



Carers in Crisis: Understanding the Lived Experiences of Covid Nurses in Sultan Kudarat

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ABSTRACT

This qualitative descriptive phenomenological study explored the experiences of sixteen staff nurses at a public COVID facility in Sultan Kudarat Province. Qualitative data were gained through in-depth interviews and focus group discussions.

Utilizing Creswell's script method of qualitative data analysis, the inquiry into the participants' experiences, coping strategies, and insights as COVID frontline nurses yielded three emergent themes: 1) physical and emotional stress; 2) professionalism during the pandemic; and 3) significant support. Thirteen (13) cluster themes emerged. On "physical and emotional stress": 1) fear of becoming infected; 2) sudden changes in protocols and work overload; 3) patients and carers' lack of awareness of COVID-19; 4) patient deaths; 5) limited family time; and 6) social stigma. Further, on "professionalism during the pandemic": 1) providing high-quality care; 2) positive attitude; 3) upholding standard of care; 4) collaboration and communication; and 5) confidence. On "significant support": 1) government support; and 2) family support.

The study provides a closer look at the issues and challenges that nurses face during the COVID-19 pandemic in the local setting and contributes to the nursing literature of the COVID pandemic. Practically, results can aid hospital administrators and nurse leaders in crafting programs and policies towards nurse and hospital resilience in times of crisis. Insights provided in this study can also facilitate discourse of nursing theories in the context of the COVID-19 pandemic.

Keywords: *COVID Nurses, COVID-19, Nursing, Lived Experiences, Descriptive Phenomenology, Sultan Kudarat*

Introduction

According to the World Health Organization (WHO), nurses represent the largest group of healthcare workers (HCWs) involved in the front line of healthcare systems. That is why, the nursing workforce was among the sectors that greatly suffered the devastating impact of the COVID-19 pandemic. WHO reports that 115,000 healthcare workers died from COVID-19 between January 2020 and May 2021. In addition to the risk of contracting the virus, nurses are prone to experiencing negative emotions and psychological trauma due to physical and mental exhaustion, lack of knowledge, and in many cases, a lack of skills to care for patients, Sun et al., (2020). During the pandemic, reports of occupational fatigue, stress, and burnout are everywhere, leading to widespread dissatisfaction, and resulting in significant numbers of nurses leaving the profession.

In an integrated literature review, Berlin et al. (2021) surveyed some 400 frontline nurses across settings to understand their experiences working during the Covid-19 pandemic. Over half of the nurses reported insufficient staffing levels, the intensity of the workload, and emotional toll of the job as important factors to leave their current positions.

In the Philippines, Sadang (2021) identified three emerging themes of frontline nurses' lived experiences: work as self-sacrifice; work as self-fulfillment; and work as psychological struggle. This is consistent with UNICEF's 2020 report that Filipino nurses experienced eviction, ridicule, and harassment despite public adulation for their heroic sacrifices.

Despite the negative impact on their physical and emotional well-being and insufficiency of resources, the results of the above-mentioned studies reveal that Filipino nurses displayed resilience and utmost professionalism in crisis. Participants expressed how rewarding and fulfilling it was to provide care during this pandemic.

An estimated 23,000 shortfall of nurses nationwide has caused a shortage and has affected nurses' ability to cope and quickly adapt to their working environment which can lead to inefficiencies as health workers (Sadang et al., 2021). This is why it is vital to further the efforts to understand nurses' lived experiences in various settings and contexts. Such efforts could aid health leaders and hospital administrations to put policies that promote nurse well-being.

To contribute to the body of knowledge on COVID-19 nurses' experience, this study aims to provide a local, in-depth exploration of the lived experiences of frontline nurses—the issues and challenges they face, their coping mechanisms, and their insights on the nursing practice—as they provide care in a government COVID center in Sultan Kudarat, Philippines.

