

Leadership Challenges and Coping Strategies of Community Health Nurses

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ABSTRACT

The leadership abilities of a nurse is a key part of effective nursing care. Nurses in any field of practice, including community health nursing, must demonstrate leadership skills by providing, facilitating and promoting the best possible care for their patient. Thus, it is imperative that nurses must develop leadership abilities in order to effectively perform their roles and functions as primary patient care providers. This study determined the leadership challenges and coping strategies of community health nurses in selected municipalities. Descriptive correlational research was employed. A researcher modified questionnaire was used to obtain the profile of the respondents as well as their leadership challenges and coping strategies. Forty (40) community health nurses were included as research respondents. Majority of the respondents were ages of 18 to 39 years old, female, registered or licensed nurses with more than 3-years length of service. Overall, the respondents are *less challenged* in all four leadership domains as to challenges to self, challenges to communication, challenges with supervisor and organizational challenges; but presented as *moderately challenged* in some of the specific indicators for each domain. They also *moderately utilized* the different coping strategies, with high utilization on planful problem-solving as a coping strategy in the performance of their leadership functions while confrontative coping is the least coping strategy used. In general, the profile of the respondents has significant relationship to their leadership challenges and coping strategies, however, gender and educational attainment showed no significant relationship to both. Leadership challenges have significant relationship to coping strategies. In conclusion, community health nurses are facing different leadership challenges in their leadership roles and responsibilities. The ability of the nurse leader to effectively cope with the challenges imposed by her leadership functions will greatly aid her in positively performing her tasks and influencing better performance of her team. It is recommended that further studies on leadership profile, leadership styles and leadership training needs be implement based on the study's findings.

Keywords: Leadership challenges, coping strategies, community health nurses, quantitative - correlational, Cebu, Philippines.

INTRODUCTION

Rationale

It is a universal fact that nurses are considered leaders in the provision of patient care. The leadership abilities of a nurse is a key part of effective nursing care. Nurses in any field of practice must demonstrate both leadership skills by providing, facilitating and promoting the best possible care for their patient. Thus, it is imperative that nurses must develop leadership abilities in order to effectively perform their roles and functions as primary patient care providers (Scully, 2015).

Leadership traverses across the different fields of nursing practice. Although the application of leadership is very evident in clinical settings, it is also very essential in community health nursing. According to Sebastian (2019), nursing leadership in community health nursing refers to the influence that nurses must exert on improving client

health, whether clients are individuals, families, groups or entire communities. It refers to the ways nurses organize and use resources when providing nursing services. These resources might be people, as when a community health nurse coordinates an inter-professional team, or financial resources as exemplified by a community health nurse monitoring the budget allocation for an immunization program to make sure that personnel time, supplies, and equipment are being used efficiently. Additionally, community health nurses must manage their time in order to provide clients with direct and indirect nursing services, such as health education and making referrals, respectively. Undeniably, assuming leadership roles is a rudimentary task for community health nurses and performing such roles does not come without a challenge.

In an attempt to gain better understanding of the different leadership challenges of community health nurses, the proponent of this research work conducted a literature review to identify the nature of these challenges in community settings. The researcher found a good number of internationally published research work related to the topic. Tingvoll et al. (2016) explored on the major challenges facing nurse leaders in primary care settings such as nursing homes and community health facilities in a municipal health setting in Norway and found an increasingly complex challenges facing nurse leaders in terms of gaining support, overall service quality and increasing tasks unrelated to nursing leadership and management. Søreide et al. (2019) on their study of the leadership and management challenges confronting nursing leaders in community health settings found tension between organizing daily work and future challenges, recruitment challenges and competence development planning to be the major challenges of community health nurses. Reyes et al. (2016) found that Public Health Nurse leaders in two states in Australia faces the challenges of defined leadership competencies, continuing education and lack of mentorship opportunities.

Narrowing the search to related studies conducted in the Philippines, the researcher found very few studies regarding leadership challenges of nurses but not one pertained to community health nursing practice. The researcher also searched for related studies conducted in the Cebu Province and Cebu City but there were no published related studies found thus a literature gap was identified. In a focus group discussion participated by the researcher and five other community health nurses from three catchment areas within the researchers' area of assignment, the researcher was able to identify some leadership challenges experienced by nurses such as difficulties with staffing, conflict management, opportunities for continuing education, and burnout to be the major challenges based on the verbalizations of the participants. These prompted the researcher to pursue a study to identify the different leadership challenges experienced by community health nurses and their ways of coping with the challenges. The findings of the study will be utilized as bases for a proposed action plan to aid community health nurses gain effective coping strategies to effectively overcome and address the different leadership and management challenges they are facing.

THEORETICAL BACKGROUND

The study is anchored on the Adaptation Theory of Nursing by Roy (1976) and is supported by the Transactional Theory of Stress and Coping by Lazarus and Folkman (1987) and the Transformational Leadership Theory by Burns (1978).

The Adaptation Theory of Nursing, is a widely recognized grand nursing theory that views individuals as holistic adaptive systems. The theory is grounded in systems theory and adaptation-level theory, with the central belief that humans are biopsychosocial beings constantly interacting with a changing environment. The goal of nursing, according to the theory, is to promote adaptation in individuals and groups to maintain health, quality of life, and dignity throughout life (Sitzman, 2017).

The theory considers adaptation as the process and outcome by which people use conscious awareness and choice to create human and environmental integration. The individual, or adaptive system, is in constant interaction with internal and external stimuli. When a person experiences a change or stressor, their ability to adapt determines their response. The nurse's role is to assess these adaptive responses and assist in promoting positive adaptation using evidence-based interventions (Wills, 2014).

The theory postulated the following scientific assumptions: (a) systems of matter and energy progress to higher levels of complex self-organization; (b) consciousness and meaning are constructive of person and environment integration; (c) awareness of self and environment is rooted in thinking and feeling, (d) humans, by their decisions, are accountable for the integration of creative processes; (e) thinking and feeling mediate human action; (f) system relationships include acceptance, protection, and fostering of interdependence; (g) persons and the earth have common patterns and integral relationships; (h) persons and environment transformations are created in human consciousness; and (i) integration of human and environmental meanings results in adaptation (Rice, 2012).

The theory is organized around four adaptive modes that reflect the holistic nature of human beings. These are: 1) physiological-physical mode, which deals with basic bodily functions and needs such as oxygenation, nutrition, elimination, and activity; 2) self-concept–group identity mode, focusing on the psychological and spiritual aspects of the individual, including body image and personal beliefs; 3) role function mode, which examines the roles the individual occupies in society and how well they perform and adapt to those roles; and 4) interdependence mode, which involves the giving and receiving of love, respect, and value through interpersonal relationships and social support systems (Alligood, 2017).

The theory is seen as both an art and a science. The nursing process in the model follows a six-step approach: assessment of behaviors, assessment of stimuli, nursing diagnosis, goal setting, intervention, and evaluation. Nurses assess the patient's behaviors in each of the adaptive modes, then identify the stimuli influencing those behaviors. These stimuli are classified as focal (immediate cause of the problem), contextual (contributing factors), and residual (uncertain or background factors). Once the stimuli are identified, the nurse can diagnose the adaptation problem, set goals to promote positive adaptation, implement interventions, and evaluate the effectiveness of the interventions (Fawcett & Desanto-Madeya, 2012).

The theory is particularly relevant in complex healthcare environments such as critical care, rehabilitation, mental health, and chronic illness management. It provides a structured approach to understanding how patients respond to illness and how nurses can intervene effectively. It encourages individualized, holistic care and supports the importance of environmental factors and patient participation in their care. It has been widely used in nursing practice, education, and research. It has influenced curriculum development in nursing schools and has provided a solid framework for advanced nursing assessments and interventions. In nursing research, the model is used to explore the adaptive processes in various patient populations and health situations (de Medeiros et al., 2015).

A theory that supports this study is the Transactional Theory of Stress and Coping by Lazarus and Folkman (1987). This theory explained coping as a phenomenon that involves both cognitive and behavioral responses that individuals use in an attempt to manage internal and/or external stressors perceived to exceed their personal resources.

The Transactional Model of Stress and Coping Theory is a framework which emphasizes appraisal to evaluate harm, threat and challenges, which results in the process of coping with stressful events. The level of stress experienced in the form of thoughts, feelings, emotions and behaviors, as a result of external stressors, depends on appraisals of the situation which involves a judgement about whether internal or external demands exceed resources and ability to cope when demands exceed resources (Biggs et al., 2017).

