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# Troops on the Front Line of a Health Battle: Filipino Nurses' Lived Experiences in the Pandemic

Ricardo, IV R. Bunghanoy<sup>1</sup>, Henry E. Lemana II<sup>2</sup>

<sup>1</sup> Assistant Professor I, Central Mindanao University, Philippines, rrbunghanoy@cmu.edu.ph

<sup>2</sup> Graduate School Lecturer, University of the Immaculate Conception, Philippines, hlemanai@uic.edu.ph

Correspondence: Ricardo, IV R. Bunghanoy. Email: rrbunghanoy@cmu.edu.ph  [0000-0003-3501-6048](https://orcid.org/0000-0003-3501-6048)

## Abstract

The deadly pandemic spread due to infections with the Coronavirus (COVID-19). It has a disproportionately large effect on healthcare workers and presents unique challenges for this vital sector of society. As a result, the pandemic has heightened public awareness of the dangers that nurses face around the world. This study aimed at exploring the lived experiences of five purposively selected nurses in a public hospital in the southern Philippines. The phenomenological inquiry brought out themes encompassing (1) putting up with occupational stress, (2) reconfiguring personal and social time, and (3) coping with the situation's gravity. These themes have been fleshed out to capture deeper meanings in the experiences of nurses during the health crisis in which they are deemed to be crucial front liners. The study concludes that while the nurses' quality of life has been impacted due to the unprecedented situation, they remain committed to their profession. The study then implies that the government should be more responsive to the needs of the nurses and that support and assistance in their practice of the nursing profession amid the pandemic be provided substantially. Implications for hospital administrators and future researchers are also offered.

**Keywords:** Nurses, Quality of Life, Lived Experiences, Pandemic

## Introduction

The Coronavirus (COVID-19) infections were the cause of the worldwide pandemic that devastated humanity. In particular, it has a significant impact on healthcare personnel and possesses certain issues for this crucial sector of society (Huang et al., 2020). In the Philippines, nurses make up a significant and the largest proportion of the workforce in fighting the disease; they are the ones who serve as main front liners at both communities and the patient's bedside (Martínez-López et al., 2020; Rossi et al., 2020; Sadang, 2021). With this, the pandemic has brought greater attention to nurses' vulnerability to health-damaging aspects worldwide; especially in the midst of the COVID-19 pandemic, many nurses' working circumstances around the world have turned unstable, worse, and unsafe (Llop-Girones et al., 2021; Pacheco et al., 2021). Rapid alterations in the field of their work are evident allowing nurses to be exposed to both physical and psychological distress (Kang et al., 2020; Kua et al., 2022; LoGiudice & Bartos, 2021).

Previous research regarding the experiences of nurses during the pandemic revealed that despite their escalated proficient sense of responsibility, self-sacrifice, and commitment, many concerns in regard to their physical and mental vulnerability and personal safety also increased (Cengiz et al., 2021; Chau et al., 2021). Along with the aforementioned concerns, there are issues such as the growing demand for medical personnel, as well as the numerous resources required for the quality treatment of COVID-positive patients (Galehdar et al., 2020; Macmillan, 2020). Indeed, the COVID-19 pandemic generated a health crisis that put a strain on the quality of life of healthcare professionals, as a result, their quality of life in terms of physical and mental health suffers (Sampiao et al., 2020). Moreover, previous research provides evidence that healthcare workers are experiencing sleep deprivation, a lack of resources and needs, long work shifts, and a high risk of disease exposure, which causes stress (Adriaenssens et al., 2016; Chau et al., 2021; Galehdar et al., 2020; Macmillan, 2020; New York University, 2022). As a result, they have already indicated that their mental and physical health has deteriorated, which is a hindrance, particularly in their workplace performance (Peñacoba et al., 2021; Liu et al., 2021). That being said, recognizing and evaluating the factors affecting nurses' quality of life can help to create a safer workplace for them.