Methods

This study utilized a qualitative phenomenological research design to bring light and reflect upon the participants' lived experience in caring for COVID-19 patients. This method allowed the researcher to explore how participants make sense of COVID-19 as a medical crisis and how it affects their everyday practices.

The researcher used the qualitative method to gain a deep understanding of a specific organization or event, rather than the surface description of a large sample of a population. It aimed to understand how the participants derive meaning from their surroundings and how their meaning influences their behavior.

Phenomenology is the study of lived or existential meaning which attempts to describe and interpret these meanings to a certain degree or depth and richness; using this method, the emphasis is placed on the meaning of lived experiences. The central structure of an experience is its intentionality, its being directed toward something, as it is the experience of or about some object. An experience is directed toward an object by its content or meaning, which represents the object, together with appropriate enabling conditions. This study used in-depth interviews and focus group discussion as a means of data gathering, which aligned with the qualitative inquiry methods.

The phenomenological approach used in this study allowed a thorough description of the lived experiences and challenges of nurses handling COVID-19 patients in Sultan Kudarat Provincial Hospital COVID Center during the pandemic.

Generally, the main objective of this method is to explain the meaning, structure, and essence of the lived experiences of an individual or a group of people in a specific phenomenon (Pathak, 2017). Specifically, this method aims to develop a deeper understanding of the lived experiences of an individual (Mojapelo, 1997). Therefore, for this study, a qualitative approach and phenomenological research design are employed to understand the meaning of a phenomenon, within the context of the respondent's experiences in caring for COVID-19 patients. The core of these experiences and challenges and how it was overcome were verified and unfolded at the end of the study.

To choose the participants, a purposive sampling method was employed by the researcher. In qualitative research, purposive sampling is used to deliberately select participants based on specific criteria. This method helped the researcher to exclude the participants who did not fit a particular profile when creating a sample and select the participants in a non-random manner (Lavrakas, 2008).

The purposive sampling method allowed the researcher to select sixteen (16) participants: eight (8) for the in-depth interviews and the other eight (8) for the FGD. All interviews were conducted via the Facebook Messenger platform. Upon approval, a total of sixteen nurses were chosen to be study participants.

Recruitment of the participants was done through professional connections. They were contacted to inquire about their willingness and consent to participate in the study. A written consent form was signed by each participant. This study explored the lived experiences of 16 nurses in a government COVID facility in the province of Sultan Kudarat. First, the researcher sought the approval of the hospital administration to conduct the study through a letter. The written communication expressed the objectives of the study and the data collection methods—in-depth interviews and focus group discussions.

After the determination of participants and confirming their willingness to participate in the study, the researcher scheduled the interviews and focus group discussions. The schedules were set according to the participants' preferred time and date. In accordance with the maximum health protocols set by the Inter-Agency Task Force during the pandemic, the researcher decided to conduct virtual In-depth Interviews (IDIs) and focus group discussions (FGDs) through the Video Call feature of the Facebook Messenger application, and recorded using mobile phone voice recording application.

The researcher used guide questions in the conduct of the in-depth interviews and focus group discussions. The guide questions were first assessed and approved by the thesis adviser and authorized validators. The final guide questionnaire was then reviewed by the thesis adviser before interviewing the participants.

Of the sixteen participants, eight of them have undergone in-depth interviews (IDI) while the other eight were grouped into two for focus group discussions (FGD). Each group had four (4) participants. This way, they are provided with sufficient time to thoroughly express their answers. Each interview lasted from thirty (30) minutes to two (2) hours.

Before starting each interview and group discussion, the researcher provided the background of the study and obtained informed consent from all participants. According to Creswell (2017), stating the purpose of the study may improve the participants' understanding and participation.

The lived experiences of the nurses in their care of COVID-19 patients have been explored with the first main question, while the coping mechanisms and insights were explored during the succeeding questions.

Results and Discussions

Using Creswell's method of data gathering, all data collected were organized and transcribed, significant statements were described, coded, and categorized into different cluster themes and arranged into emergent themes.