The theory highlights psychological stress as opposed to physical or mechanical stress. Psychological stress is the emotional response experienced when an environmental stimuli or event could endanger well-being, is perceived as exceeding a person's resources and can be defined by a stimulus-response relationship. This is based on the cognitive-relational theory of stress which emphasizes that the person-environment interaction is continuous and reciprocal in nature (Brief & George, 2020). The degree of stress experienced depends on how much of a stake a person has in the outcome of the event: if there is no relevance to the person, and no threat, there will be no stress; if their stake is high, the encounter will pose a threat or challenge, triggering a stress reaction. The theory suggests that stress is a major factor which not only affects people's lives, but also has an impact on their mental and physical

health. Stress may result from internal processes or perceptions, or external environmental stimuli and are attributed to stress stimuli to two types of events: major life events, and daily hassles (Lazarus, 2020).

Cognitive appraisal is the personal evaluative process which categorizes a situation and focusses on the implications, meaning or significance of the changing relationship between the person and the environment which can elicit an emotional response. Individuals and groups differ in the degree and kind of reaction, as well as their sensitivity, vulnerability and interpretation of demanding pressures. Cognitive appraisal is a complex, high level cognitive activity and they posed that individuals evaluate a situation for relevance to their personal well-being (primary appraisal), and whether there is anything they can do to cope with possible benefits or threats (secondary appraisal) (Lazarus, 2020).

Coping arises from appraisal that the demands of an event exceed personal resources and is motivated by the emotional response to harm and threat. This appraisal serves two primary functions: to change the person-environment relationship and to influence the level of emotional distress. Coping comprises the cognitive and behavioral efforts required to manage the internal or external environment when a level of dissonance exists in a person's perception of their ability and resources to deal with the psychological stress (Faryabi et al., 2016).

Coping can be defined by the relationship between the person and the environment and depends on subjective well-being, social functioning and somatic health, as well as the relevance placed on these by the individual at any given time. This relationship is constantly changing from one time to another, and can be seen in the complex stages of an examination, where students go through a prior warning period, a confrontational stage or exam, and a waiting period for results, all of which require different coping strategies (Lazarus, 2020).

Another supporting theory utilized in this study is transformational leadership theory by Burns (1978). Transformational leadership is a leadership style that can inspire positive changes in those who follow. Transformational leaders are generally energetic, enthusiastic, and passionate. Not only are these leaders concerned and involved in the process; they are also focused on helping every member of the group succeed as well. Transformational leadership as a process where leaders and their followers raise one another to higher levels of morality and motivation (Ferreira et al., 2020).

Transformational leadership is a leadership style in which leaders encourage, inspire and motivate employees to innovate and create change that will help grow and shape the future success of the company. This is accomplished by setting an example at the executive level through a strong sense of corporate culture, employee ownership and independence in the workplace. Transformational leaders inspire and motivate their workforce without micromanaging. They trust trained employees to take authority over decisions in their assigned jobs. It's a management style that's designed to give employees more room to be creative, look to the future and find new solutions to old problems. Employees on the leadership track will also be prepared to become transformational leaders themselves through mentorship and training (Collins et al., 2019).

Nursing leadership and management are healthcare fields that require a high level of knowledge and expertise. Although this quality and others are similar between nursing leadership and nursing management, these two roles differ in several aspects. The variations between a nursing leader and a nurse manager include differences in the responsibilities they take on, the credentials they possess and the tasks they perform. As nurses, it is explicit that one must be adept in the performance of the roles and responsibilities equated with being a nurse leader and manager in any healthcare setting (Huber, 2017).

Nursing leadership and management refer to the roles of nursing professionals who direct nursing staff, oversee the organizational structure of medical processes and lead nursing teams in providing patient care. While many nurses take on informal leadership roles throughout their careers, there are several differences between nurse leaders and nurse managers (Porter-O'Grady & Malloch, 2015).

According to Gopee and Galloway (2017), nursing leadership is the practice of leading initiatives that improve nursing practices and outcomes. Nurse leaders rely on their ability to motivate and inspire nursing teams and staff in the development of high-quality practices and patient care methodologies. These professionals usually work in higher-level nursing and leadership roles and take a less hands-on approach to nursing than nursing managers do. For instance, a nurse leader responsible for overseeing and executing new care policies will focus on strategic planning and collaborating with nursing staff, while a nurse manager will focus on carrying out the initiative and managing nursing teams and departments in implementing care strategies with patients.

Kelly (2015) defined nurse management as the process of directing teams and nursing departments to maintain best practices and organization when providing care to patients. Nurse managers direct the daily processes and routines of the medical facility they work in, and they instruct nursing staff through hands-on approaches to ensure the efficacy of patient care and treatment plans. Nurse managers are responsible for overseeing hiring, staffing and performance reviews for their teams. Nursing management roles rely on leadership skills, but nurse managers continue to work directly with patients and nursing teams to carry out incentives that nursing leaders introduce.

Nurse leaders and nurse managers differ in the tasks they perform on the job, the roles they take on in their organizations, the credentials they possess and the educational background they complete. The following career elements best illustrate the differences between nurse leaders and nurse managers in terms of tasks and roles (Weiss et al., 2019).

The tasks and responsibilities generally differ for nurse leaders and nurse managers. For instance, nurse leaders set practice standards and policies, initiate transformation and change in the medical environment and influence nursing teams and staff. Nurse leaders ultimately work toward fulfilling an organization's vision, mission and long-term objectives (Jennings et al., 2017). Nurse managers are typically in direct contact with patients, and they work to direct and instruct their teams and departments. Many nurse managers are in charge of performing and directing other nurses during patient procedures, treatment and record maintenance (Ruth et al., 2017).

Nurse leaders and managers take on different roles throughout their careers, depending on their specialties and qualifications. Nurse leaders perform leadership functions throughout a medical organization such as leading department and facility changes, developing innovative methods to provide better patient care and pioneering the way their organizations accomplish objectives and align with core values (Weiss et al., 2019). A nurse manager may take on leadership roles throughout their career, but their main role within a medical organization is to direct the processes of patient care, treatment plans, procedures and nursing practices. The nurse manager role essentially oversees nursing teams and supervises critical nursing processes like reporting and documentation (Jennings et al., 2017).

Although nursing leadership and management differ in some aspects, the two roles share several similarities in skill sets, including: leadership skills, teamwork skills, technical skills, communication skills, emotional intelligence. Nursing leadership and management both require leadership skills. Nurses who take on supervisory roles to direct their teams and maintain organizational structure in their practices possess leadership skills that have an influence on their career success. For instance, the abilities to motivate team members, improve nursing practices and develop effective treatment plans are examples of how both nursing leaders and managers apply their leadership skills (Murray, 2017).

Nurse leaders and nurse managers work with a diverse range of healthcare professionals in their careers. Consequently, both positions depend on the ability to collaborate with teammates, give and receive feedback and share ideas with staff and supervisors. Teamwork skills in these professions are crucial to navigate company culture and foster healthy relationships with colleagues. Technical skills that encompass computer and database literacy are essential for working in a nursing leadership or management role. Nurses in leadership positions often use company databases and reporting software programs to document, sort and organize important medical information. The nature of some administrative and executive nursing roles, like clinical informatics management, requires nurses to

work with this type of technology on a regular basis, so technical skills in nursing leadership and management can be highly beneficial to succeed in these career fields (Stanley, 2017).

Nurses are communicators. They work with patients and healthcare professionals daily, and they apply effective communication skills to succeed in their jobs. Therefore, nursing leaders and managers should be skilled in written communication, verbal and nonverbal communication and the ability to connect with people and build relationships. Nurses in leadership roles depend on their emotional intelligence to interact with their patients and teammates. The ability to care for patients, empathize with others' feelings and ideas and seek understanding in their interactions at work are several essential skills nursing leaders and nurse managers should be able to demonstrate with their emotional intelligence (Ruth et al., 2017).

Community health nurses provide care in many settings, including community health clinics, faith-based settings, homeless shelters and schools. They are primarily concerned with meeting the public/CHN needs of populations. The primary role of community health nurses is to provide treatment to patients. Additionally, community health nurses offer education to community members about maintaining their health so that they can decrease the occurrence of diseases and deaths. They plan educational assemblies, conduct health screenings, dispense medications and administer immunizations (Kruse-Diehr et al., 2021).