In light of this context, the researchers felt the need to fulfill a research gap by carrying out a qualitative study in the Philippine context, and in Bukidnon in particular. The researchers deliberately used a descriptive phenomenological design in order to grasp the experiences of the nurses during the pandemic. In the context of care and nursing in the medical field in Northern Bukidnon, the purpose of the current research was to contribute to the little body of information concerning the experiences of nurses during the pandemic. The outcomes of this study may provide substantial new information to the body of knowledge that is used in other studies, which may pique the curiosity of other researchers. Information about the lived experience of health professionals during the pandemic based on research as well as other pertinent factors may offer qualitative research-based inputs for developing an improvement strategy for the investigated variables in this study to raise the standard of nursing care in the Philippines. To successfully assist and care for the needs of the nurses, it is critical to first get a thorough knowledge of their lived experience as nurses. The nurses gained the most from this research since they were given the opportunity to share their experiences and advocate for their own needs. For policymakers, the findings can be used to guide the development of policies and interventions that promote nurses' overall well-being, enabling them to accomplish their role of delivering excellent nursing care more effectively. While for hospital administrations, the findings may serve as an instrument to correctly analyze and improve nurses' quality of life. Furthermore, the students will have an insight into what the nurses are going through in times of a pandemic to help them decide if they want to pursue this kind of profession. With all these considerations, this study was pursued to shed light on the overarching question: What are the lived experiences of nurses in the context of their work as front-line health professionals during the COVID-19 pandemic?

## **2. Methods**

### *2.1. Design*

This study made use of the descriptive phenomenological approach. The method is a descriptive, qualitative study of the human experience with the aim to conceptualize the processes and structures of life (Nicholas et al., 2017; Levitt et al., 2017). Here the role of a researcher is to have an understanding of what the participant is expressing about their experience and engage the participant so as to impart rich in-depth descriptions (Penner & McClement, 2008; Streubert & Carpenter, 2007).

### *2.2. Locale and Participants*

The study took place in one of the oldest hospitals in Bukidnon Province in the Philippines. Five purposively selected nurses took part in the in-depth interview (IDI). These nurses were chosen on the basis of the following inclusion criteria: he/she must have been working in the hospital as a nurse for at least 5 years; he/she must have first-hand experience in working as a nurse before and during the pandemic.

### 2.3. Instrument of the Study

An open-ended questionnaire was employed to gather data due to the nature of descriptive phenomenology and the proposed research question. This enabled an unstructured interview accompanied by maintaining some emphasis on the study subject. The use of an open-ended questionnaire allowed for more freedom in the responses supplied by the participants who were able to express freely in substantiating the phenomenon, i.e., their lived experiences (Streubert & Carpenter, 2011). The researchers formulated open-ended questions that were utilized during the in-depth interviews, and the interview guide was then validated and approved by three external examiners.

### 2.4. Data Collection

This research utilized four steps to collect the data for the study. The first two steps were focused on ethical considerations in asking permission from the hospital where the nurses are employed and asking permission from the nurses to participate in the study. Another step was given to explain confidentiality and the importance of the research through orientation. Then, interviews were conducted for the last step in the data collection. The researchers made sure that the data gathered were treated with confidentiality and that participants in this study had the option to either decline or accept their engagement in this research. Virtual semi-structured interviews were used to gather data from the participants for this study since in-person interviews were highly dangerous due to the pandemic. The researchers then conducted thirty to forty minutes of semi-structured interviews with each participant. Once the study's findings were obtained, to confirm the accuracy of the data, member checking was performed. The information gathered in this research was based on the responses of the participants. To facilitate transferability, all interviews were digitally recorded and then transcribed by the researchers. Permission to record the conversations was requested as part of the ethical protocol. Furthermore, the main study's main author kept a journal and recorded it after each interview, which was used throughout the data analysis process. Journaling was utilized to record the thoughts, emotions, and reactions that would surface throughout the data-gathering process. Also, the researchers ensured the quality of this study by carefully adhering to the protocols set by the University of Immaculate Conception Graduate School, the process flow in data collection, data analysis, and data integration was carefully reviewed ensuring quality and dependability.

