;
2.3 social Intuition;
2.4 self-awareness;
2.5 sensitivity to context; and
2.6 attention?

3. What was the level of adaptation to change of nurses in terms of:

3.1 emotional reactions;
3.2 cognitive reactions; and
3.3 behavioral reactions?

4. Was there a significant relationship between:

4.1 personal characteristics and emotional style of the nurses;

4.2 personal characteristics and adaptation to change of nurses; and

4.3 emotional style and adaptation to change of nurses?

5. What emotional resilience and adaptation to change enhancement plan was proposed based on the findings of the study?

Statement of Null Hypothesis

H_{o1}: There was no significant relationship between the personal characteristics and emotional style of the nurses.

H_{o2}: There was no significant relationship between the personal characteristics and adaptation to change of the nurses.

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H_{o3}: There was no significant relationship between the emotional style and adaptation to change of the nurses.

REVIEW OF RELATED LITERATURE AND STUDIES

Emotional Styles in the Hospital Workplace. Emotional style refers to consistent ways individuals perceive, express, and regulate emotions in response to events and social interactions, influencing how healthcare workers cope with workplace demands and change. In nursing and healthcare settings, emotional styles affect interpersonal care, decision-making, and psychological well-being, with emotional tendencies shaped both by individual competencies and institutional practices (Niinihuhta & Häggman-Laitila, 2022; Temkina et al., 2021). Studies examining the social shaping of emotional style emphasize that institutional environments produce distinct emotional repertoires, as seen in hospital settings where staff adapt emotional behaviors according to patient expectations, organizational norms, and situational demands (Temkina et al., 2021). This highlights that emotional style is not entirely fixed but may shift depending on workplace culture and context. Empirical evidence further links emotional competencies such as emotional intelligence to positive outcomes in healthcare, including lower burnout, reduced workplace violence, improved conflict management, and increased job satisfaction among nurses (Cao et al., 2022; Soriano-Vázquez et al., 2023).

Emotion-regulation strategies also form an important component of emotional style related to adaptation and innovation in nursing practice. Toscano et al. (2023) found that positive reappraisal and the ability to view stressful situations from multiple perspectives strengthened nurses' innovative behaviors and adaptive responses to workplace challenges. These findings suggest that nurses with flexible and adaptive emotional styles are better able to manage stress and translate creative ideas into practical improvements within hospital environments. Organizational factors and leadership further influence the emotional climate that supports or hinders adaptive emotional styles. The systematic review by Niinihuhta and Häggman-Laitila (2022) emphasized that supportive and relational leadership styles promote trust, empowerment, and lower burnout, whereas destructive leadership negatively affects well-being and adaptability. Collectively, these studies indicate that emotional style is shaped by both personal and organizational factors and plays a significant role in nurses' capacity to adapt to change, maintain well-being, and function effectively within dynamic healthcare settings.

Adaptation to Change Among Nurses. Adaptation to change is an essential skill in nursing because nurses continuously encounter dynamic healthcare environments, technological advancements, and organizational transitions. Adaptation involves emotional stability, cognitive flexibility, and behavioral resilience that allow nurses to cope with uncertainty and stressful situations. Studies show that adaptation includes both emotional and cognitive-behavioral dimensions that help nurses manage stress and regain psychological balance during crises such as the COVID-19 pandemic (Barragán Martín et al., 2021). Validation of the Adaptation to Change Questionnaire (ADAPTA-10) among nurses revealed that those with higher emotional adaptability experienced fewer adverse effects during crisis situations, emphasizing the importance of early identification of adaptation difficulties and the implementation of preventive interventions and stress-management training. Research on career transitions further highlights that adaptation among new nurses occurs gradually through stages of exhaustion, coping, and eventual acceptance of professional roles, with teamwork, education, motivation, and interpersonal relationships significantly contributing to successful adaptation (Doo et al., 2022; Ozkalay & Karaca, 2021).