Stanhope and Lancaster (2019) elaborated that apart from these roles, community health nurses are tasked to promote healthy lifestyle, prevent disease and health problems, provide direct care, educate community about managing chronic conditions and making healthy choices, evaluate a community's delivery of patient care and wellness projects. The nurse performs these function while acting on her distinct role as care provider or clinician role, educator, client advocate, manager, collaborator, leader and researcher. The authors further explained that the clinician role in the community health nurse means the nurse ensures health care services, not just to individuals and families but also to groups and populations of the community. For community health nurses the clinician role involves certain emphasis different from basic nursing such as holism, health promotion, and skill expansion.

It is widely recognized that health teaching is a part of good nursing practice and one of the major functions of a community health nurse (Mlotshwa et al., 2015). The nurse assesses the knowledge, attitudes, values, beliefs, behaviors, practices, stage of change, and skills of the community people and provides health education according to knowledge level. The issue of clients' rights is important in health care today. Every patient or client has the right to receive just equal and humane treatment. A community health nurse is an advocate of patient's rights about their care. They encourage the individuals to take the right food for maintaining health, the right drugs for the treatment, and the right services at the right place where ever needed. they provide sufficient information to make necessary health care decisions, promote community awareness of significant health problems (Swider et al., 2017).

As a manager the community health nurse exercises administrative direction towards the accomplishment of specified goals by assessing clients' needs, planning and organizing to meet those needs, directing and controlling and evaluating the progress to assure that goal are met. Community health nurses seldom practice in isolation. They must work with many people including clients, other nurses, physicians, social workers, and community leaders, therapists, nutritionists, occupational therapists, psychologists, epidemiologists, biostatisticians, legislators, etc. as a member of the health team (Hartzler et al., 2018).

Community health nurses are becoming increasingly active in the leader role. As a leader, the nurse instructs influences or persuades others to effect change that will positively affect people's health. The leadership role's primary function is to use a change of health policy based on community people's health; thus, the community health nurse becomes an agent of change. In the researcher role community health nurses engage in systematic investigation, collection, and analysis of data to solve problems and enhance community health nursing practice. Based on the research result community nurse improve their service quality and improve community people's health (Hartzler et al., 2018).

Just like in any healthcare setting, community health nurses also face certain degrees of challenges in performing both their leadership and managerial function. As with any healthcare professional assuming leadership role, community health nurses are vulnerable to the stresses brought about by their leadership responsibilities.

In an article posted by Graham and Donaldson (2020), there are twenty-one common leadership challenges that leaders often experience. These challenges are categorized according to internal challenges, leadership skills challenges and communication challenges. Internal challenges involve maintaining humility as leaders should do, having the appropriate self-confidence to perform leadership functions, overcoming fear of anticipated or unexpected changes, initiating follow through of task, ideas, plan and strategies the leader put in place, dealing with stress and anxiety, keeping oneself motivated, avoiding and minimizing burnout, and feelings of vulnerability. Skills challenges include keeping the team inspired and motivated, developing, coaching and mentoring employees, managing people and other resources, developing own skills, guiding change, and making hard decisions. Communication challenges include, keeping everyone in the same direction or goal, dealing with conflict, delivering negative communication, crisis leadership, staying positive, being clear and honest about task, projecting calmness and keeping everything human.

There are also ten common management challenges that are often encountered by managers. These include communicating effectively with employees, confronting performance problems, letting go of employees, making the right hiring decisions, managing conflicts within the team, retaining excellent employees, maintain calm and reassurance during conflict, fighting burnout, keeping motivation, and bridging skills gaps among employees (Vidgen et al., 2017).

According to Ghiasipour et al. (2017), leadership and management challenges if left unaddressed often lead to stresses. When leaders are faced with difficult or stressful situations, they're often left wondering how to deal with them. Sometimes the negative emotions from these situations can feel overwhelming and solutions seem elusive. It is these life challenges that present people with the greatest opportunity for personal growth. While these challenges might not have immediate solutions, one can still learn and grow from the experience. It can teach leaders to evaluate on their situation, experience the emotions the situation brings up, and search for the effective solutions. This process can bring surprisingly positive outcomes. Each situation is different and may call for a different response, but some of the basics of how to deal with stressors or challenges can apply to many situations.

When nurses move into management and leadership roles, they take on additional responsibilities such as balancing costs and striving to improve productivity while maintaining patient and staff satisfaction. They juggle these tasks in addition to the multitude of worries competing for attention regarding recruitment and retention, policies, ethics, and more. Stress management and coping skills are essential to a nurse leader, although often nurturing these skills is overlooked (Haque et al., 2020). To meet the challenges of a nurse leadership and managerial role, it's helpful to seek methods to cope with the daily stressors accompanying the role, and prevent this strain from decreasing job satisfaction for nurse leaders and their nursing staff.

It's often impossible to thoroughly prepare for many situations a nurse leader may encounter, and no amount of planning can eliminate every mistake. With social media, almost any mistake can become public knowledge. Regardless of who made the mistake, often the nurse leader must manage and address the aftermath whether it's with an individual employee, multiple employees, the organization, or the public. When the going gets tough, leaders often work through their stress because they may feel as if they don't have an adequate outlet to express fatigue or overwhelming stress.

Stress often accompanies a leadership role, but it doesn't have to be accepted as part of the job description. Not addressing this stress can, in turn, affect nurse retention and indirectly impact patient outcomes. This can make it appear to be an undesirable position for nurses to aspire toward. Developing positive coping strategies, and support systems for management and leadership positions can result in increased job satisfaction and better mental health.

The benefits of creating and sustaining a healthier work environment can increase staff satisfaction, recruitment, and retention.

Perceptions of stress and methods of coping can vary for individuals. Making changes to reduce stressors requires relinquishing some control. This can lead to gaining trust in others, placing trust in them, admitting to mistakes and accepting advice from others. Other methods to reduce the stressors accompanying leadership include: mentor managers to make opportunities and delegate tasks to decrease feelings of overwhelming and increase feelings of gratification; network and connect with other leaders for social support and validation of similar challenges; communicate what needs to be done and trust that others have the capabilities to complete the task to convey respect and confidence while reducing overall workload, consider scheduling methods to increase staff independence and flexible or partial remote scheduling methods for leaders to increase their ability to focus by decreasing distractions, practice reducing stress and strive to prevent burnout by exercising, and disconnecting during time off and vacation, continue to learn with education and seminars to seek new solutions for old problems, focus on end results to help prevent drowning in the everyday, make emotional boundaries and understand that staff conflict isn't necessarily a personal attack, lighten the workload by knowing when to say no, model resilient behavior and maintain negative emotions to nurture a positive work environment (Won, 2015).

Coping strategies are as numerous and varied as the stressors that precede them. Some common strategies or categories for coping responses are accepting the situation or one's role in it, active/confrontive coping to remove the stressor or oneself from the stressor, anticipatory coping aimed toward an expected but uncontrollable event, avoiding/escaping the stressor or associated feelings of distress, denying the problem or feelings, disengaging mentally or behaviorally (giving up), distancing/detaching from the situation or minimizing its significance, planning the steps to solve the problem, reinterpreting the stressor as a positive or growth-oriented experience, seeking social support (discussed later), controlling one's emotions or waiting for an appropriate time to act, using substances to dull feelings, suppressing competing activities until the problem subsides, turning to religion, using humor, and venting emotions (Labrague et al., 2018). Individuals also engage in proactive coping. These future- and action-oriented behaviors can prepare a person not only for specific stressors, but also for those that are likely to arise in the normal course of life. Proactive coping includes building and strengthening all resources (e.g., from practical and academic knowledge, experiences, and sufficient numbers and varied kinds of social contacts; see also direct effects hypothesis of social support). As well, proactive coping involves gaining skills and abilities to assess the changing environment more accurately, from signs of a possible stressor, to appropriate strategies and resource use, to feedback on a given situation. Though it is impossible to make causal claims, future-oriented coping tends to be associated with positive outcomes such as goal achievement and lower levels of distress. However, too great an emphasis on the future may be a sign of hypervigilance, which has been linked to negative outcomes such as anxiety and poor information processing (Biggs et al., 2017).

Similarly, one must keep in mind that strict labeling of most strategies and other coping behaviors can result in erroneous interpretations. This is especially true when attempting to categorize responses as effective or ineffective. Seldom is a coping response all good or all bad, and one must well consider the many specifics of the situation and the goals of the individual prior to drawing firm conclusions.