The researcher's inquiry into the participants' lived experiences as nurses who cared for COVID-19 patients in a government COVID-19 facility in Sultan Kudarat Province yielded the following emergent themes: 1) Physical and Emotional Stress; 2) Professionalism during the Pandemic; and 3) Significant Support.

Several cluster themes constitute each emergent theme. On "physical and emotional stress": 1) fear of becoming infected; 2) sudden change of protocols and work overload; 3) patients and carers' lack of awareness of COVID-19; 4) patient deaths; 5) limited family time; and 6) social stigma. Further, on "professionalism during the pandemic": 1) providing high-quality care; 2) positive attitude; 3) upholding standard of care; 4) collaboration and communication; and 5) confidence. On "significant support": 1) government support; and 2) family support.

A total of 145 significant statements were derived from all interview transcripts. Immediately following the extraction of significant statements from all participants' data sources, the researcher applied meaning to participant statements. Each formulated meaning was coded using the initials of cluster themes about its significant statement, resulting in multiple formulated meanings. There were more formulated meanings than significant statements due to some meanings falling into multiple thematic categories.

Physical and Emotional Stress

The novelty and severity of the COVID-19 disease caused panic and chaos globally. Government leaders and healthcare workers grappled to understand the new disease—its symptoms and management—while finding the cure and trying to stop its spread. Frontline workers like doctors and nurses were put in unfamiliar working environments and were left to deal with the unaware public. The COVID-19 pandemic resulted in an abrupt paradigm shift in nursing care, especially in the way nurses provide care to patients.

The participants of this study are nurses in a government COVID-19 facility in Sultan Kudarat Province. Being a public institution, the facility accommodated a high volume of COVID-19-infected patients during the first two years of the pandemic. Based on their statements, none of the participants had experienced this degree of difficulty in their jobs before the COVID-19 pandemic.

The increase in difficulty has resulted in the participants' job as a nurse physically and emotionally tiring. Physical and emotional exhaustion were brought about by their fear of becoming infected; sudden change of protocols and heavy workload; patient deaths; patients' and carers' lack of awareness of COVID-19; less time with family due to quarantine after shifts; and social stigma.

The more widespread the pandemic, the more serious its implications, and in turn—the more intensified the required clinical care. As a result, nurses must accommodate new protocols, work long shifts, and deal not only with patients but also with their remote family members. Additionally, the lack of medical resources and protective equipment for medical personnel, combined with a shortage of nurses during pandemics, because of quarantine, also make nursing care a challenging task.

Fear of becoming infected

Frontline healthcare workers cannot help but worry about their safety and the danger of handling COVID-19 patients can cause them and their families. They worry that they might carry the virus home and infect their loved ones, especially the children and elderly. This fear and anxiety will always be present, especially in this time of pandemic where everything is still on study, be it the protocols, and the case management or the COVID-19 disease itself. The pattern replay is likely to continue repeatedly, triggering emotional distress and anxiety. However, they set aside their concerns to provide quality care for patients. They cite patience as the key to building a positive patient-care provider relationship. In addition, they cite this fear as one that can put healthcare workers' psychological well-being and occupational efficiency at risk. Participants cite age and comorbidity as factors why they fear becoming infected.

Occupational safety is the key to nurses' work during the COVID-19 pandemic. In this respect, hospitals must have appropriate infection control procedures and personal protective equipment in ample amounts for personnel who care for suspected or verified COVID-19 patients. Staff members should also be guided on how to conduct regular self-assessments and directed on how to follow quarantine or isolation measures, when indicated, to protect themselves, their families, and their community, as well as to safeguard their mental health and well-being.

In addition to wearing protective equipment and following protocols, participants realized that being observant is also necessary while they continue with their jobs. This is deemed important especially since COVID-19 was then very new, and they still did not understand the nature of the disease. The uncertainty and confusion surrounding the new virus intensified their fear.