Adaptation is also influenced by organizational culture, leadership, and workplace support systems. Studies indicate that successful adaptation extends beyond technical competence and requires social, cultural, and professional integration supported by mentorship, peer support, clear orientation processes, and inclusive work environments (Kamau et al., 2022). At the same time, resistance to change remains a major barrier, with fear of uncertainty, inadequate communication, poor organizational culture, and lack of leadership support contributing to nurses' resistance and limiting innovation and quality improvement efforts (Cheraghi et al., 2023). Technological advancements such as artificial intelligence, telehealth, and mobile health applications have further redefined adaptation in nursing practice, requiring nurses to develop digital literacy, flexibility, and openness to technological transformation (Booth et al., 2021). These findings collectively suggest that adaptation to change among nurses is shaped by emotional, organizational, cultural, and technological factors, making supportive leadership, continuous education, and organizational readiness essential in promoting resilience and

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effective adaptation within healthcare settings.

Relationship between Personal Characteristics and Emotional Styles: Personal characteristics, including personality traits, behavior styles, and emotional intelligence, play an important role in shaping how individuals adapt emotionally in professional settings such as nursing. Studies have shown that personality traits, behavior styles, and emotional intelligence are significant non-cognitive factors influencing work performance and adaptability among health professionals (Louwen et al., 2023). Emotional intelligence, which includes emotional regulation, empathy, and interpersonal awareness, helps healthcare workers manage emotions effectively in dynamic environments. Research further demonstrates that personality traits influence coping behavior during stressful situations, with individuals high in openness, extraversion, agreeableness, and conscientiousness more likely to use adaptive and problem-focused coping strategies, while those high in neuroticism tend to use maladaptive and emotion-focused coping (Agbaria & Mokh, 2022). Social support also strengthens adaptive coping mechanisms, suggesting that both internal characteristics and external support systems contribute to emotional adaptability and resilience.

Among nursing students and practicing nurses, emotional intelligence and resilience consistently predict better emotional adaptation, effectiveness, and well-being. Cuartero and Tur (2021) found that emotional intelligence and resilience positively predicted academic efficacy, while emotional instability showed a negative relationship, indicating that emotionally stable and socially confident individuals display more adaptive emotional styles. Similar findings were observed among practicing nurses, where emotional intelligence, particularly optimism and mood regulation, buffered the effects of stress and reduced psychological distress in high-pressure settings such as neonatal intensive care units (Barr, 2024). Research among psychiatric nurses further highlighted that emotional intelligence mediates the relationship between personal traits and adaptive coping styles, with nurses who possess higher emotional intelligence and self-acceptance demonstrating better stress management, emotional health, and job satisfaction (Lu et al., 2022). Additionally, age, experience, and education were found to influence emotional intelligence levels, suggesting that emotional style develops through both personal growth and professional exposure.

Relationship Between Personal Characteristics and Adaptation to Change among Nurses: Personal characteristics are recognized as important determinants of how individuals adapt to changing work environments, particularly in professions that require continuous adjustment such as nursing. Studies emphasize that adaptability depends not only on technical competence but also on personal traits such as leadership, communication, resilience, prudence, motivation for self-development, and readiness for continuous learning (Vaseltsova et al., 2022). Research further shows that personality traits such as emotional stability, conscientiousness, and maturity-related characteristics tend to strengthen with age and experience, contributing to adaptive coping and resilience in managing stress and professional transitions (Bleidorn et al., 2022). These findings highlight that emotionally stable and resilient individuals are more capable of adjusting to the increasing complexity and demands of healthcare environments. Recent evidence also demonstrates that personality traits influence attitudes toward technological innovation and digital transformation, with agreeableness, openness, and emotional stability associated with more positive adaptation to artificial intelligence and healthcare technologies, while anxiety and low confidence reduce adaptability (Kaya et al., 2024; De Guzman, 2022).

Among nurses, adaptation to organizational and technological change is strongly influenced by personal traits, emotional readiness, and organizational support. Studies on electronic health record implementation found that self-efficacy, perceived value of change, and social support significantly affect nurses' acceptance or resistance to change, with confident and supported nurses demonstrating greater adaptability (Cho et al., 2021). Research on newly graduated and early-career nurses also revealed that proactiveness, confidence, resilience, and self-awareness enhance adaptation during the transition to clinical practice, while organizational culture, peer relationships, and emotional support strengthen the adjustment process (Baharum et al., 2023; Baharum et al., 2024). In high-stress environments such as intensive care units, adaptive coping behaviors, emotional control, and stress tolerance were associated with improved job performance and resilience among nurses (Bulanadi, 2024). Collectively, these studies suggest that personal characteristics, emotional resilience, coping capacity, and supportive organizational environments are essential factors influencing nurses' successful adaptation to demanding and constantly changing healthcare settings.

