The Ethics of Care in Practice: Occupational Stress, Professional Values, and Resilience Among Direct Social Service Practitioners in Zamboanga City

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Abstract

This study examines occupational stress and resilience among direct social service practitioners in selected social welfare agencies in Zamboanga City through the lens of the ethics of care and professional values. Employing a descriptive mixed-methods design among 30 practitioners from the Crisis Intervention Unit, Social Development Center, Women Crisis Center, and Home for Women, the research investigated socio-demographic profile, perceived stress levels, biological, psychological and social manifestations and sources of stress, perceived effects on job performance and interpersonal relations, and stress-management strategies. Data were gathered through an adapted Perceived Stress Scale (PSS-10) and semi-structured interviews, analyzed via descriptive statistics and thematic analysis. Results indicate 73% reported moderate perceived stress, with biological manifestations ranking highest, followed by psychological and social dimensions. While 70% reported physical drain and 57% experienced stress sometimes, 87% remained satisfied with their jobs, anchored in service values. Major stressors included difficult client behaviors, role multiplicity, paperwork and emergencies, resource constraints, night shifts, threats from perpetrators, and unsupportive supervision. Social support emerged as the most frequently used and most effective coping strategy. Interpreted through the ethics of care, findings suggest stress reflects an ethical encounter between internalized professional values and structural conditions of care work, with implications for supportive supervision and institutional well-being programs.

Keywords: occupational stress; ethics of care; professional values; resilience; social work; coping strategies

Introduction

Social work derives its legitimacy from explicit commitments to human dignity, social justice, service, integrity, and the centrality of human relationships (Dolgoff et al. 2005; National Association of Social Workers 2021). For direct social service practitioners in residential and crisis centers, these values are enacted daily under conditions that test ethical commitment and personal endurance.

Frontline practitioners in Zamboanga City serving women and children in especially difficult circumstances confront gender-based violence, child abuse and neglect, abandonment, and chronic poverty. Such work requires sustained emotional presence, ethical decision-making, and

physical availability beyond conventional hours, making occupational stress a structural feature of practice (Kadushin and Harkness 2002).

Early literature emphasized individual vulnerabilities—idealistic expectations, poor time management, and inadequate self-care—as precursors to burnout (Edelwich and Brodsky 1980; Pines and Aronson 1981; Maslach 1976). Contemporary frameworks shift attention toward person-organization interaction. The World Health Organization (2022) classifies excessive demands, understaffing, limited control, inadequate support, long hours, and exposure to violence as psychosocial risks that organizations must prevent. In social work, difficult client situations coexist with role overload, documentation, and emergency duties (Mendoza 2002), while over-identification with clients' problems may blur boundaries (Munson 2002).

The consequences extend beyond well-being to absenteeism, turnover, and service quality (World Health Organization 2022). Yet a paradox persists: practitioners may report substantial stress alongside high satisfaction and meaning, suggesting value congruence buffers strain. Recent systematic reviews covering over 24,000 social workers found emotional exhaustion associated with lower satisfaction and turnover intention, while social support, resilience, and self-care were protective (Chaves-Montero et al. 2025). In the Philippines, Labasan (2025) documented relaxation, problem-solving, and religiosity as coping, while Miller and Grise-Owens (2022) highlighted pandemic-related intensification of burnout.

Philippine policy has evolved to recognize this. Republic Act No. 11036, the Mental Health Act, mandates workplace mental health programs and psychosocial support, while the Professional Regulatory Board for Social Work's revised Code of Ethics (2023) affirms practitioner well-being as ethical concern. This study is anchored in Lazarus and Folkman's (1984) transactional model, where stress arises when demands exceed resources mediated by appraisal, complemented by the ethics of care (Gilligan 1982; Tronto 1993) which views care as practice involving attentiveness, responsibility, competence, and responsiveness.

Statement of the Problem

1. What is the socio-demographic profile of direct social service practitioners in selected agencies in Zamboanga City?

2. What is their perceived level of occupational stress?

3. What are the biological, psychological, and social manifestations of stress and its major sources?

4. What are the perceived effects of stress on job performance and interpersonal relations?
5. What stress-management strategies are employed and which are perceived as most effective?

Methods

Research Design

Descriptive mixed-methods design was employed, integrating quantitative description of stress levels and coping patterns with qualitative thematic exploration of lived experiences. This design is appropriate for describing current conditions without variable manipulation.

Research Locale

The study was conducted in four center-based agencies in Zamboanga City: Crisis Intervention Unit (CIU) providing 24-hour emergency rescue and assistance; Social Development Center (SDC) offering residential care for disadvantaged children aged 7-17; Women Crisis Center (WCC) serving women survivors of violence; and Home for Women (HAVEN) providing protective and rehabilitative services for women aged 18-59 at risk of abuse.