According to the World Health Organization, the total number of global deaths attributable to the COVID-19 pandemic in 2020 is at least 3 million. WHO also estimates that 80,000 and 18,000 health and care workers could have died from COVID-19 between January 2020 to May 2021. Undoubtedly, frontline workers like nurses have a substantial risk of contracting the disease. The participants experienced emotional stress because of the constant worry over their health and safety while caring for patients.

The sudden change of protocols and work overload

The imposition of new hospital protocols tailored fitted for COVID-19 management caused physical and emotional stress to the nurse participants. Participants expressed that their lack of essential knowledge about the COVID-19 disease and the new protocols elicited fear and anxiety. Given the surge of patients and the highly infectious nature of the virus, the change of protocols was deemed urgent and critical. Hospitals needed to rapidly and immediately change care processes to prevent the spread of the virus among the staff and other patients. Participants described the difference between caring for regular patients and COVID patients given the new set of protocols.

Further, since the changes were made abruptly, there was not enough time for "proper" training for the frontline workers. With no proper training and faced with a high volume of patients, the nurses felt scared and anxious. Participants were floated to stations where they were not well trained and very unfamiliar where they needed to quickly adapt to survive. This makes nurses' workload heavier. A COVID nurse needed to be an all-rounder and quickly learn necessary skills in different departments as hospitals needed to limit the number of healthcare staff exposed to infected patients.

The pandemic happened when most if not all the participants were unprepared. Due to the demands of their work, especially in instances when participants need to multitask, it is when this break in COVID protocol usually happens. Rule-breaking is not a new phenomenon, but behavioral scientists say it is being exacerbated in the coronavirus pandemic by cultural, demographic, and psychological factors.

As mentioned, the changes in protocols required nurses to do most of the tasks on their own. Hence, when the number of patients increases, nurses get overwhelmed with their workload. This caused further stress on the participants. The COVID Center where participants work caters mostly to mild to moderate COVID-positive patients, however, there have been instances when the facility had to accommodate severe cases as well. When this happens, the nurses' bedside time is divided into an even shorter length of patient care to accommodate every patient's need.

A patient presenting severe case symptoms potentially increases the risk of a longer stay, unfavorable patient satisfaction, and even death. Despite the work overload and the stress of having to adapt to sudden protocol changes, participants have still shown positivity in managing their cases by accepting the reality of the situation.

Patients and carers' lack of awareness on COVID-19

Participants shared that they had patients and carers who were defiant and/or indifferent to the preventive measures enforced in the facility. This lack of awareness among patients and carers added to the burden of fulfilling their roles. Patients or watchers did not understand the importance of protocols enforced by nurses in the facility. Some patients did not even believe that they had been infected by the COVID-19 virus hence, they were careless, and struggled to follow protocols. These add up to nurses' tasks apart from the routine ones because everyone must be involved in patient care and understands every case status and when and how negligence can extremely affect the outcome of the case management.

Although it becomes tiresome for the participants, they understand that they have the responsibility to educate patients and carers about the disease. Nurse practitioners can combat misinformation one-on-one in the practice setting (Russel, 2021).

Indeed, a nurse in the COVID-19 pandemic has to meet the basic needs of patients and provide education so that patients can take preventive measures in the event of a similar case. As for infection control and prevention, it is everyone's responsibility to get appropriate and timely knowledge-including patients and healthcare providers.

Patient deaths

The COVID-19 facility where nurse participants worked accommodated COVID-19 patients in critical condition. While severe cases are expected to be referred to a bigger referral facility, some mild to moderate in-patient cases may progress to severe cases, and some lead to death. During these instances, the medical team is left with no choice but to deal with the case until it is managed or transferred to a higher-level facility.

Patient mortality had a significant impact on the participants' emotional states during their shifts. It gives them the feeling of guilt of not being able to do more for their patients to survive. As detailed, when patients pass away, nurses feel emotionally worn out and drained, however, they still need to continue working.