### 2.5. Data Analysis

To assure the study's rigor and validity, the procedures of descriptive phenomenological data analysis developed by Colaizzi (1978) were applied. Using this strategy assisted in defining the analytical process and providing an outline for the study. This outline provided the framework and a clear knowledge of how the data analysis was conducted. Colaizzi's technique demonstrates connections between outcomes and data by ensuring that actual quotations and words from participants are utilized to build major assertions and categories (Elo & Kyngas, 2007). Colaizzi's (1978) technique also aided in outcome validation via the use of "member checking," which included participant agreement on the emergent outcomes (Shosha, 2012). Meaning, when the data analysis was finished and an extensive description of the phenomenon was completed, the researchers went through the findings with the participants to check correctness.

In particular, this approach entails the following steps: (1) collecting participants' descriptions of the phenomenon, (2) reading the transcribed document several times to gain a better understanding of the meanings conveyed, (3) identifying significant statements and phrases and converting them to general terms, (4) formulating meanings for nurses' quality of life and occupational stress during this COVID-19 crisis, (5) grouping the derived meanings into clusters of themes, (6) writing an exhaustive description of the issues examined, and (7) carefully validating the meanings derived from the study's participants prior to writing an exhaustive description of the issues examined.

## 3. Results and Discussion

After the rigorous data analysis, themes on the lived experiences of nurses during the pandemic have emerged and hence discussed in the proceeding parts.

### 3.1. Putting Up with Occupational Stress

One of the major themes formulated from the analysis concerns about stress and exhaustion experienced by Filipino nurses during the pandemic. This struggle could be boiled down to the experiences of nurses in various aspects of administrative and management problems, workload and environment problems, patient care problems, and health status.

*Administrative and Management Problems.* Administrative and management support is needed to be provided for the nurses to work effectively and efficiently. This will help also the hospital mechanism and process easier both for the hospital workers and patients. The hospital's main issues were a shortage of nurses and other health workers and scarcity in bed capacity because of the high admission rate, and the late response of nurses due to the time-consuming process of wearing level 4 PPE. Some of the nurses also mentioned that the transmission of the virus was hard to control. Participants express:

*"Because of the increasing rate in the admission, our staffing becomes unstable. We are force to stop receiving admission for almost two weeks because we were understaffed. Now, that we have enough staffs, the admissions never stop increasing and room shortage became another problem" (Transcript 1, page 4, lines 118-123)*

*"...so usually we were understaffed, and the responses to the patients becomes a problem. We always explain to our patients that the pandemic brings lot of difficulties and we were very sorry for the late responses. The pandemic takes us a lot of time to prepare before we can attend to our patients." (Transcript 2, page 3-4, lines 139-150).*

In early February 2020, the maximum daily shortage of inpatient beds for COVID-19 patients was 43,960 (95 percent confidence interval: 35,246, 52,929), 2,779 (1,395, 4,163), and 196 (143, 250). An earlier or later shutdown would have exacerbated the Wuhan hospital bed scarcity (Zhuang et al., 2021).

*Workload and Environment Problems.* The hospital administrators also need to provide healthy working loads and an environment for the nurses to passionately love their work. They must provide also equal treatment, opportunity, and protection for the nurses to fulfill their duties with accountability and responsibility. All participants had different responses to their workload during the pandemic and pre-pandemic. Some of them answered that their current workload is lesser than pre-pandemic, while some answered that it became heavier during the pandemic. One of the participants mentioned that his workload remained the same during the pandemic. Other extracts show:

*"...I consider my work risky and hazardous because I'm assigned to medical and isolation area. Some of the patients are not careful enough to protect themselves and others, that makes it worst to work. Because us much as we want to protect others some are careless and stubborn not listening to the protocol and all... we all knew and even experienced the worst scenario in the hospital, and how contagious covid every day. At the back of my mind, I'm always risking my family to possible infection of covid just because others are stubborn and carelessly spreading the virus. It makes me angry to experience it every day." (Transcript 1, page 5, lines 143-150).*

*"We need to sacrifice more workload, considering the worst scenario in the hospital. From twelve hours to one-week straight work and another week for quarantine before we can go out the hospital... The worst is that we only given one week to stay at home, as a nurse one way to protect our family is to isolate ourselves for another three days before we can meet and be with them for four days." (Transcript 2, page 4, lines 166-168)*

Relevant studies show that nurses working in hospitals in central Uganda dealing with COVID-19 patients reported significant rates of burnout, which was linked to PPE and workload. Contracting new nurses to reduce workload, following the WHO criteria on personal protective equipment, modifying working hours, and ensuring hours of effective rest should all be modified (Kabunga & Okalo, 2021); Zhang et al., 2020; Zhou et al., 2020.

*Patient Care Problems.* If there will be sufficient nurses, adequate facilities and equipment and satisfactory hospital responses will be provided then there will be fewer complaints, critical patients will be given attention and a comfortable environment will truly be served to the patients. The majority of the nurses explained that it was hard to take care of COVID positive patients. Aside from their fear of getting infected, their job was also very risky. They found it very challenging since they had limited access and had to wear PPE for a long period of time, making them sweat excessively whilst taking care of the patients. One of the participants mentioned that taking care of the patients was similar to the pre-pandemic time, but this time they had to take extra precautions to protect themselves from getting infected. Participants share:

*"...as much as we want to calm down and stay manageable, everyone in the phone calls and some patients were infuriated, can't even understand anymore, and blaming us a lot of the happenings in the scenario... questioning our nursing service and other services in the hospital, and not thinking that we don't want also to be in this scenario and we are also taking it the hard way... we can only rest and cry a lot in our stations, sharing agonies with our colleagues praying that all of this will soon to end." (Transcript 4, page 3, lines 100- 109)*

*"... there's a lot to consider, you need to protect yourselves and care for others... you need also to be very careful in communicating with the patients and the family. Because everyone seems to be very sensitive, that may start the misunderstanding. As much as we to burst our feelings in what is happening, we keep it deep inside to at least give our quality nursing services." (Transcript 5, page 6, lines 173-179)*

COVID-19 was deemed a terrifying sickness by the participants. They said that they were at a higher risk of contracting the virus; this risk was unavoidable, which increased their anxiety about infection. The majority of nurses expressed concern about being a possible carrier for family members. Physical exhaustion and psychological strain were also caused by work-related issues such as a shortage of personnel, working long shifts, increasing tasks, and insufficient rest time. Wearing personal protective equipment is also one of the leading causes of physical and psychological stress (Rathnayake et al., 2021).

*Health Status.* Occupational stress decreases the health status of nurses. This becomes the reason for the feeling of getting mentally exhausted. Yet, this is also the reason for the necessity to be emotionally stable and physically healthy. Some of the nurses' health status was negatively affected by the pandemic; one of them couldn't exercise as much anymore due to a hectic schedule, while the other one developed insomnia. Two of the participants mentioned that they were cautious about their health, so they just try to preserve their health as much as possible with the help of vitamins. But one of the participants was positively impacted by the pandemic, he became more active in order to strengthen his immune system.