ISSN No. 2454-6194 | DOI: 10.51584/IJRIAS |Volume XI Issue V May 2026

Emotional Styles on Adaptation to Change: Emotional styles, which include emotional intelligence, emotional reactivity, and coping flexibility, play an important role in how individuals adapt to changes in dynamic and high-pressure environments such as healthcare. Emotions influence behavior, motivation, and perception, shaping how professionals respond to organizational transitions, stress, and new challenges. Studies have shown that emotional intelligence, personality traits, and psychological capital are significantly associated with resistance to organizational change, with higher emotional intelligence and psychological capital linked to lower resistance, while neuroticism predicts greater resistance to change (Ivy, 2021). Research on emotional reactivity further suggests that heightened emotional sensitivity, when effectively managed, can improve awareness and coping mechanisms, strengthening psychological adjustment under pressure (Biricik et al., 2023). These findings indicate that individuals with adaptive emotional styles characterized by self-awareness, emotional regulation, and coping flexibility are more capable of managing workplace transitions and stress effectively.

Among nurses, emotional intelligence and resilience have been consistently associated with successful adaptation, psychological stability, and work adjustment. Studies among newly licensed nurses found that higher emotional intelligence and resilience reduced adjustment disorders and improved adaptation to new work environments, with emotional perception and self-management skills enhancing psychological stability and job satisfaction while reducing stress (Lu et al., 2022). Similar findings in Jordanian hospitals revealed that emotional intelligence positively influenced readiness for organizational change, with emotional awareness, empathy, and self-regulation increasing nurses' confidence, motivation, and commitment during transitions (Mderis et al., 2024). In the Philippine context, qualitative studies among newly hired nurses highlighted that emotional self-regulation, mentorship, intrinsic motivation, prayer, self-care, and support systems were important coping strategies in adapting to professional challenges (Anilado & San Jose, 2025). Likewise, coping flexibility and hope were found to positively influence stress management and workplace adaptation among Filipino healthcare workers, suggesting that adaptive emotional tendencies support psychological well-being and resilience in healthcare settings (Lorejo et al., 2023).

Design: This study employed a quantitative approach using a descriptive–correlational research design. In this study, the descriptive design enabled the researcher to present the demographic characteristics of nurses and their scores on the Emotional Style. The correlational design was then applied to determine whether statistically significant relationships existed between personal characteristics and emotional style, between personal characteristics and adaptation to change, and between emotional style and adaptation to change. This design was appropriate because the study sought to examine naturally occurring patterns among nurses within an actual hospital setting without altering or influencing existing conditions.

Environment: This study was conducted in a Leve 2 hospital located in Surigao City, a major urban center in the northeastern part of Mindanao, Philippines.

Respondents: The respondents of this study were the 205 staff nurses in the hospital.

Sampling Design: This study used a complete enumeration.

Inclusion Criteria and Exclusion Criteria: The study included in the study were nurses who were currently employed in the hospital, regardless of age, sex, or rank, provided that they had rendered at least three months of service. Participants were required to hold a valid PRC nursing license, be assigned to a patient care area, and voluntarily agree to participate in the study. Excluded from the study were nurses who had worked in the institution for less than three months, those who had already submitted resignation or retirement notices, and those occupying purely administrative positions such as nursing supervisors and the chief nurse. Nurses who were unavailable during the data collection period due to extended leave or external assignments were also excluded.

Instrument: The study utilized a three-part research instrument. Part I gathered the personal characteristics of the respondents, including age, sex, years of nursing experience, department or ward assignment, and current position or rank, which served as contextual variables in the correlation analysis. Part II consisted of the Emotional Style Questionnaire (ESQ) developed by Kesebir et al. (2020), a standardized 24-item instrument designed to measure emotional style across six dimensions: outlook, resilience, social intuition, self-awareness,