Statement of the Problem

This study aimed to determine the leadership challenges and coping strategies of community health nurses in three selected municipalities. The findings served as the bases for a proposed action plan.

Specifically, this sought to address the following:

1. What is the profile of the respondents in terms of:

- 1.1. age;

1.2. gender;

1.3. highest educational attainment; and

1.4. length of service?

2. What are the leadership challenges of the respondents?

3. What are the coping strategies used by the respondents in dealing with leadership challenges?

4. Is there a significant relationship between the respondents' profile and their leadership challenges?

5. Is there a significant relationship between the respondents' profile and their coping strategies?

6. Is there a significant relationship between the respondents' leadership challenges and coping strategies?

7. Based on the findings of the study, what action plan may be proposed?

Statement of Null Hypotheses

Ho1: There is no significant relationship between the respondents' profile and their leadership challenges.

Ho2: There is no significant relationship between the respondents' profile and their coping strategies.

Ho3: There is no significant relationship between the respondents' leadership challenges and their coping strategies.

Significance of the Study

This research shall benefit the following:

Community Health Nurses. This study shall provide an avenue for awareness of community health nurses who are assuming both leadership and management roles of the different leadership and management challenges they encounter and the coping strategies they employ, thus, allowing them to evaluate coping skills in order to overcome leadership and management challenges and stresses.

Patients. This study allows for the determination of leadership and management challenges of nurses which may directly or indirectly affect their ability to provide quality patient care. Assisting community health nurses identify their challenges and effective coping strategies ascertains that nurses will be able to optimally perform their functions which is primarily directed towards provision of quality care.

Rural Health Units. Ensuring that nurses are able to perform their leadership and management roles through appropriate recognition of their role challenges and identification of effective coping strategies will consequently ascertain improved leadership and management role performance which will greatly improve the working environments of the health unit.

Rural Health Midwives. Being the directly under the supervision of the community health nurse, the rural health midwives including the barangay health workers shall experience better leadership and management if nurses are free from stresses brought about by their imposed role challenges.

Municipality. With community health nurses able to cope up with different leadership and management challenges, the Municipality will be assured that health programs under the leadership of the community health nurse will be properly implemented.

Researcher. Being a community health nurse, the study will provide insightful information and evidence on the realities of leadership and management challenges and coping strategies if nurse leaders. This will enhance the researcher's evidence-based knowledge that will prove useful in effective dealing with stresses relation to her leadership and management functions. Moreover, the study will progress the researcher's ability and improve previously learned skills fundamental in conducting researches which she can use to advance further her studies in the near future.

Future Researchers. The study will serve as the basis for future researchers to conduct similar studies or future researches with in-depth, broader and comprehensive research topic related to the current research study.

RESEARCH METHODOLOGY

Research Design

This research utilized a descriptive correlation research design to determine the leadership challenges and coping strategies of community health nurses in three selected municipalities through the use of a researcher-made and modified research instruments as illustrated in the following research flow:

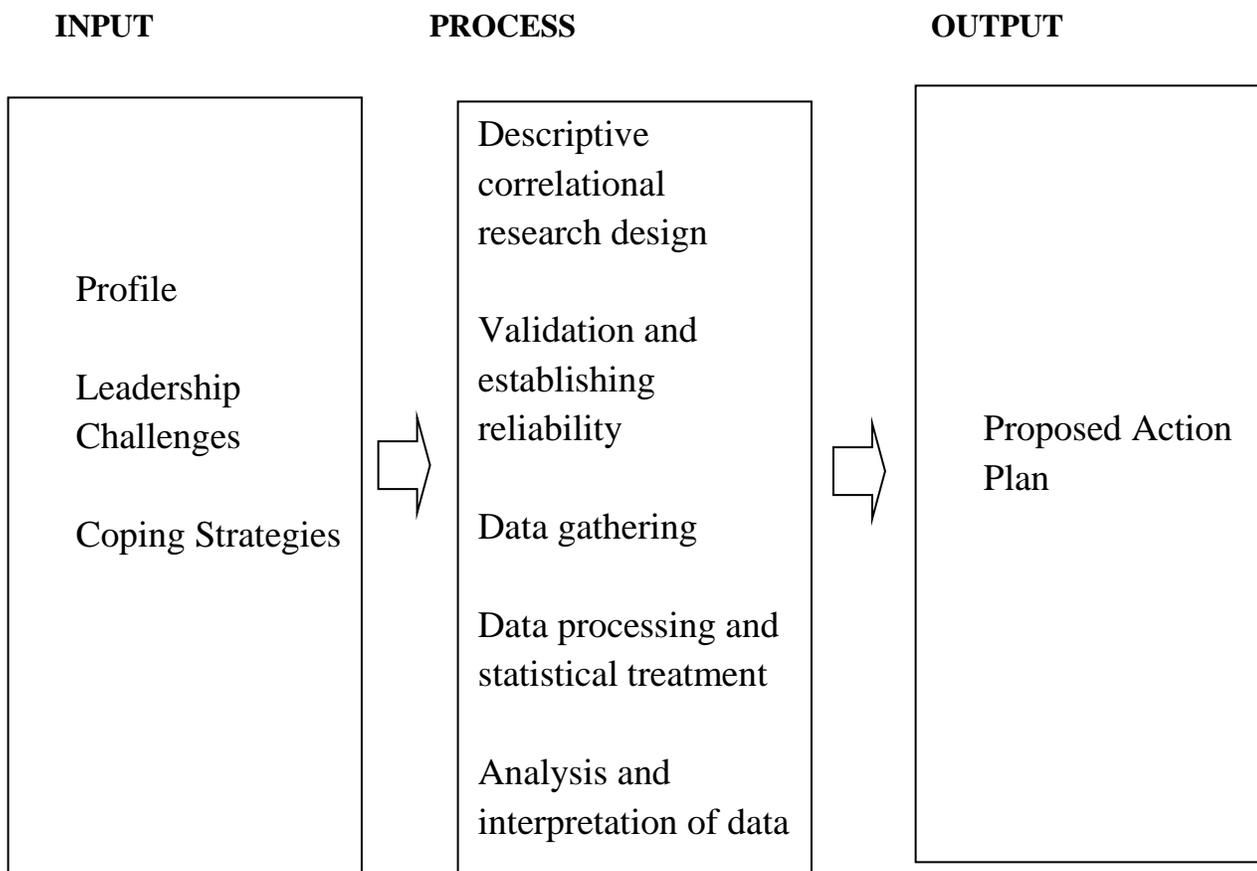


Figure 1 Research Flow

Research Environment

The study was conducted in three municipalities situated in the northern part of Cebu, across the Tañon Strait. The research environments are within an island which is turn is administratively divided into the three respective municipalities. One of the municipalities covers the southeastern portion of the island. It is composed of ten barangays and with a population of 34, 471. On the other hand, the second municipality is considered as the largest municipality of the three, covering the central part of the island. It is composed of 25 barangays and 5 of which are islets barangays. It has a population of 48,981. The last municipality covers the northern portion of the island. It has 14 barangays with a total population of 39, 990.

Research Respondents

The researcher respondents were the community health nurses of the three selected municipalities. These nurses are the public health nurses (PHN) who are directly employed by the municipalities and those who are employed by the Department of Health Human Resource Health Program or commonly referred to as NDPs. Currently, the three municipalities have a total of 40 nurses; 2 PHNs and 8 NDPs in the first municipality, 4 PHNs and 15 NDPs in the second, and 3 PHNs and 8 NDPs in the third. Due to the meager population of the research respondents, complete enumeration was employed which implied that all 40 community health nurses will be considered as research respondents. The researcher deemed that taking all elements of the population as the research respondents will lead to higher precision, accuracy and reliability of results. There was no sampling method applied in the study.

Research Instrument

The study utilized a researcher-made and modified questionnaire which will be subdivided into four parts. Part I determined the profile of the respondents in terms of age, gender, highest educational attainment, and years of service. Part II contained 62 researcher made statements that determined the leadership challenges of the respondents in terms of challenges to self (34 statements), challenges to communication (12 statements), challenges with supervisor (7 statements), and organizational challenges (9 statements). Part III contained 25 statements to assess the coping strategies of the respondents in terms of planful problem solving (6 statements), seeking social support (5 statements), positive reappraisal (4 statements), escape-avoidance / distancing (6 statements), self-controlling (2 statements), and confrontive coping (2 statements) based on Lazarus and Folkman's Ways of Coping Scales.