*"Before the pandemic, I feel healthy and strong... I seldom get sick and not even in two years... maybe because of the work-related stress, not enough rest and, nutrition. Now, I was diagnosed with hypertension, though its in the family already... and hard to sleep every night." (Transcript 1, page 7, lines 219-225)*

*"... our health is affected, because before the pandemic, we can still schedule for exercise, we have enough rest and have time with family and friends to enjoy. But during the pandemic our schedules are disturbed and it was very stressful that we are not even enjoying our day- off and rest with the family. There are a lot of limitation that we can't do in our profession during this time." (Transcript 4, page 4-5, lines 169-174)*

*"I think of it positively to stay healthy; I condition myself of what to expect in this pandemic and accept the reality that this might go worst. I need to be strong because this is the only investment to continue living. This made me active to boost my immune system during the pandemic." (Transcript 5, page 7-8, lines 233-240)*

The nurses' time availability for themselves before and during the pandemic was most affected in a way that their allotted leisure time for themselves became lesser than it was pre- pandemic. Four of the nurses expressed that alone time became much more minimal as compared to before. During the pandemic, their time was mostly

occupied by work and family which leaves them with so little time for themselves. Aside from work, the nurses' pre-pandemic activities were almost held anywhere at any time, but due to present times, activities have been accompanied by constant limitations because of the pandemic's restrictions. The one remaining nurse, however, has indicated that his downtime with himself is the same because the number of hours off-duty is proportional to the number of hours on duty. Evident across responses was the disruption in the ability to participate in daily life in the ways they wanted to, and their limited opportunities to engage in their normal (pre-COVID) strategies to care for themselves: first, adjusting to disruption required new self-care strategies and mindsets; second, the multiple struggles of caring for self during a time of uncertainty; and finally, the importance of social connectedness and self-care (Lewis et al., 2022).

### 3.2. Reconfiguring Personal and Social Time

Amid the stresses brought about by the pandemic, nurses have found the avenue for reconstructing how they spend their time for themselves and with others. This theme could be deduced with elaborations on concepts of fear, rest, and break; short yet profound family time; consistent quality care; and social time, space, and activity closer to family.

*Fear, Rest, and Break.* Nurses express that their job during the pandemic brings limited rest and breaks, anxiety, and inadequate self-time. The nurses felt fear of getting and spreading the virus and sacrificed rest, breaks, and even their self-time. The nurses' social lives were transformed, particularly their social lives previous to the pandemic, which differ from what they have today during the pandemic due to the demands of their work caused by the virus's presence. All of the nurses' answers relate with each other as to how they have lesser time for a social life during the pandemic; one nurse mentioned not being able to request a day off because duty was an obligation for them, and another mentioned how their social life had been negatively impacted, another mentioned how socializing and attending events were now becoming limited, another mentioned being weary to spend time outside, and the last nurse mentioned how she had a different mindset on moments spent during the pandemic pertaining that she is anxious in every time she spends. A few excerpts convey:

*"... our rest or breaks are really altered; we are sometimes absent to important family time and events. Because we can't request for leaves. Thus, we need to report on our scheduled duty, and sometimes if our colleagues get sick, we need to replace them so the hospital will not be understaffed. We are obliged to work even our free-time." (Transcript 1, page 6, lines 209-212)*

*"I feel fear spreading the virus, so I compensate my own socialization with others just to protect them... When we go outside wearing our uniforms I felt everyone is also afraid of us, there are instances where the public rides are not letting us ride. (Transcript 5, page 8, lines 260-271)*

Job demands are organizational, physical, and social aspects of one's work that drain both psychological and physical reserves, resulting in tiredness and that they are not always bad until they exceed an employee's capability in his or her work, which may lead to burnout (Woodson, 2021). The pandemic's job demands on nurses interfered with their social lives in such a way that they were negatively altered, leading them to have less time for their social lives, become more worried about their time, and feel very tired. The nurses have different approaches in how they viewed their work demands; however, these demands caused them stress. Nurses are frequently exposed to infectious diseases, and they are required to wear personal protective equipment (PPE) regulations to protect themselves from disease transmission. The use of non-standard PPE caused excessive sweating, injuries, scars, and a sense of suffocation, which led to further exhaustion, hunger, and thirst (Zamanzadeh et al., 2021). Alongside the protective equipment are issues such as nursing shortage. Furthermore, perceived care pressure in nurses has been a result of the virus's unknown nature, the large number and variety of treatments performed by nurses for the patients, the side effects of drugs in patients, the death and pervasive struggle of patients, and the distress of treating the patients (Zamanzadeh et al., 2021). All of these exhaustive measures may have impacted directly and indirectly the social lives of nurses in the context of the pandemic.