sensitivity to context, and attention. The ESQ used a seven-point Likert scale ranging from 1 – Strongly Disagree to 7 – Strongly Agree, with several negatively worded items reverse-scored to ensure that higher scores consistently reflected stronger emotional style characteristics. Scores for each dimension and the overall emotional style were computed through summed and averaged responses, with interpretation ranges used to classify the level of emotional style among respondents. Part III utilized the Adaptation to Change Questionnaire (ADAPTA-10) developed by Pérez-Fuentes et al. (2020), a standardized 10-item instrument measuring adaptability through two dimensions: the Emotional factor and the Cognitive–Behavioral factor. The instrument employed a five-point Likert-type scale ranging from 1 – Not at all to 5 – Very much, with higher scores indicating stronger adaptability to change. Scores were categorized into poor, fair, and high adaptation levels based on established parametric ranges. The ADAPTA-10 demonstrated good internal consistency, with an overall Cronbach's alpha of approximately 0.84, supporting its reliability and suitability for research use (Pérez-Fuentes et al., 2020).

Data Gathering Procedures: The study followed three phases of data gathering: pre–data gathering, actual data gathering, and post–data gathering. During the pre–data gathering phase, the researcher submitted proposed research titles for approval, secured the guidance of an adviser, and obtained permission from the Dean of the College of Allied Health Sciences and the administration of the government hospital in Surigao City, Philippines. A design hearing was conducted to evaluate the methodology and ethical considerations, after which ethical clearance was secured from the Institutional Review Board. The Google Forms survey was then created, formatted, pilot-tested, and finalized prior to distribution. During the actual data gathering phase, the researcher coordinated with the nursing office and conducted face-to-face intercept data collection among eligible nurses assigned to patient care areas. Respondents were approached during appropriate times such as after duty or during breaks, and informed consent was obtained before participation. Questionnaires were personally distributed and completed in a convenient area within the hospital, while the researcher remained available for clarification and immediately checked completed questionnaires for completeness to minimize missing data. In the post–data gathering phase, the Google Form was closed, and the collected data were exported, organized, coded, and cleaned before being forwarded to a statistician for analysis. The findings were interpreted in relation to the theoretical and empirical foundations of the study, the manuscript was prepared for final defense, and all Google Form response files were securely deleted to maintain confidentiality and protect respondent privacy.

Statistical Treatment of Data: The statistical data were analyzed. Frequency distribution and simple percentage were used to present the personal characteristics of the nurses, including age, sex, years of nursing experience, department or ward assignment, and current position or rank. Mean score and standard deviation were used to describe the emotional style of the respondents across the six dimensions of the Emotional Style Questionnaire outlook, resilience, social intuition, self-awareness, sensitivity to context, and attention as well as the level of adaptation to change measured using the ADAPTA-10 instrument. Chi-square and Cramer's V were employed to determine the significant relationship between personal characteristics and emotional style, and between personal characteristics and adaptation to change, with Cramer's V measuring the strength of association when significant relationships were identified. Pearson r was used to determine the significant relationship between emotional style and adaptation to change among the respondents.

Ethical Considerations: Ethical considerations are an essential component of any research study. The study was submitted to the ethics committee of both the university and the hospital. Ethical approval was sought prior to the start of data gathering to ensure that the welfare of the respondents was protected.

Presentation, Analysis, and Interpretation of Data

Table 1 Profile of Respondents

Profile	f	%
Age		
18 to 35 years old	128	62.40
36 years old and above	77	37.60
Sex		

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Male	37	18.00
Female	168	82.00
Years of Nursing Experience		
Less than 5 years	77	37.60
5 to 10 years	71	34.60
11 to 15 years	40	19.50
More than 15 years	17	8.30
Unit or Department		
Gyne	16	6.80
OB	15	6.40
ICCU	31	13.10
Pedia	26	11.00
Surgery	23	9.70
Medical	75	31.80
ER	50	21.20
Employment status		
Job Order	87	42.40
Permanent	118	57.60
Civil Status		
Single	117	57.10
Married	88	42.90
Highest Educational Attainment		
Bachelor's Degree	176	85.90
With Master's Units	15	7.30
Master's Degree	14	6.80

Note. n=205.