The reliability of the researcher made questionnaire was tested using 15 community health nurses in the Municipality of Bogo. These nurses were asked for their consent to participate in the pilot testing procedure. The questionnaire was explained to them for more accurate understanding of the needed information for the study. Once pilot testing data was collected, and tabulated, it was statistically treated and analyzed using Cronbach's alpha at 0.5 level of significance. The reliability score of the instrument using Cronbach's alpha valued at 0.812 which indicated good reliability. This showed that the research instrument was reliable for use to the actual respondents of the study (Please refer to Appendix D for the computation of the reliability test of the research tool).

Research Procedures

The research procedure initially commenced by sending a transmittal letter to the Dean of Graduate School of the University of Cebu, for approval to conduct the study. One approved, the next step was to submit the study to a panel of expert for design hearing and approval. Once approved and the notice to conduct the study was given, the researcher sent out transmittal letters to the Municipal Health Officers of the three selected municipalities to ask permission to conduct the study and collect pertinent data from the research respondents. Once approved, the researcher scheduled a week for data collection.

Data Gathering. During data gathering, the questionnaires was given to the qualified respondents and was collected using face to face intercept. Because of the current pandemic, standard protocol for the prevention and spread of

Covid-19 was carefully complied such as wearing of masks, gloves, face-shields during data collection. Precautionary handwashing before and after the data collection was adhered. Disinfectants such as alcohol and sanitizers was provided to disinfect materials and supplies used during data collection.

Upon return of the questionnaires, they were double checked for items which were possibly missed or unanswered. Questionnaires with unanswered items were returned to the respondent for completion. All completed questionnaires were collected and collated. Responses were tallied, tabulated and subjected to treatments both descriptive and inferential statistics. At the end of the study, the answered questionnaires were shredded to maintain confidentiality. A soft copy of the tabulated responses was kept for reference but will be deleted as soon as the study was completed.

Statistical Treatment. The responses of the respondents were subjected to statistical treatment using different statistical tools. A statistician was commissioned for the treatment of data while the interpretation was a collaborative effort between the statistician and the researcher. The actual questionnaires were collected and the results were tallied and compiled. The respondents' answers were recorded and grouped according to their category and computed using the following statistical tools.

Simple Percentage was used to determine the percentage distribution of the research subjects in terms of their age, gender, highest educational attainment and years of service.

Weighted mean was used to determine the leadership challenges of the respondents as well their coping strategies.

Chi Square was utilized to identify the significant relationship between the respondents' profile and their leadership challenges, as well as the significant relationship of the respondents' profile and their coping strategies.

Pearson R was used to identify the correlations between the respondents' leadership challenges and their coping strategies.

Ethical Consideration

Ethical considerations were strictly followed in the conduct of this research work. There were four ethical standards that were followed for this research endeavor. These included the principle of respect, confidentiality, beneficence and justice. The first principle conformed to respect of persons. In accordance to this concept, the respondents were not forced or coerced to participate in this study. The respondents exercised their rights to autonomy and self-determination. They reserved the right to decide what activities they will partake or will not in the study. The respondents were informed of what the research undertaking is all about, they were made to understand what form of information were collected from them and made rationale decision on the impact of participating in this study. Their participation was their choice without coercion, restriction or influence. Their willingness to participate was evidenced by their signed informed consent.

The second principle that was adhered to was confidentiality. The researcher took utmost effort never to share or disclose any respondent's pertinent information outside the context of this study. All documented information collected was only used for data tabulation and interpretation. Any written and electronic documentation related to this research was appropriately disposed of at the ends of the study.

The third principle was beneficence. The researcher ascertained that this study maximized benefit and minimized if not eliminated related risks. It was rudimentary that the researcher does not cause any harm to the respondents in the implementation of the research procedure, data collection and treatment of data.

The last principle followed was justice which encompassed the equitable selection of the research respondents. All respondents were subjected to the same data collection procedure by answering the predetermined research questionnaire. The study ensured that respondents were the primary beneficiary of the research.

Definition of Terms

The following terms were operationally defined to help the readers understand how these were utilized in the study.

Coping Strategies of the Respondents. This pertains to the various mechanism utilized by the community health nurses to address leadership and management challenges based on Folkman and Lazarus’ ways of coping scale.

Leadership Challenges of the Respondents. This pertains to the difficulties community health nurses face in managing teams, resources, and responsibilities while meeting organizational goals and addressing community health needs.

Profile of the Respondents. This represents the demographic characteristic of the respondents in term of age, gender, highest educational attainment, and length of service.

Proposed Action Plan. This refers to the desired plan of action that will be implemented by the researcher based on the findings of the study in order address the leadership and management challenges of the respondents and improve their coping.

Presentation, Analysis and Interpretation of Data

This chapter presents, interprets and analyses the data gathered by the researcher which determined the leadership challenges and coping strategies of community health nurses in three selected municipalities. This chapter first presents the profile of the respondents in terms of age, gender, highest educational attainment, and length of service treatment followed by their leadership challenges and coping strategies. Furthermore, this chapter shows the significant relationship between the respondents’ profile and their leadership challenges, their profile and their coping strategies, and their leadership challenges and coping strategies. Interpretation of the results follows thereafter to expound better the meaning of the results of the conducted research.

Respondents’ Profile

Table 1 shows the profile of the respondents as to age, gender, highest educational attainment, and length of service.

Table 1 Profile of the Respondents n = 40

Profiles	Frequency	Percentage
I. Age		
66 and above	0	0%
40-65	8	20%
18-39	32	80%
II. Gender		
Male	12	30%

Female	28	70%
III. Highest Educational Attainment		
Registered/Licensed	37	92.5%
Masteral Level	3	7.5%
Masteral Graduate	0	0%
Doctoral Level	0	0%
Doctoral Graduate	0	0%
IV. Length of Service		
More than 3 years	32	80%
1-3 years	6	15%
6 months – 1 year	2	5%
3-6 months	0	0%
Less than 3 months	0	0%

Table 1 presents the distribution of the research respondents' profile in term of age, gender, highest educational attainment, and length of service. The table shows that majority of the respondents are between the ages of 18 to 39 years old comprising 80% of the total population, 20% were between 40 to 65 years old and none of the respondents are 66 years old and above.

The result suggests that most of the respondent are within the early adult age group. Nora et al. (2020) on a study of 29,814 profiles of community health workers identified that the average age of community health workers, most of them are nurses, is 35-year-old. The study showed that many new graduate nurses and registered nurses chose to work in a community health care facilities and community health care settings at and entry level, then would transition to acute care before entering clinical care practice in a tertiary care facility. Nurses consider community care settings to be a preparatory ground for them to hone their nursing skills with less patient load and workload before taking on more arduous load in an in-patient care environment.

According to Majait et al. (2021), the age group of community health nurses in the Philippines are between 18 – 30 years old. As the rise nursing graduates was becoming observable during the last 3 years, nursing graduate finds community health nursing under the employment of the Department of Health to be suitable with better salary, benefit and coverage compared to nurses in private healthcare facilities. Also, many institutions including government healthcare facilities may have experienced retirement of older nurses during the past years. There is fast turnover of nurses and that most of the more experienced and older nurse population are now working abroad.

Most of the respondents were female at 70% while 30% were males. Historically, the nursing role has been predominately a female profession. Nursing is often regarded to as a female profession. According to Muench et al. (2015) nursing is a profession that is much attributed to caring as its foundation and is more likely to attract women than men. But at the advent of the new decade, many male students decided to join the nursing profession as more male nurses became in demand in the field of clinical nursing practice especially in the different specialized areas

in the hospital. Remuneration offers to male nurses are higher as compared to female nurses thus there is beginning saturation of men in this female dominated profession.

Most of the respondents are registered nurses at 92.5%, while the remaining 7.5% are currently taking masters' degree. The results of the table indicated that majority of the nurses hired belong to the younger population. This may imply the reason behind their educational attainment. Most young graduates do not feel the need to acquire continuing education as they just recently obtained their degree. There is also the lack of motivation among younger nurses to continuing education as their main goal during this stage of their career is to have a stable job and get them the nursing experience they need in order to practice nursing in their field of choice (Pool et al., 2015)

Most of the respondents at 80% have been working as a community health nurse for more than 3 years while 15% have been in service for 1to 3 years and only 5% are between 6 months to 1 year. Kingma (2018) explained that it is mostly expected in nurses to have that strong sense of loyalty even in their employment. Nurses usually look for the best working environment at the start of their career and stays on the job even for years unless better opportunities open. In the Philippines, most nurses stay in their job for 2-5 years in order to acquire the needed experience before pursuing a better nursing career.