In some instances, patients were unwilling to fight and decided not to continue with the care. This part of a patient's right leaves the nurses no choice but to give due respect, despite their sadness and frustration. Their understanding that the human body has a limit helped the nurses accept that patients' cases can be very unpredictable and out of their control.

Nurses experience an elevated level of stress and strong emotions triggered by the observation of dying patients (Kostka et al, 2021). This part of the patient's right leaves the participants no choice but to respect the decision. Witnessing death is always a stressful experience, even when it comes to a stranger. However, it should be remembered that nurses often become emotionally attached to their patients, and their departure always remains deep in their memories. The nurse in the team is the person who accompanies the physically, mentally, and spiritually suffering person and their relatives on a daily basis (Cybulska et al., 2021).

Limited Family Time

The limitation to participants' family time was directly affected by the modification of the duty schedule from the usual pre-COVID-19 scheme during the COVID-19 pandemic. Frontline healthcare workers are required to be in quarantine after their shifts. With this, COVID-19 nurses undergo mandatory quarantine after their shifts in the facility. The virus has an incubation period; hence symptoms are expected to appear within the quarantine

period if a health practitioner is infected. This is part of the infection control and prevention protocols of hospitals. Due to the elevated risk of nurses and healthcare workers contracting the virus while at work, it is critical to ensure that they do not carry it to their families and loved ones at home.

While nurses and other COVID-19 frontliners endure physical and emotional stress on the job, it is important to remember that their families may also experience stress. Those who care for health workers' children might experience stress due to additional responsibilities. Constant worrying about their loved ones who work in high-risk COVID-19 settings also causes emotional stress for spouses, children, and parents. Being apart for longer periods due to quarantine and long shifts may also take an emotional toll, especially for parents and children. This creates a gap in social support that can be addressed through compassionate management policies.

While nurses play a key role in the healthcare system, their families, being one of the main social support resources, should also be supported and provided for their needs. Through this, nurses' urge to go home after their shift could be lessened, thus, there would be less chance of family cross-contamination. Furthermore, knowing that their families are well taken care of could potentially decrease nurses' concerns and make them more focused at work.

Social Stigma

Participants experienced emotional stress by being treated differently in many instances in their practice of their professions as COVID-19 nurses. Stigma happens when a person discredits and devalues the attributes that he or she possesses. In general, stigma can lead to negative outcomes in day-to-day experiences. Moreover, stigma can also affect the families or relatives of individual who are discriminated against, especially those professionals who work in COVID-19 healthcare facilities or in healthcare settings.

Participants have reported being discriminated against both at work and outside work. They felt the stress and limitation even within their work zone, and from people they expect to support them. Some participants needed to sacrifice their source of living while others had difficult encounters with their colleagues because of the pressure at work.

An individual who has experienced stigma may undergo isolation, marginalization, discrimination, and rejection. Stigma can also affect the families or relatives of an individual who was discriminated against, especially those professionals who work in COVID-19 healthcare facilities or healthcare settings. When stigma eventually results in to physical fight, this can result in further damage and would require a different occupational administrative approach. It has been proven that stigma is strongly influenced by contexts and cultures (Subu et al., 2021). Much research demonstrated that the significant impact of public stigma includes discrimination in workplaces and public agencies. Moreover, (Subu et al., 2021) emphasized that professional stigma may affect the proper care management and treatment of their patients. Despite the stigma, the participants still uphold the values of remaining grateful and fulfilling the responsibilities professionally in taking care and handling COVID-19 patients. Therefore, it is also important for a healthcare institution to provide psychological support to nurses (Monik et al., 2021). It should be the institution the first to protect all their staff, especially COVID nurses who are considered one of the most vulnerable groups during the pandemic.