Respondents

Purposive sampling recruited center-based direct service practitioners with at least six months experience, currently assigned to direct care roles (center head, social welfare officer/assistant/aide, administrative aide, houseparent, social worker, psychologist), and willing to participate with informed consent. Thirty practitioners participated: CIU (n=6), SDC (n=12), WCC (n=5), HAVEN (n=7), representing complete enumeration of eligible personnel available.

Instruments

Questionnaire Checklist: (a) socio-demographic profile; (b) adapted 10-item Perceived Stress Scale (Cohen et al. 1983; Cohen 1994) scored 0 (never) to 4 (very often), four items reverse-scored, total 0-40 (1-13 low, 14-26 moderate, 27-40 high); (c) checklist on manifestations, frequency, and effects; (d) inventory of stress-management strategies and effectiveness. Semi-structured Interview Guide explored contextual factors, critical incidents, and coping meanings. Instruments were validated by two social work educators and one supervisor and pre-tested.

Data Collection and Ethics

After approval from agency heads, questionnaires were personally administered in private settings. Participants were oriented on purpose, confidentiality, voluntariness, and right to withdraw. Written informed consent was secured. No identifying information was recorded. The study adhered to the Philippine Social Work Code of Ethics (2023) with anonymized coding and aggregate reporting.

Data Analysis

Quantitative data were analyzed via frequency, percentage, and mean. Qualitative data underwent thematic analysis (Braun and Clarke 2006) with integration at interpretation.

Results and Discussion

Findings are presented per table with integrated discussion, linking quantitative patterns to qualitative narratives and contemporary literature.

Table 1. Socio-demographic Profile of Respondents (N=30)

Characteristic	Category	f	%
Age	25–64 years	26	87%
	20–24 years	4	13%
Sex	Female	29	97%
	Male	1	3%
Civil Status	Married	19	63%
	Single	11	37%
Position	Houseparent	11	37%
	Center Head	4	13%
	Social Welfare Officer	4	13%
	Administrative Aide	4	13%
	Social Welfare Assistant	2	7%
	Social Welfare Aide	2	7%
	Social Worker	2	7%
	Psychologist	1	3%
Years in Service	0–9 years	20	67%
	10–19 years	4	13%
	20–29 years	3	10%
	30+ years	3	10%
Monthly Income	₱7,000–₱13,000	18	60%
	₱14,000–₱20,000	8	27%
	₱21,000–₱27,000	4	13%
Education	BS Social Work	12	40%
	With MSW units	9	30%
	Other degrees*	6	20%
	Master's Educ/Psych	2	7%
	Doctoral units	1	3%

Table 1 shows a predominantly female (97%), adult (87% aged 25-64), and married (63%) workforce, consistent with the feminized character of care work documented in Philippine social welfare literature (Mendoza 2002). The predominance of houseparents (37%) is significant because this role entails continuous client contact, night shifts, and custodial responsibilities that intensify exposure to stressors, as noted in residential care research. The high proportion with 0-9 years of service (67%) and low income (60% at ₱7,000-₱13,000) reflects contractual employment arrangements common in local government units, which literature links to job insecurity and role ambiguity, both psychosocial risks identified by WHO (2022). Educationally, 40% are BS Social Work graduates and 30% have MSW units, indicating professional orientation yet also diversity in background (nursing, commerce, education), which may influence coping repertoires and need for continuing professional development emphasized by Kadushin and Harkness (2002). Married status suggests potential work-family interface pressures, a risk factor for emotional exhaustion found by Chaves-Montero et al. (2025).

Table 2. Perceived Level of Occupational Stress (PSS-10)

Stress Level	Score Range	f	%
Low	0–13	6	20%
Moderate	14–26	22	73%
High	27–40	2	7%
Total		30	100%

Table 2 indicates that nearly three-fourths (73%) reported moderate perceived stress, 20% low, and 7% high. This distribution does not indicate low burden but rather normalization of moderate stress as inherent to direct practice, a pattern observed in both international and Philippine studies. Chaves-Montero et al. (2025), in a systematic review of over 24,000 social workers, found moderate emotional exhaustion to be common, predicting turnover intention when support is inadequate. Labasan (2025) similarly reported low to moderate stress among Isabela social workers, suggesting Filipino practitioners often appraise stress as manageable yet persistent. From Lazarus and Folkman's (1984) transactional perspective, moderate stress reflects appraisal that demands are taxing but not yet exceeding resources, though chronicity may erode this balance. The low high-stress prevalence may reflect resilience and value anchoring rather than absence of demands, a point elaborated in subsequent tables.