As shown in Table 1, the findings show that the nursing workforce in the government healthcare institution is largely composed of young, female, early-career nurses assigned across various clinical units and primarily holding baccalaureate education. This reflects the current workforce trend in many healthcare institutions where younger nurses make up a substantial portion of the workforce due to continuous hiring and workforce renewal (World Health Organization, 2025). The findings also confirm that nursing remains a female-dominated profession, although male nurses are represented, reflecting continuing global trends in nursing workforce composition and gradual gender diversity within the profession (Smiley et al., 2024). Many respondents were still within the early years of practice, suggesting that they may still be strengthening emotional resilience, professional competence, and adjustment to organizational demands, while more experienced nurses may have already developed coping strategies that support workplace adaptation (Li et al., 2024). The respondents came from different hospital units such as medical, emergency, surgical, pediatric, obstetric, gynecology, and intensive cardiac care units, indicating exposure to varied patient care demands, urgency levels, and workload intensity that may influence emotional responses and adaptation to stress (AbuAlRub et al., 2022). In addition, the presence of both job order and permanent nurses reflects the existing employment structure in government healthcare institutions, where differences in job security and organizational support may shape nurses' adjustment and emotional responses to workplace change (Al-Mansour, 2021). Most respondents were also single and bachelor's degree holders, while some were pursuing graduate education, highlighting that educational preparation and professional development remain important foundations for competence, critical thinking, adaptability, and readiness to respond to organizational and clinical changes in healthcare settings (Smiley et al., 2024).

ISSN No. 2454-6194 | DOI: 10.51584/IJRIAS |Volume XI Issue V May 2026

Table 2 Emotional Styles of the Respondents

Dimensions	Mean score	SD	Interpretation
Outlook			
1. When something good happens to me, the positive mood does not last long.*	4.44	1.355	Neutral
2. I am very good at seeing the positive side of things.	5.28	1.075	Somewhat agree
3. I find it easy to be hopeful about the future.	4.88	0.810	Somewhat agree
4. When things are bad, I have a hard time believing that eventually they will work out.*	5.11	0.658	Somewhat agree
Factor mean	4.93	0.517	Somewhat high
Resilience			
5. I find it hard to regain my calm after experiencing something negative.*	5.07	0.792	Somewhat agree
6. When I experience a setback, I do not stay upset for very long.	5.41	1.124	Agree
7. When I'm in a bad mood, it tends to last a long time.*	3.98	1.223	Neutral
8. I recover quickly when things don't go the way I want them to.	5.06	1.029	Somewhat agree
Factor mean	4.88	0.580	Somewhat high
Social Intuition			
9. When I am talking with people, I am always attuned to their emotional state.	4.29	1.264	Neutral
10. I am not particularly good at reading people's emotions.*	4.13	1.453	Neutral
11. I am sensitive to other people's emotions.	3.92	0.854	Neutral
12. I can feel when something is bothering a person by just looking at them.	5.46	1.105	Agree
Factor mean	4.45	0.603	Moderate
Self-Awareness			
13. There can be long periods of time when I am not conscious of my own bodily and emotional states.*	2.97	0.860	Somewhat disagree
14. I am typically very aware of my feelings, both in my mind and my body.	4.03	0.990	Neutral
15. I am not good at identifying my own feelings.*	5.28	2.240	Somewhat agree
16. Usually, I am not attentive to what is going on in my body.*	4.12	0.932	Neutral
Factor mean	4.10	0.679	Moderate
Sensitivity to Context			
17. I have sometimes been told that I behaved in a socially inappropriate way.*	4.06	2.326	Neutral
18. I have suffered setbacks at work or had falling outs with friends, because the way I acted was apparently not acceptable.*	5.66	1.615	Agree
19. I have sometimes done things others thought of as tactless or embarrassing.*	4.95	2.666	Somewhat agree
20. Oftentimes, when other people think something is inappropriate, I disagree.*	4.26	0.798	Neutral
Factor mean	4.73	0.955	Somewhat high
Attention			
21. I have good concentration skills.	5.14	0.846	Somewhat agree
22. I do not get distracted easily, even in situations where a lot is going on.	4.32	0.941	Neutral
23. I sometimes feel like I have little control over where my attention goes.*	3.22	0.857	Somewhat disagree

24. If I get distracted by something, it takes me a long time to refocus.*	6.09	0.775	Agree
Factor mean	4.69	0.436	Somewhat high

Note. n=205. * reversely scored

Legend: 1.00-1.87 is very low (strongly disagree), 1.88-2.74 is low (disagree) 2.75-3.61 is somewhat low (somewhat disagree). 3.62-4.48 is moderate (neutral), 4.49-5.35 is somewhat high (somewhat agree), 5.36-6.22 is very high (agree), and 6.23 – 7.00 is very high (strongly high).