Professionalism during Pandemic

While the participants laid bare the challenges they experienced as COVID-19 nurses, they also shared professional attributes that helped them manage every situation in participating in every COVID-19 case management. Professionalism in nursing means being respectful, empathetic, and dependable and going the extra mile to ensure patients receive the best care possible. As defined by the American Nurses Association, nursing is the protection, promotion, and optimization of health and abilities, prevention of illness and injury, alleviation of suffering through the diagnosis and treatment of human response, and advocacy in the care of individuals, families, communities, and populations (Nursco, 2018).

Nursing professionalism is about demonstrating an unwavering commitment to the vocation and the willingness to continuously deliver the highest-quality care to patients. Understanding the oath of nursing, participants chose to perform their roles with professionalism and ethics. They were committed, despite the physical and emotional stress, to providing high-quality care; maintaining a positive mindset, upholding the quality of care with their eagerness to learn more about COVID-19, engage in healthy communication and collaboration with colleagues, and develop confidence in fulfilling their responsibilities.

Providing High-Quality Care

Tender loving care (TLC) is a comprehensive approach that nurses imprint on their minds and this approach was used for the patients toward better treatment. Without these, treatment is impossible. Nurses with great professional commitment and proper care management can achieve higher levels of satisfaction from the patient and even themselves. Patient safety in providing high-quality care is one essential critical reason quality improvement is necessary in healthcare. The provision of quality care helps reduce the risk of adverse events, including medical errors, injuries, and infections. By implementing quality improvement initiatives, healthcare organizations can create a secure environment for patients and ensure that they receive the highest quality of care.

Meanwhile, this satisfaction patients experience may further lead to healthcare provider appreciation. Nurses play a vital role in fighting the spread of COVID-19 disease. Despite the pressure and stress, participants put patients first and committed to providing high-quality care. Therefore, their patients' recovery becomes a source of encouragement and joy.

Without a doubt, nurses cannot help but worry about their safety. Despite the physical and emotional challenges of the job, they expressed their commitment to providing quality care for patients. They cite patience as the key to building a positive patient-carer relationship.

Providing quality care did not only mean performing medical procedures and tasks but also going the extra mile to uplift the spirits of patients. One participant shared how a gesture—wearing red boots—cheered up their patients. Further, a participant likened a nurse to a "Superwoman" who could fly immediately anytime.

When their efforts to provide quality care pay off with patient improvement and recovery, nurse participants feel satisfaction in their jobs. Also, patients' appreciation and recognition of their efforts add to such satisfaction. Satisfaction not only helps to keep patients satisfied and honest about their feelings and complaints, but it can also have a positive effect on patient compliance and outcomes. When patients are more satisfied with their care, they are more likely to adhere to treatment plans and follow the instructions provided by their healthcare provider. This can lead to better patient outcomes and fewer complications or hospital readmissions.

Nurses who show great professional commitment and proper management can lead to faster physical and mental recovery of the patients (Parizad et al., 2020). In the face of adverse challenges, this group of healthcare professionals showed resilience. Although the provision of care was a challenge for them, most of the participants stated that, in the end, they were satisfied and overwhelmed with joy as they knew they were instrumental in the patient's journey to healing.

Positive Attitude

Participants tried to look at challenging situations with a positive aspect. This made their work feel a little lighter. Despite having to manage a large volume of patients in a challenging environment, especially with strict infection control measures, participants still managed to maintain a positive attitude. They internalized their purpose as nurses and viewed challenges as lessons and opportunities to improve.

As a caregiver, a nurse's attitude can influence patients' emotional well-being. It will help them feel they are being cared for with compassion. A possibility is that hope, and positivity help people make better health and life decisions and focus more on long-term goals such as recovering from COVID-19 and the long-term effects of its symptoms.

Furthermore, a positive outlook is the best way to help nurses get through their tough times. Having a positive attitude in the workplace can be one of the keys to getting your work done effectively and improving your overall work experience. Meanwhile, embracing a positive outlook at work helps to create a collaborative and supportive culture that fosters productivity and personal growth. For participants' experiences, positivity benefits not only them but also their co-workers and patients. For participants, laughter is the best medicine, indeed.