Levels of Leadership Challenges

Table 2 presents the levels of leadership challenges of the respondents in terms of challenges to self, while Table 3 presents the leadership challenges in terms of communication, supervisor, and organization.

Table 2 Respondents' Leadership Challenges as to Self n = 40

Indicators	Weighted Mean	Interpretation
I. Challenges to Self		
<i>As a Leader, I find:</i>		
1. Maintaining my self-motivation.	2.35	Less Challenging
2. Maintaining my self-confidence.	2.28	Less Challenging
3. Providing proper direction to my team.	2.50	Less Challenging
4. Giving appropriate support to my team.	2.10	Less Challenging
5. Allowing time to mentor and coach my team.	2.45	Less Challenging
6. Using mistakes of team members as teachable moments.	2.30	Less Challenging
7. Delegating tasks to my team.	2.28	Less Challenging
8. Fostering time management skills to get work done on time.	2.38	Less Challenging
9. Making the correct decision for my team.	2.58	Moderately Challenging
10. Doing problem solving for my team.	2.48	Less Challenging

11. Providing multiple solutions to my team when problems arise.	2.60	Moderately Challenging
12. Taking time for my own self-growth and development.	2.53	Moderately Challenging
13. Collaborating with other departments	2.38	Less Challenging
14. Empowering my team for skills development and self-growth.	2.45	Less Challenging
15. Encouraging team members to take on new challenges.	2.00	Less Challenging
16. Letting my team feel appreciated and valued.	1.85	Less Challenging
17. Giving recognition to my team for a job well done.	2.25	Less Challenging
18. Balancing the demands of my work and personal life.	2.28	Less Challenging
19. Appropriately handling my own work stresses.	2.08	Less Challenging
20. Personally adapting to work changes.	2.30	Less Challenging
21. Effectively handling resistance to work changes of my team.	1.88	Less Challenging
22. Considering the feelings of my team.	2.10	Less Challenging
23. Considering how my words and actions will affect my team.	1.80	Less Challenging
24. Listening to the ideas of others and hosting brainstorming sessions	1.85	Less Challenging
25. Letting the team carry out their ideas and learn from their mistakes.	2.33	Less Challenging
26. Taking actions when goals are not met and providing solutions	2.33	Less Challenging
27. Regularly monitoring progress of key initiatives.	2.20	Less Challenging
28. Gaining a sense of accomplishment through motivating others.	2.18	Less Challenging
29. Foreseeing team accomplishments of goals.	2.18	Less Challenging
30. Encouraging creative and innovative thinking among my team.	2.10	Less Challenging
31. Connecting with team members about more than just work.	2.23	Less Challenging
332 Asking team members about their goals and interests.	1.98	Less Challenging

33. Participating in team building activities.	2.34	Less Challenging
Overall Mean	2.24	Less Challenging

LEGEND:

3.26- 4.00 - Very Challenging 1.76- 2.50 – Less Challenging
 2.51 – 3.25 – Moderately Challenging 1.00- 1.75 – Not challenging

Table 2 shows that in terms of challenges to self, the respondents are *less challenged* at overall mean of 2.24. Considering the specific indicators under challenges to self, the respondents are least challenged in terms of how their words and actions affect others, listening to the ideas of others and hosting brainstorming sessions and letting their team feel appreciated and valued. Being *less challenged* in these indicators means that the respondents do not find it difficult to perform these leadership roles and tasks. On the hand, the respondents are *moderately challenged* in making the correct decision for their team, providing multiple solutions to their team when problems arise and taking time for their own self-growth and development.

The result suggests that most respondents find it manageable to perform leadership roles that involve personal and interpersonal skills. This reflects strong interpersonal and communication skills, as well as emotional intelligence, as critical traits for effective leadership in community health settings. However, the data also indicate that respondents are *moderately challenged* in key areas of decision-making and personal development. They find it somewhat more difficult to consistently make correct decisions for their team, offer multiple solutions during problem-solving, and allocate time for self-growth and professional development. These findings suggest that while interpersonal aspects of leadership are strengths, more support or training may be needed in areas requiring critical thinking, strategic planning, and self-directed learning. Addressing these moderate challenges may enhance their leadership capacity and effectiveness in managing complex healthcare environments.

Table 3 Respondents’ Leadership Challenges as to Communication, Supervisor and Organization n = 40

Indicators	Weighted Mean	Interpretation
II. Challenges to Communication		
<i>As a Leader, I find:</i>	Weighted Mean	Interpretation
Being an active listener		
1. Constantly maintaining open communication with my team.	1.95	Less Challenging
2. Regularly communicating important information to my team.	2.00	Less Challenging
3. Communicating processes and policies to my team.	2.08	Less Challenging

4. Maintaining effective interpersonal communication with my team.	2.05	Less Challenging
5. Being a kind but honest communicator.	1.93	Less Challenging
6. Making my message easily understandable to my team.	2.03	Less Challenging
7. Providing my team regular feedback and evaluation.	2.03	Less Challenging
8. Asking feedback from my team.	1.98	Less Challenging
9. Confronting team members regarding poor performance.	2.58	Moderately Challenging
10. Providing constructive criticism even when its hard.	2.60	Moderately Challenging
11. Communicating negative evaluation to team members.	2.55	Moderately Challenging
Overall Mean	2.16	Less Challenging
III. Challenges with Supervisor		
As a Leader, I find:	Weighted Mean	Interpretation
1. Maintaining good professional relationship with my supervisor.	1.95	Less Challenging
2. Maintaining open communication with my supervisor.	2.08	Less Challenging
3. Communicating work issues and problems to my supervisor.	2.05	Less Challenging
4. Getting inspiration and motivation from my supervisor.	1.88	Less Challenging
5. Learning through role modelling from my supervisor.	1,90	Less Challenging
6. Getting guidance and support from my supervisor.	1.98	Less Challenging
7. Getting timely feedback and evaluation from my supervisor.	2.08	Less Challenging
Overall Mean	2.00	Less Challenging
IV. Organizational Challenges		
	Weighted Mean	Interpretation

As a Leader, I find:		
1. Achieving team motivation within the organization	2.23	Less Challenging
2. Maintaining shared goals and unified vision within the organization.	2.78	Moderately Challenging
3. Formulating organizational policies and regulations.	2.43	Less Challenging
4. Maintaining a conducive working environment.	2.25	Less Challenging
5. Dealing with interpersonal and team conflicts.	2.45	Less Challenging
6. Having an effective conflict management process with the organization.	2.33	Less Challenging
7. Having a distinct reward and recognition system for good performance.	2.13	Less Challenging
8. Providing opportunities for training and skills enhancement.	2.15	Less Challenging
9. Providing appropriate opportunities for stress management.	2.25	Less Challenging
Overall Mean	2.33	Less Challenging
GRAND MEAN	2.18	Less Challenging

LEGEND:

3.26- 4.00 - Very Challenging 1.76- 2.50 – Less Challenging

2.51 – 3.25 – Moderately Challenging 1.00- 1.75 – Not challenging

Table 3 reveals that in terms of challenges to communication, the respondents are *less challenged* with an overall weighted mean of 2.16. Noting the specific indicators under this domain, the respondents are least challenged in being a kind but honest communicator, constantly maintaining open communication with their team, and asking feedback from their team. In contrast, they are *moderately challenged* in communicating negative evaluation to team members, confronting team members regarding poor performance and providing constructive criticisms.

Regarding challenges with supervisors, the data revealed that the respondents are *less challenged* with an overall mean of 2.00. In terms of the specific indicators under challenges to supervisor, the respondents are least challenged in getting inspiration and motivation from their supervisors, learning from their supervisors through role modelling, and maintaining good and professional relationship with their supervisors. This means that the respondents don't

find it difficult to deal with their supervisors and that they are able to maintain positive professional relationships with them. The respondents did not show any significant challenges under this domain.

Lastly, in terms of organizational challenges, the respondents appeared to be *less challenged* with an overall mean of 2.33. They are least challenged in having distinct rewards and recognition system for good performance, being provided with appropriate opportunities for training and skills enhancement and achieving team motivation within the organization. But they are *moderately challenged* in maintaining shared goals and unified vision within the organization.