Table 3. Item-Level Perceived Stress (R = reverse-scored)

PSS-10 Item	Mean	Interpretation
Felt nervous and stressed	2.23	Sometimes

Upset by unexpected events	2.17	Sometimes
Angered by uncontrollable events	2.13	Sometimes
Difficulties piling up	1.90	Sometimes
Felt on top of things (R)	1.73	Sometimes
Unable to control important things	1.57	Sometimes
Felt things going your way (R)	1.47	Sometimes
Could not cope with all tasks	1.47	Sometimes
Able to control irritations (R)	1.40	Almost never
Confident handling personal problems (R)	1.10	Almost never

Table 3 disaggregates stress experiences. The highest means—nervous and stressed (2.23), upset by unexpected events (2.17), and angered by uncontrollable events (2.13)—reflect unpredictability and uncontrollability, core determinants of stress appraisal in Cohen et al. (1983) and Lazarus and Folkman (1984). Qualitative accounts linked these to evaluation visits by higher officials, emergency admissions, and crisis calls, which disrupt routine and require immediate response. Conversely, the lowest means—confidence in handling personal problems (1.10) and ability to control irritations (1.40)—indicate preserved self-efficacy, consistent with literature distinguishing perceived stress from self-efficacy (Cohen et al. 1983). This preservation is crucial: self-efficacy is identified as protective against burnout (Miller and Grise-Owens 2022). The pattern suggests practitioners retain personal coping confidence while experiencing situational stress from organizational unpredictability, supporting WHO's (2022) emphasis on reducing unpredictable demands and increasing control as organizational interventions.

Table 4. Manifestations of Occupational Stress by Dimension

Dimension	Major Manifestations	Aggregate f	Rank
Biological	Headache/migraine, back/neck/muscle pain, insomnia, physical exhaustion, eye bags, weight loss, hair fall, skin irritation, hypertension, constipation	60	1
Psychological	Sadness/loneliness, irritability, anxiety/restlessness, anger, negative thoughts, difficulty prioritizing, hasty decisions, low self-	57	2

	esteem, concentration difficulty, feeling overloaded		
Social	Impatience with clients, withdrawal, moodiness, ignoring clients/colleagues, altered eating, displacement, crying spells	29	3

Table 4 shows biological manifestations ranked highest (f=60), followed by psychological (57) and social (29), supporting that care work is embodied labor. Somatic complaints—headache, musculoskeletal pain, insomnia, exhaustion—are consistent with prolonged physiological activation from long hours, night shifts, and emotional labor. Greenberg and Valletutti (1980) earlier argued physical symptoms signal that the body bears the cost of helping when recovery is insufficient. WHO (2022) likewise identifies long hours and insufficient rest as physical health risks. Psychological manifestations—irritability, anxiety, difficulty prioritizing, feeling overloaded—mirror Maslach's (1978) emotional exhaustion and Pines and Aronson (1981) on overload and poor recovery as burnout antecedents. Social manifestations—impatience, withdrawal, ignoring clients—illustrate Tronto's (1993) concern that without adequate support, responsiveness, a core dimension of care, is compromised. The tri-dimensional pattern validates Lazarus and Folkman's (1984) holistic view of stress as affecting biological, psychological, and social systems, and underscores need for holistic interventions: not only counseling but also rest, medical care, and relational repair.

Table 5. Frequency of Stress Experiences

Frequency	f	%
Sometimes	17	57%
Almost never	6	20%
Fairly often	5	17%
Very often	2	7%
Total	30	100%

Table 5 reveals 57% experience stress sometimes (occasional), 20% almost never, 17% fairly often, and 7% very often. Occasional stress was associated with situational triggers: report preparation, center maintenance, evaluation visits, and special activities. Fairly often/very often stress was linked to daily exposure to difficult client behaviors and authoritarian supervision. This distinction aligns with the daily hassles versus major events conceptualization (Kanner et al.

1981) where accumulation of routine demands can be as significant as critical incidents. The predominance of 'sometimes' suggests stress is episodic rather than chronic for most, yet 24% reporting fairly/very often is clinically relevant, as chronic stress predicts burnout (Chaves-Montero et al. 2025). Participants who viewed stress as inherent and learned to accept it reported lower frequency, reflecting cognitive reframing and acceptance as coping, consistent with Lazarus and Folkman (1984).