Meanwhile, participants shared how their spiritual values help them get through the stressful times and continue providing quality care. When we have faith, we trust that there is a higher power at work in the world, no matter what our circumstances may be. This can give us a sense of peace and calm amid critical instances such as the COVID-19 pandemic. According to de Diego-Cordero et.al. (2022), spirituality can be considered a good coping strategy used by healthcare professionals to promote mental health and well-being during the COVID-19 pandemic; this results in greater patient satisfaction with the care given.

A positive attitude is an important factor in producing a quick and appropriate response when it comes to critical situations. A positive attitude can be infectious as well when nurses can influence their colleagues with a certain degree of positivity especially towards work. From dealing with stressors of the job, crafting creative solutions to address problems, and managing interpersonal relationships with co-workers, having a positive demeanor is advantageous on many levels. We tend to be more productive and inclined to do our best when we have a positive attitude—even towards undesirable assignments.

Upholding Standard of Care

Participants describe how they apply the fundamentals of nursing while trying to improve the quality of care. This is through guided learning in actual patient cases and continuous education. With their experience caring for patients in the COVID facility, participants expressed the importance of continuous learning to uphold the standard of care. The standard of care in nursing is concerned with professional accountability.

In everyday patient encounters, the severity of COVID symptoms varies from patient to patient. Participants believe that there is always something new about COVID. Therefore, studying, improving their clinical eye, and learning from actual experiences were considered essential for the delivery of safe and effective patient care, especially during emergency situations. More so, participants also highlighted the importance of fostering a positive relationship with patients through respect and patience.

Meanwhile, since the COVID Center is separated from the main hospital building, participants find it necessary to be "well-rounded" or to know how to fulfill nursing roles in every department specially structured for COVID-19 cases such as the Emergency Room, Intensive Care Unit, and more. They also mentioned the need to be prepared in cases when doctors are not readily available.

Meanwhile, in 2021, the Department of Health declared that the country lacks 92,000 doctors and 44,000 nurses. For years, a shortage of doctors and nurses had beset the Philippines. The COVID-19 pandemic only worsened this as more healthcare workers experienced burnout and had to quit. Worse, several doctors and healthcare workers got sick and passed away due to COVID.

However, in a study, Gahledar et.al. (2020) analyzed nurses' perception of taking care of patients with COVID-19 and found that respondents were able to promote self-learning as well as growth when it comes to palliative care during this pandemic. These endeavors allow healthcare staff to improve care and be more prepared in response to the demands of the job. Every COVID case managed is a learning opportunity.

Collaboration and Communication

To cope with emotional and physical stress, participants shared that having constant communication with their colleagues is essential. Their peers also became a source of support and learning. Team collaboration and communication enhance their adaptability amid crises. Participants believed that during quarantine and while on the job, communication with their co-staff helped ease their stress from work.

Collaboration is important in the workplace because it often leads to more communication between colleagues, and their patients and increased productivity. When people work together toward a common aim, they can each use their experiences and skills to contribute to its success. This can promote the development of efficient processes, which may benefit the team and the organization. Trying different approaches to determine what best suits each circumstance has helped the participants experience more success during their shifts. Through listening and learning from team members, they helped each other achieve goals. It takes challenging work and a bit of time, but collaboration is worth it for the benefits your team will gain (Ribeiro, 2020)

Confidence

Handling COVID-19 cases has turned the participants into more adaptive, receptive, and resilient health care providers. Most of the respondents described their insights about personal growth and self-confidence accompanied by their developed resilience. Participants consider confidence and readiness as integral factors for nurses to carry out their jobs. Not being informed of the patient's case or the patient's status is equivalent to not learning. To be confident, participants were not selective of their patients, but rather receptive. This helped them adapt to any area they were assigned to.