Overall, the respondents are *less challenged* in their leadership at 2.18 weighted mean. This means that in general, the respondents do not find their leadership roles and responsibilities to be difficult to perform. This could be attributed to their capacity to handle the demands of leadership effectively. In summary, the table showed that the respondent presents less challenges in the four domains or areas identified. But although the overall mean indicated less challenges for the respondents, there are specific indicator in the different domain that the respondents felt *moderately challenged*. This means that these are specific areas that they may experience struggle or difficulty handling within the scope of their leadership roles.

There are many different leadership challenges that nurses, in any field of practice face. According to Elliot et al. (2016), the common barriers identified to nurse leadership and the development of leadership skills among nurses include lack of specific education that focused on clinical leadership and health team management, a lack of a structured pathway for developing nurse leaders, and a lack of available leadership training. Barriers to nurses moving into higher leadership roles include: limited organizational opportunities, lack access to working at the strategic level, inflexible organizations, the absence of nurse visibility in policy making, a lack of formal leadership training, and nurses feeling devalued by the system.

The result of the study indicated community health nurses having *moderate challenges* in decision-making and providing multiple solutions when problems arise in the team. According to Bonnice (2019) in her study, 36% of nurses reported difficulties with decision making and the percentage increases to 56% when nurses are in critical areas of assignment. Nurse leaders are also confronted with the same difficulty. The primary reasons for such experience include lack of knowledge base regarding the problem situation, lack of time to make decision, lack of time to implement decision and personal values conflict with others.

Another challenge commonly encountered by leaders is communicating poor performance, providing feedback on poor performance and giving constructive criticisms. Brown et al. (2016) explained that one of major difficulties for managers and leader is to communicate poor performance to staff. Most leader do not find the task comfortable as they fear staining their relationship with their team. There is a need to communicate effective negative performance in order to bring about change on the behavior of the team member. The challenge is how to deliver the message that will be offensive to the team member, instead, will be encouraging for him to improve her performance.

Another leadership challenge commonly encountered by leaders is maintaining and attaining shared goals within an organization. According to Nadeem et al. (2020), if a team has a shared aspirational goal they are all working towards, they have something that unites and drives them as a group. When that's clearly defined and they understand how their roles actively contribute to it, they are empowered to prioritize and flex what they do to achieve it. Many leaders find this difficult to achieve most especially when the goal set by the leader or the organization is not aligned to the personal goals of the team members. Personal goal might get in conflict with team goals and when this happens, it will be very difficult to achieve unified direction and team success. Most leaders, including those in healthcare must understand how essential a unified organizational goal is in work satisfaction through goal attainment.

Coping Strategies of Respondents

Table 4 presents the coping strategies utilized by the respondents in terms of planful problem-solving, seeking social support, positive reappraisal, escape-avoidance/distancing, self-controlling; and confrontive coping strategies.

Table 4 Respondents' Coping Strategies n = 40

Indicators	Weighted Mean	Interpretation
When I face challenges at work:		
I. Planful Problem – Solving Strategy		
1. I analyze the situation or the problem in order to understand it better.	3.63	Highly Utilized
2. I concentrate on what I have to do next to resolve the problem the soonest.	3.48	Highly Utilized
14. I would make a plan of action and followed it.	3.43	Moderately Utilized
18. I would draw on my past experiences to get insight on how to deal with the situation better.	3.10	Moderately Utilized
22. I would come up with a couple of different solutions to the problem.	3.25	Moderately Utilized
23. I would determine what had to be done and double my efforts to make things work.	3.30	Highly Utilized
Overall Mean	3.36	Highly Utilized
II. Seeking Social Support Strategy		
3. I confide with my supervisor to get guidance and support.	3.23	Moderately Utilized
8. I talked to someone to find out more about the situation.	3.25	Moderately Utilized
11. I talked to someone who could do something concrete about the problem.	3.13	Moderately Utilized
16. I would ask a relative or friend I respected for advice.	2.88	Moderately Utilized
24. I would get professional help.	3.15	Moderately Utilized
Overall Mean	3.13	Moderately Utilized
III. Positive Reappraisal Strategy		
4. I look at the positive side and think that these challenges are opportunities for growth and development.	3.22	Moderately Utilized

6. I consider these challenges as learning opportunities.	3.30	Highly Utilized
21. I would turn to my faith that everything happens for a reason and there's a better outcome from it.	2.98	Moderately Utilized
25. I will assess the situation and identify ways to positively deal with it.	3.30	Highly Utilized
Overall Mean	3.2	Moderately Utilized
IV. Escape-Avoidance / Distancing Strategy		
5. I do not delve on the issue so much thinking that it will just resolve with time.	3.20	Moderately Utilized
7. I turned to work or substitute activity to take my mind off things.	3.10	Moderately Utilized
12. I try to make myself feel better by eating, drinking, smoking, etc.	2.33	Moderately Utilized
13. I would sleep more than usual.	2.45	Less Utilized
15. I would get away from the issue for a while; tried to rest or take a vacation.	2.55	Moderately Utilized
20. I would wish that the situation would go away or somehow be over with.	2.58	Moderately Utilized
Overall Mean	2.70	Moderately Utilized
V. Self-controlling Strategy		
9. I tried to keep my difficulties to myself.	2.90	Moderately Utilized
19. I would try to keep my feelings from interfering with other things too much.	2.75	Moderately Utilized
Overall Mean	2.83	Moderately Utilized
VI. Confrontive Strategy		
10. I express anger to the person(s) who caused the problem.	2.58	Moderately Utilized
17. I would take it out on other people and find someone to blame.	2.18	Less Utilized
Overall Mean	2.38	Less Utilized
Grand Mean	2.93	Moderately Utilized

LEGEND:

- | | |
|-----------------------------------|----------------------------|
| 3.26- 4.00 - Highly Utilized | 1.76- 2.50 – Less Utilized |
| 2.51 – 3.25 – Moderately Utilized | 1.00- 1.75 – Not Utilized |

Table 4 shows that in general, the coping strategies are *moderately utilized* by the respondents in overcoming challenges in their leadership roles and functions at 2.93 grand mean. The strategy that is *highly utilized* by the respondents is planful problem-solving at 3.36 overall mean followed by positive reappraisal and seeking social support at 3.2 and 3.13 overall mean respectively. The lesser strategy utilized by the respondent are self-controlling strategy, escape-avoidance or distancing strategy at 2.83 and 2.7 overall mean. The least of the coping strategy used by the respondents is the confrontative strategy at 2.38 overall mean. In terms of the specific indicators of coping strategies, the strategy *highly utilized* by the respondent is analyzing the situation or the problem in order to understand it better and the least is taking out on people and finding blame.

Learning healthy coping skills is important because it teaches us how to deal with difficult situations and helps us become more resilient. So whatever problem comes our way in the future, we have the strength and will-power to keep moving forward (Algorani & Gupta, 2021). Problem-focused coping targets the causes of stress in practical ways which tackles the problem or stressful situation that is causing stress, consequently directly reducing the stress. In problem-solving coping, the individual perceives that the stressor is something about which action can be taken. Problem-focused coping activities are engaged in by individuals who perceive problems as opportunities for benefit or gain, believe that problems are solvable, and believe in personal ability to solve problems successfully. Problem-solving coping allows an individual to see that steps can be taken to alter the challenging situations. These efforts involve risk taking and various cognitive problem-solving skills (Khan et al., 2016).

In confrontative coping, the stress management approach involves the person to directly confronts a stressor in an attempt to decrease or eliminate it. This may involve generating possible solutions to a problem, confronting others who are responsible for or otherwise associated with the stressor, and other forms of instrumental action. Although this coping strategy can prove beneficial in many situations, in some, it should be implemented carefully as the strategy would tend to create relational strain between the one confronting and the one being confronted. It is important that in confrontative coping, the individual must take actions to appropriately confront the individual causing the stress or problem so as to maintain positive relationships. In the case of a leader and his team members, leaders must take extra effort to confront a team member causing the problem in a manner that is constructive so as to maintain professional relations with his team member (May et al., 2015)

Relationship Between the Profile of the Respondents and Their Leadership Challenges

Table 4 presents the significant relationship between the profile of the respondents and their level of leadership challenges.