The results in Table 2 findings show that nurses generally demonstrated a somewhat high emotional style, indicating fairly strong emotional capacities that support functioning in a demanding government healthcare environment. Outlook and resilience emerged as the dominant emotional style dimensions, suggesting that nurses are generally optimistic, emotionally resilient, and capable of recovering from stressful clinical situations despite heavy workloads and unpredictable patient conditions (Zhou et al., 2023; Yu et al., 2024). Sensitivity to context and attention also reflected nurses' ability to adjust communication and manage multiple responsibilities in fast-paced healthcare settings (AbuAlRub et al., 2022; Bayram et al., 2025). However, social intuition and self-awareness appeared less dominant, indicating that nurses may prioritize clinical responsibilities over emotional reflection and awareness of stress or fatigue, particularly under continuous workload demands (Li et al., 2024; Üzen Cura & Yılmaz Coşkun, 2022). Overall, the findings suggest that nurses possess important emotional resources that support professional functioning and adaptation, although emotional awareness and interpersonal sensitivity may still benefit from supportive interventions and emotional development programs.

Table 3 Adaptation to Change among Respondents

	Mean Score	f	%
Emotional			
Poor	11.40	109	53.17
Fair	13.70	96	46.83
Good	0.00	0	0.00
Average Score	12.48	Poor	
Cognitive-Behavioral			
Poor	0.00	0	0.00
Fair	18.11	84	8.83
Good	21.12	121	10.30
Average Score	19.88	Fair	
Overall Adaptation			
Poor	0.00	0	0.00
Fair	32.19	198	96.59
Good	37.40	7	3.41
Average score	32.36	Fair	

Note: n=205.

Legend: For the dimension, 5 to 12 is poor, 13 to 19 is fair, and 20 to 25 is high. For the overall, a score of 10 to 23 is poor, 24 to 36 is fair, and 37 to 50 is high.

Table 3 shows that nurses generally demonstrated a fair level of adaptation to change, although the pattern across dimensions was uneven, with emotional adaptation remaining at a poor level while cognitive-behavioral adaptation reached a fair level. This suggests that many nurses are able to adjust their work behaviors, follow new protocols, and continue functioning during organizational transitions, but may still experience emotional strain such as anxiety, uncertainty, frustration, or emotional exhaustion during the change process (Cao et al., 2024; Liu et al., 2025). Actual observations in the government healthcare environment further showed that nurses

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often complied with new staffing patterns, documentation systems, or policy changes while still displaying signs of emotional fatigue and worry during informal interactions and daily work activities, supporting literature that emotional strain may remain hidden behind outward performance (Gázquez Linares et al., 2022). On the other hand, nurses demonstrated cognitive-behavioral adaptability through teamwork, peer coaching, problem-solving, and adjustment to revised workflows, reflecting their ability to maintain patient care despite changing demands (Liu et al., 2025). Overall, the findings suggest that nurses are coping with workplace changes but may already be experiencing change fatigue due to repeated organizational adjustments, highlighting the importance of emotional support, structured communication, peer support, debriefing activities, psychosocial interventions, and leadership strategies that strengthen psychological safety, emotional regulation, and organizational support during transition periods (Cao et al., 2024; Duan et al., 2025; Liu et al., 2025).

Table 4 Relationship between Profile and Emotional Styles

Variables	chi value	p value	Cramer's V value	Decision	Interpretation
Age	39.161	.213	--	Failed to reject Ho	Not significant
Sex	22.094	.925	--	Failed to reject Ho	Not significant
Years of Nursing Experience	1.144E2	.138	--	Failed to reject Ho	Not significant
Unit or Department	2.103E2	.262	--	Failed to reject Ho	Not significant
Current Position	36.351	.315	--	Failed to reject Ho	Not significant
Civil Status	40.132	.183	--	Failed to reject Ho	Not significant
Highest Educational Attainment	85.294	.055	--	Failed to reject Ho	Not significant

Legend: Legend: Significant if p value is < .05. Dependent Variable: Emotional Styles. Cramer's V values: A value of >0.25 is very strong, >0.15 is strong, >0.10 is moderate, >0.05 is weak, and >0 is no association.