Being COVID nurses for two years, the participants consider themselves strong and fearless. This strength was developed through their experiences of working alone in challenging situations, reading, and the guidance of their colleagues. Confidence means believing in your ability to accomplish a goal or complete a task (Post University Vlog, 2022). In this sense, nurses need to be competent and able to perform independently. A lack of confidence can easily compromise that ability. Moreover, nursing standards of conduct require confidence in nursing skills and practice. A nurse's self-awareness and desire for personal and professional improvement can help build, maintain, and boost confidence.

In their early care of COVID-19 patients, participants were hesitant about the new protocols and procedures. Yet, through time, they became more confident and efficient, and following and facilitating protocols became easier. With the confidence gained from taking care of COVID-19 patients, participants could be more confident in dealing with non-COVID patients should they be back to the regular hospital wards.

Significant support

Participants shared how the presence of their families and government support helped them achieve successful patient case management. Such support helped them get through the toughest times on the job. Nurses are being exposed to various risk factors; therefore, nurses need to gather social support from their family, friends, the institution, and the government to increase their psychological resilience. Support is needed to help nurses manage their mental wellness and encourage positive, healthy choices when life becomes overwhelming (Daily Nurse, 2022).

Government support

The provisions from the local government have positively contributed to the welfare and performance of the nurse participants. Long-term negative stress can lead to illness and diseases. In the healthcare workplace, several factors can worsen nurses' health and exacerbate negative stress, especially limited resources, lack of support from employers, and multiple responsibilities. In this setting, however, the provision of support from the government, in the form of financial assistance, quarantine accommodation, and grant of rest days—has resulted in appreciation and higher job satisfaction among the participants. Moreover, it has motivated the participants to push through as they endure the risk of handling COVID-19 patients.

Despite being exposed to the disease, participants were still appreciative knowing that they are also appreciated and well-taken care of. Should they encounter problems in their shift, they are confident that the management has their back. Furthermore, the hospital management facilitated discussions between the government and the nurses about programs that could improve working conditions. When the COVID-19 pandemic struck in the Philippines, the World Bank supported the Philippines' efforts to scale up vaccination, strengthen its health system, and counter the impact of the pandemic, especially on the poor and the most vulnerable.

Family support

The participants shared the positive effect of support from their families on their job performance and outlook in handling COVID-19 cases. Family support comes in the form of provision of food and vitamins, building a quarantine room in their homes, emotional support, and not being discriminated against at home. Some participants leave their children at home with trusted family members, hence reducing their worries and stress. Knowing they have good family support helps ease participants' anxiety over the demands of their job. They have focused more on providing the care their patients need which also contributed to increased job satisfaction.

The Education Development Center, a non-profit organization in the United States, encourages family and friends of COVID-19 frontliners to acknowledge their unique needs ensuring that their personal physical and emotional needs are met. Thai et.al. (2021) defines family support as the attitude and behavior of acceptance from the family, including informational evaluation, and instrumental and emotional support. They conclude that family support is essential in the psychological dimension by positively affecting nurses' work motivation.

Conclusion and Recommendations

This study explored the lived experiences of nurses who took care COVID-19 patients in a government facility in the province of Sultan Kudarat. Based from the participants' narrative, the researcher identified themes on the challenges and coping strategies of COVID-19 nurses in the local setting.

Narratives of participants in this study have helped identify initial themes that can be further explored by future researchers. Qualitative inquiries on lived experiences of COVID-19 nurses in the health care setting could employ case study methods that will explore in-depth nurses' resilient practice skills or the lack of it.

Future researchers may also explore these initial themes and use them to investigate a wider population of health care workers in the community using qualitative surveys. Existing education programs for healthcare workers may also be subjected to evaluation in the context of their impact on nurse job satisfaction and overall hospital resilience.

With the understanding of the experiences of the nurses assigned in COVID-19 facilities, hospital administrations could make informed decisions on implementing programs addressing the overall health to lessen the anxiety, fear, fatigue, and feelings of uncertainty among the staff nurses, reducing the possibility of quitting their jobs

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