Table 6. Job Satisfaction Despite Stress

Job Satisfaction	f	%
Happy with job	26	87%
Unhappy with job	4	13%
Total	30	100%

Table 6 presents a paradox central to the ethics of care: 87% reported happiness with their jobs despite stress. Qualitative explanations centered on eudaimonic fulfillment—finding work rewarding, enjoying helping, seeing clients improve, viewing client success as personal success—rather than hedonic comfort. This aligns with early findings that 86% of social workers were satisfied despite cyclical stress (Kadushin and Harkness 2002) and with Gilligan's (1982) ethics of care where meaning sustains commitment. Unhappiness (13%) was attributed not to client work itself but to colleague interference, inefficient service delivery, and non-acceptance of supervisory instructions, highlighting relational and organizational determinants of satisfaction. WHO (2022) notes work can be protective, providing purpose and social inclusion, when psychosocial risks are managed. The finding challenges deficit models equating stress with dissatisfaction and suggests professional values function as existential anchors, as Frankl described meaning as buffer. However, satisfaction should not be used to justify overload; WHO cautions that fulfillment does not immunize against health risks.

Table 7. Physical Exhaustion and Job Performance

Physical Condition	f	%
Physically drained	21	70%
Not physically drained	9	30%
Total	30	100%

Table 7 shows 70% reported being physically drained, a higher prevalence than psychological negative thinking, indicating embodiment of care labor. Participants linked drain to hostility/indifference toward clients, reduced energy, rushed and inconsistent reports, reduced creativity, difficulty adjusting to schedules, workplace conflict, and hasty decisions. These consequences are documented in burnout literature: Maslach (1978) identified emotional

exhaustion leading to depersonalization, while WHO (2022) links fatigue to reduced performance and safety risks. The 30% not drained cited manageable staffing, positive collegial relationships, familiarity with coping, sufficient rest, and ability to shift from stressful to normal atmosphere—factors corresponding to job resources in the Job Demands-Resources model (Bakker and Demerouti 2007) and to WHO's recommended interventions of adequate staffing and recovery opportunities. Graveyard shifts in residential settings were particularly cited as draining due to sleep disruption and need to respond to emergencies, consistent with research on shift work and health. The finding underscores that physical exhaustion is not individual weakness but organizationally produced, requiring structural solutions.

Table 8. Cognitive-Affective Response Under Stress

Cognitive-Affective Response	f	%
Not prone to negative thinking	19	63%
Prone to negative thinking	11	37%
Total	30	100%

Table 8 indicates 63% were not prone to negative thinking, while 37% acknowledged negative thoughts such as doubts about capacity, thoughts of quitting or transfer, discouragement, and feelings of inadequacy. Negative thinking was associated with errors, complaints, impaired judgment, and reduced productivity. This aligns with Ellis's (1962) rational therapy perspective that cognitions mediate emotional and behavioral responses, and with Lazarus and Folkman's (1984) emphasis on appraisal. The majority who maintained positive thinking described stress as challenge, belief that problems have solutions, separation of work-home spheres, and focus on positive aspects—strategies reflecting positive reappraisal and psychological detachment, both protective against burnout (Sonnentag and Fritz 2015). However, contemporary literature cautions against over-individualizing: cognitive strategies help manage demands but cannot substitute for addressing excessive workload and inadequate staffing (WHO 2022). The 37% prone to negative thinking warrants attention, as negative cognitions predict turnover intention (Chaves-Montero et al. 2025). Supportive supervision and peer validation, as described by Kadushin and Harkness (2002), are crucial for challenging negative appraisals.

Table 9. Stress-Management Strategies Employed *Multiple responses

Strategy Employed*	f	% of N	Rank
Social support system	26	86.7%	1
Pleasurable activities	23	76.7%	2

Relaxation techniques	22	73.3%	3
Positive thinking / Reframing	8	26.7%	4
Balanced diet / healthy lifestyle	7	23.3%	5
Goal setting / time management	1	3.3%	6

Table 9 shows all respondents used at least one strategy, with social support (86.7%), pleasurable activities (76.7%), and relaxation (73.3%) as most frequent. Social support included opening to friends/family, sharing with co-workers, bonding, and online interaction. This centrality mirrors Labasan (2025) who found relational coping among Filipino social workers and Chaves-Montero et al. (2025) who identified social support as protective against emotional exhaustion. From an ethics-of-care lens (Tronto 1993), support is not ancillary but constitutive of care practice—care is relational, and sustaining carers requires relational infrastructure. Pleasurable activities—watching TV/movies, music, shopping, reading, traveling, journaling, nature—function as recovery experiences: psychological detachment, relaxation, mastery, and control (Sonnentag and Fritz 2015). Relaxation—prayer, rest, sleep, meditation, breathing—includes spiritual coping; prayer integrates faith and coping, consistent with Filipino spirituality as resilience resource (Cruz et al. 2021). Positive thinking (26.7%) and healthy lifestyle (23.3%) reflect holistic coping, while low endorsement of time management (3.3%) is revealing: it suggests critical awareness that efficiency cannot resolve structural overload, a point underscored by WHO (2022) and Munson (2002). This pattern supports contemporary calls for organizational rather than solely individual interventions.