Table 4 shows that the profile variables did not have a significant relationship with the emotional styles of nurses, suggesting that emotional style remained relatively stable across age, sex, years of nursing experience, unit or department, employment position, civil status, and educational attainment. This indicates that nurses tended to demonstrate similar emotional patterns regardless of personal or professional background, implying that emotional style may be more influenced by personal emotional traits, workplace culture, and shared clinical experiences rather than demographic characteristics alone (Gázquez Linares et al., 2022; Mackanga et al., 2025). Actual observations in the government healthcare environment showed that nurses, regardless of age, position, or unit assignment, experienced similar stressors such as high patient load, urgent decision-making, staffing shortages, and continuous workflow demands, which may explain the similarity in emotional responses across groups (Zhou et al., 2023). The findings further suggest that emotional functioning and adaptation are not automatically strengthened by age, years of experience, sex, or educational attainment, as both younger and senior nurses displayed comparable emotional control, optimism, stress, and coping responses during demanding clinical situations (Yu et al., 2024). Overall, the results imply that interventions aimed at strengthening emotional style should focus on organization-wide emotional support strategies such as resilience workshops, reflective practice sessions, emotional intelligence development, supportive leadership, conflict management, and open communication rather than targeting specific demographic groups, since emotional style appears to be more associated with shared workplace conditions and organizational culture than with profile characteristics alone.

Table 5 Relationship between Profile and Adaptation to Change

Variables	chi value	p value	Cramer's V value	Decision	Interpretation
Age	16.445	.172	--	Failed to reject Ho	Not significant
Sex	13.607	.327	--	Failed to reject Ho	Not significant
Civil Status	53.662	.029	.295	Reject Ho	Significant
Current Position	1.270E2	.000	.321	Reject Ho	Significant
Years of Nursing Experience	15.826	.198	--	Failed to reject Ho	Not significant
Area of Assignment	16.685	.163	--	Failed to reject Ho	Not significant
Work Schedule	42.208	.012	.321	Reject Ho	Significant

Legend: Significant if p value is < .05. Dependent Variable: Adaptation to Change. Cramer's V values: A value

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of >0.25 is very strong, >0.15 is strong, >0.10 is moderate, >0.05 is weak, and >0 is no association.

In Table 5 finding shows that civil status, current position, and work schedule were significantly related to nurses' adaptation to change, while age, sex, years of nursing experience, and area of assignment were not significantly associated. The findings suggest that adaptation to change is influenced more by situational and work-related factors rather than demographic background alone. Nurses across different ages, experience levels, and units appeared to experience similar organizational pressures and workplace adjustments, which may explain the non-significant relationships (Liu et al., 2025; Zhou et al., 2023). In contrast, civil status influenced adaptation because family responsibilities may affect flexibility and stress management during workplace changes (Cao et al., 2024). Current position was also significant, as permanent nurses often demonstrated greater confidence and familiarity with organizational processes compared to contractual staff, while work schedule affected adaptation because rotating or unstable schedules contributed to fatigue and adjustment difficulties (Duan et al., 2025). Overall, the findings highlight that adaptation to change is more strongly influenced by work conditions, employment stability, scheduling practices, and personal life balance, emphasizing the importance of supportive leadership, fair workload distribution, and organizational support in strengthening nurses' adaptability.

Table 6 Relationship between Emotional Styles and Adaptation to Change

Variables	r value	p value	Decision	Interpretation
Emotional styles vs. Adaptation to change	-.008	.907	Failed to reject Ho	Not significant

Legend: Significant if p value is < .05. Dependent Variable: Adaptation to Change. Pearson r interpretation: A value greater than .5 is strong (positive), between .3 and .5 is moderate (positive), between 0 and .3 is weak (positive), 0 is none, between 0 and –.3 is weak (negative), between –.3 and –.5 is moderate (negative), and less than –.5 is strong (negative).