Table 5 Results of the Hypothesis on the Relationship between Respondents’ Profiles and their Leadership Challenges n = 40

Variables	Computed Value of X ²	Critical Value of X ²	df	Decision	Interpretation
Age	9.361	7.815	6	Reject	Significant
Gender	11.346	12.592	3	Accept	Not Significant

Highest Educational Attainment	20.567	21.026	12	Accept	Not Significant
Length of Service	23.953	21.026	12	Reject	Significant
Factor Average	16.307	15.615		Reject	Significant

The Chi-square computation implied that if the computed value is greater than the critical value, the null hypothesis will be rejected. The results obtained from the 40 respondents using the survey questionnaire as the research instrument have been analyzed and the result revealed that there is a significant relationship between the profile of the respondents and their leadership challenges. The table showed explicitly the following:

Table 5 shows that the age's computed value of chi-square of 9.361 is greater than the critical value of 7.815. Hence, age is an indicator of their leadership challenges. It further shows no significant relationship between the gender of the respondents and their leadership challenges as shown in the computed value of chi-square of 11.346 which is lesser than the critical value of 12.592. It indicates that their gender doesn't have any relationship to their leadership challenges.

The data also revealed that there is no significant relationship in the respondents' highest educational attainment as shown in the computed value of chi-square of 20.567 which is lesser than the critical value of 21.026. Thus, the null hypothesis was accepted. The table also revealed that the length of service of the respondents' computed value of chi-square of 23.953 is greater than the critical value of 21.026. This led to the rejection of the null hypothesis. Thus, the respondents' length of service is an indicator of their leadership challenges.

Generally, the results connoted that there is a significant relationship between respondent's profile and their leadership challenges as shown in the computed value of chi-square in the factor average of 16.307 which is greater than the critical value of 15.615. Thus, the null hypothesis was rejected.

Relationship Between the Profile of the Respondents and Their Coping Strategies

Table 6 presents the significant relationship between the profile of the respondents and their coping strategies.

Table 6 Results of the Hypothesis on the Relationship between Respondents' Profiles and their Coping Strategies n = 40

Variables	Computed Value of X ²	Critical Value of X ²	df	Decision	Interpretation
Age	10.326	7.815	6	Reject	Significant
Gender	10.115	12.592	3	Accept	Not Significant
Highest Educational Attainment	19.201	21.026	12	Accept	Not Significant

Length of Service	27.112	21.026	12	Reject	Significant
Factor Average	16.689	15.615		Reject	Significant

Table 8 reveals that age and length of service of the respondents have a significant relationship to their coping strategies as manifested in computed values of chi-square of 10.326 for the age and 27.112 for the length of service which are greater than the critical values of 7.815 for the age and 21.026 for the length of service leading to the rejection of the null hypothesis.

On the other hand, there are no significant relationships noted in the respondent's gender and highest educational attainment as revealed in the computed values of chi-square of 10.115 for the gender and 19.201 for the highest educational attainment which are lesser than the critical values of 12.592 for the gender and 21.026 for the highest educational attainment leading to the acceptance of the null hypothesis.

Generally, as reflected in the factor average, the computed value of chi-square of 16.689 is greater than the critical value of 15.615. This leads to the rejection of the null hypothesis. This means that there is a significant relationship between the profile of the respondents and their coping strategies used in dealing with leadership and management challenges at 0.05 (5%) level of significance.

Relationship Between the Leadership Challenges of the Respondents and Their Coping Strategies

Table 7 presents the significant relationship between the leadership challenges of the respondents and their coping strategies.

Table 7 Results of the Hypothesis on the Relationship between Respondents' Leadership Challenges and their Coping Strategies n = 40

Variables	Pearson r Computed Value	Pearson r Tabular Value	Decision	Interpretation
Respondents' Leadership challenges and Coping Strategies	0.381	0.307	Reject	Significant

LEGEND:

R	Verbal Interpretation
0.0 to ± 0.20	Slight Correlation
±0.21 to ±0.40	Low Correlation
±0.41 to ±0.60	Moderate Correlation

±0.61 to ±0.80	High Correlation
±0.81 to ±1.00	Very High Correlation

Table 6 shows a significant relationship between the respondents’ leadership challenges and their coping strategies. The result shows a positive low relationship between the respondents’ leadership challenges patterns and their coping strategies as reflected in the overall computed value of Pearson r of 0.381 which is greater than the tabular value of 0.307. This leads to the rejection of the null hypothesis.

This means that there is a significant relationship between the respondents’ leadership challenges and their coping strategies used in dealing with leadership and management challenges at 0.05 (5%) level of significance. The verbal interpretation of Pearson r showed that there is a low positive correlation between the two variables.

Positive correlation means as one variable increase the other variable has a tendency to also increase and vice versa. It means if the respondents are facing more leadership challenges, the more commonly adaptive coping strategies will be used. This may allow the respondents to manage stress more effectively and more confident in their ability to deal with difficult leadership problems (Seligman, 2020).

SUMMARY, FINDINGS, CONCLUSION AND RECOMMENDATIONS

This chapter presents the summary of study, the findings obtained, the conclusion made by the researcher based on the findings of the study and the researcher’s recommendations.

Summary

This study aimed to determine the leadership and management challenges and coping of community health nurses in three selected municipalities. The findings will serve as the basis for a proposed action plan.

Specifically, this seeks to address the following:

1. What is the profile of the respondents in terms of:
 - 1.1 age;
 - 1.2 gender;
 - 1.3 highest educational attainment; and
 - 1.4 length of service?
2. What are the leadership challenges of the respondents?
3. What are the coping strategies used by the respondents in dealing with leadership challenges?
4. Is there a significant relationship between the respondents’ profile and their leadership challenges?
5. Is there a significant relationship between the respondents’ profile and their coping strategies?
6. Is there a significant relationship between the respondents’ leadership challenges and coping strategies?
7. Based on the findings of the study, what action plan may be proposed?

The study utilized a quantitative descriptive correlation research design using a researcher made and researcher - modified questionnaire to determine the leadership challenges of the respondents and their coping strategies of community health nurses. The study was conducted in three selected municipalities in northern Cebu. The research respondents were 40 community health nurses of the municipalities. Information on the respondents' profile, their leadership challenges and coping strategies were gathered. The collected information were then tabulated, statistically treated, interpreted and analyzed. The profile of the subjects was statistically treated using percentage distribution, while leadership challenges and coping strategies were determined using weighted mean. Chi square was used to determine the significant relationship between the respondents' profile and their leadership challenges and well as the significant relationship between the profile and their coping strategies. Pearson R was used to determine the significant relations between leadership challenges and coping strategies.

FINDINGS

The following are the findings of the study:

1. Majority of the subjects are between the ages of 18 to 39 years old, female, registered or licensed nurses with more than 3-years length of service.
2. Overall, the respondents are *less challenged* in all four leadership domains as to challenges to self, challenges to communication, challenges with supervisor and organizational challenges. In terms of the specific indicators, the respondents are *moderately challenged* in making the correct decision for their team, providing multiple solutions when problems arise, taking time for self-growth and development, confronting team regarding poor performance, providing constructive criticism, communicating negative evaluation to team members, and maintaining shared goals and unified vision within the organization.
3. Overall, the respondents *moderately utilized* the different coping strategies. The respondents highly utilized planful problem-solving as a coping strategy in the performance of their leadership functions while confrontative coping is the least coping strategy used.
4. There is significant relationship between the profile of the respondents and their leadership challenges, however, gender and educational attainment showed no significant relationship to the leadership challenges.
5. There is significant relationship between the profile of the respondents and their coping strategies, however, gender and educational attainment showed no significant relationship to coping.
6. There is significant relationship between the leadership challenges of the respondents and their coping strategies.

CONCLUSION

Leadership is important in every field of nursing practice including community health nursing. Community health nurses are also facing different leadership challenges in their leadership roles and responsibilities. The ability of the nurse leader to effectively cope with the challenges imposed by her leadership functions will greatly aid her in positively performing her tasks and influencing better performance of her team. The study can provide a better understanding on the different challenges of community health nurses in the performance of their leadership roles and responsibilities. Additionally, it adds to the body of knowledge of the different coping strategies that leaders utilize in order to overcome the different stressors of leadership.

RECOMMENDATIONS

Based on the findings and conclusion of the study, the following are recommended:

1. That the following relevant studies be undertaken by future researchers to strengthen the knowledge-base on the leadership challenges and coping of community health nurses:
 - 1.1 Leadership profile and leadership styles of community health nurses,
 - 1.2 The effects of leadership styles of community health nurses in community health program implementation, and
 - 1.3 The integration of leadership competencies in training and development of community health nurses.
2. That the proposed action plan will be implemented.

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