Table 10. Strategy Perceived as Most Effective

Most Effective Strategy	f	%
Social support system	11	36.7%
Relaxation techniques	4	13.3%
Pleasurable activities	3	10.0%
Positive thinking	2	6.7%
Balanced diet / healthy lifestyle	2	6.7%
Combination / Others	8	26.6%
Total	30	100%

Table 10 clarifies that while multiple strategies are used, social support is perceived as most effective (36.7%), followed by relaxation (13.3%) and pleasurable activities (10%). This hierarchy is philosophically significant. Effectiveness attributed to social support—'having someone to share

stressful experiences with'—indicates that coping is value-congruent: Filipino cultural values of pakikipagkapwa (shared humanity) and collectivism make relational coping culturally resonant and sustainable. Relaxation's effectiveness (prayer, breathing, reflection) highlights embodied and spiritual recovery, consistent with WHO's (2022) recommendation of psychosocial interventions and mindfulness. Pleasurable activities' effectiveness supports recovery theory: temporary disengagement allows emotional resources to replenish (Sonnentag and Fritz 2015). The 26.6% citing combination suggests individualized coping repertoires, supporting Labasan's (2025) recommendation for individualized approaches. That social support is both most used and most effective, while time management is least used, challenges earlier literature overemphasizing individual time management (Lakein 1973) and suggests institutions should formalize support systems—peer circles, mentoring, reflective supervision—rather than solely offering time-management workshops. Effectiveness perceptions also reflect ethics of care: care for self through connection enables continued care for others.

Integration and Implications

Taken together, Tables 1-10 reveal occupational stress as multidimensional, structurally rooted, and ethically experienced. Socio-demographic context (Table 1) shows feminized, contractual, and diverse workforce facing insecurity. Moderate stress (Table 2) with situational triggers (Table 3) manifests biologically first (Table 4), experienced sometimes to very often (Table 5), yet coexists with high satisfaction (Table 6) despite physical drain (Table 7) and variable negative thinking (Table 8). Coping is predominantly relational and recovery-oriented (Tables 9-10).

This pattern supports a shift from asking 'How does practitioner cope?' to 'How do coping resources interact with organizational conditions?' (WHO 2022). As Tronto (1993) argues, care involves attentiveness, responsibility, competence, and responsiveness—all requiring institutional support. When supervision is authoritarian, resources inadequate, and night shifts unrelieved, practitioners experience moral distress: knowing the good but being structurally prevented from enacting it. Addressing this requires organizational ethics: adequate staffing, role clarity, safety protocols for VAWC work, regular debriefing, and culturally grounded wellness programs integrating pakikipagkapwa and spirituality.

Limitations include small purposive sample (N=30) in one city, self-report, and cross-sectional design. Future research should employ multi-site longitudinal designs and evaluate organizational interventions.

Conclusion

This study examined occupational stress, its manifestations, effects, and management among direct social service practitioners in Zamboanga City. Findings show moderate perceived stress as normative, biologically embodied, and structurally rooted in client complexity, role multiplicity, and organizational constraints. Despite 70% physical drain, 87% sustain satisfaction through

professional values—fulfillment from helping and witnessing client improvement. Social support emerges as both most used and most effective strategy, reflecting relational nature of care work.

We conclude that protecting the carer is precondition for protecting the client. Occupational stress is not individual failure but ethical and organizational phenomenon. Institutionalizing supportive supervision, manageable workloads, rest and recovery, safety mechanisms, and culturally responsive wellness transforms stress management from personal responsibility into ethical sustainability.

Recommendations:

1. Department of Social Welfare and Development and City Social Welfare and Development Office should conduct periodic stress audits and institutionalize psychosocial support, reflective supervision, and safety protocols consistent with the Mental Health Act.
2. Agencies should develop comprehensive framework including peer debriefing, lakbay-aral, sports, and wellness sessions.
3. Strengthen supportive supervision through training in reflective, non-authoritarian leadership and recognition.
4. Practitioners should engage in self-assessment, maintain work-home boundaries, and cultivate value-congruent coping.
5. Academic institutions should integrate ethics of care and culturally grounded resilience into curricula and field placement.
6. Future research should expand to multi-site comparative studies and evaluate organizational interventions.

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