In Table 6 shows that emotional styles were not significantly related to nurses' adaptation to change, suggesting that having a stronger or more positive emotional style did not automatically result in better adaptation in the healthcare setting. The findings indicate that adaptation to change may be influenced more by organizational systems, workplace culture, teamwork, leadership support, and operational demands rather than emotional tendencies alone (Liu et al., 2025; Zhou et al., 2023). Actual observations further showed that nurses were still able to follow new policies, adjust workflows, and manage unit changes despite experiencing stress or emotional discomfort, reflecting that adaptation in nursing is often driven by professional responsibility and institutional expectations rather than emotional style alone. The results also suggest that shared organizational experiences and support systems may reduce individual emotional differences in adaptation outcomes (Cao et al., 2024). Overall, the findings highlight the importance of strengthening organizational support, communication, teamwork, supportive leadership, and structured change management processes rather than relying solely on emotional development programs to improve nurses' adaptation to change.

CONCLUSION AND RECOMMENDATIONS

Conclusion: In conclusion, the study emphasizes that adaptation to change among nurses is a multifaceted process influenced not only by emotional tendencies but also by workplace and organizational factors. Emotional styles reflect important psychological characteristics; however, these alone are not sufficient to ensure effective adaptation within dynamic hospital environments. The findings highlight the importance of strengthening emotional resilience and providing organizational support to enhance nurses' ability to cope with change and sustain professional functioning.

Recommendations: Based on the findings, the study recommends the implementation of the Emotional Resilience and Adaptability Enhancement Plan in the healthcare institution to strengthen nurses' emotional resilience and adaptability during workplace changes, particularly because nurses demonstrated only fair adaptation to change in the emotional dimension. Support mechanisms such as emotional wellness activities, debriefing sessions, mentorship programs, supportive leadership, structured change management strategies, open communication, and mental wellness programs are recommended to reduce emotional strain and improve

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adaptation during organizational transitions. The findings may also contribute to nursing education by integrating discussions on emotional resilience, coping strategies, and adaptability into leadership, mental health, and professional development courses, while also serving as reference material in research methodology and statistical analysis for nursing and allied health programs. In terms of nursing policy, healthcare institutions are encouraged to formulate policies that support emotional resilience through structured orientation, supportive work schedules, staff participation, and organizational support systems. The study is further recommended for publication and presentation in research conferences, while future researchers are encouraged to explore emotional resilience and adaptation to change using larger samples, mixed-method approaches, and qualitative exploration of nurses lived experiences during organizational transitions.

Emotional Resilience and Adaptation to Change

Enhancement Plan

Rationale

The findings showed that nurses demonstrated a somewhat high emotional style; however, adaptation to change was only fair, particularly in the emotional dimension. Although nurses were able to adjust work behaviors, emotional strain during workplace changes remained evident. These findings support the need to strengthen emotional resilience, emotional coping, and adaptability among nurses in government healthcare settings.

General Objective

To strengthen emotional resilience and improve adaptability to change among nurses.

Specific Objectives

Specifically, this enhancement plan aims to achieve the following objectives:

a. Improve emotional adaptation among nurses by strengthening emotional regulation and coping strategies;

b. Enhance cognitive-behavioral adaptability through practical problem-solving and change-management skills;

c. Sustain a healthy level of emotional resilience and adaptability despite workplace changes and workload demands.

Areas of Concern	Key Activities	Persons Responsible	Success Indicators
Need to reinforce emotional adaptation among nurses	• Conduct emotional resilience and stress management seminars • Establish regular debriefing sessions • Provide psychological support or counseling services • Encourage mindfulness, peer support, and reflective journaling	Nurse Supervisors, Chief Nurse, HR Director, Hospital Administrators	• Improved emotional adaptation results • Established debriefing sessions • Positive staff feedback
Need to strengthen cognitive-behavioral adaptability	• Conduct change management workshops • Strengthen mentorship and peer support programs	Staff Nurses, Nurse Supervisors, Training Office, Chief Nurse	• Improved cognitive-behavioral adaptation scores • Increased participation in mentorship activities

ISSN No. 2454-6194 | DOI: 10.51584/IJRIAS |Volume XI Issue V May 2026

	• Conduct orientation on new policies and workflow changes • Simulation exercises for adjustment and problem-solving		• Positive adaptation feedback
Need to sustain overall adaptation to change	• Maintain open communication between staff and management • Conduct regular emotional wellness check-ins • Review work schedules to reduce adjustment stress • Recognize adaptive and resilient nursing behaviors	Chief Nurse, HR Director, Hospital Administrators	• Sustained adaptation scores • Reduced complaints during change implementation • Improved staff morale and adaptability

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