*Short yet Profound Family Time.* With the advent of the pandemic, the working schedule becomes busier yet nurses prioritized family time over social activities. From physical and social activities to virtual activities. There are differences in the nurses' responses regarding their family time throughout the pandemic. One of the nurses spends his leisure time outside, seeing family members he has not seen in a long time, while the other three nurses spend their family time in less interaction with other people, and the other nurse spends time with his family through acts of service, particularly making meals. All of the nurses managed to spend time with their families, although in different ways, and even in today's setting, time with family is not forgotten because the nurses regard their families as their motivation and comfort throughout working during the pandemic. Direct statements from the responses show:

*"...we have limited time to be with family, most of our time is in the hospital and quarantine facilities. Imagine, we only have one-week to visit our family in a month. (Transcript 1, page 2, lines 54-56)*

*"Our social activities are spend with immediate families only... as mush as possible we can still make it memorable, most especially in our children and love one's." (Transcript 5, page 2, lines 55-56)*

*"During duty schedule in the covid ward, when I don't have work to do, I video call my family or surf the social media and play mobile games..." (Transcript 3, page 2, lines 51- 53)*

As a result of working in such a comprehensive and hazardous environment, they require some kind of support system to assist them to get through the day and deal with the stress that the pandemic has introduced to their work (Geoffroy et al., 2020). The study by Rathnayake et al. (2021) identified the importance of social networks such as support from family, management, peers, coworkers, and friends, and that the lack of adequate support during pandemics has both short-term and long-term effects on nurses' mental health (Kang et al., 2020; Kua et al., 2022). Additionally, interaction with family members helps nurses alleviate the stress that they have been feeling since the absence of family members, alongside other factors such as reusing PPE, the influx of high-acuity patients, and increased patient censuses, reportedly have been linked to increasing moral distress amongst nurses (LoGuidice & Bartos, 2021; Martínez-López et al., 2020).

*Consistent Quality Care.* The working schedule becomes busier and more focused on managing and maintaining quality care. Nurses shared extra care and sacrifices not just for the patients and for the family yet for others in general. In terms of the nurses' daily routines during the pandemic, each of them has specific things they do every day; such as communicating with family, playing mobile games, and doing PPE laundry; however, similarity among the nurses' answers is depicted in such a way that each of the nurses is taking extra precautionary measures as part of their daily routine, such as taking a bath more than once, being cautious of their surroundings, and applying a lot of alcohol, because it is their way of protecting themselves and those around them from becoming infected with the virus, especially their families. Some of the participants' statements speak:

*"Our works becomes routinary; get vital signs and monitoring the patients' condition, prepare the labworks and medication, educating the family, and giving feed back to the doctors and family... it was very difficult but we need to overcome it daily." (Transcript 1, page 3, lines 73-79)*

*"...we need to double our PPE and wear it for 7 days, we need to sacrifice wearing urinary catheter or adult diapers for us to at least have limited exposure. We need to take a bath a lot of times, that make us develop rushes and other skin problems. I was very difficult but we need to endure it for our family and patients." (Transcript 3, page 3, lines 69-72)*

*"... we need to be extra precaution especially I have children and for the patients also..." (Transcript 5, page 3, lines 81-85)*

The reason for these nurses may be the fear of them getting infected by the COVID-19 virus since according to a study, nurses were driven to adopt defensive behaviors because they were afraid of COVID-19, and fear is an unpleasant feeling that stimulates actions that has the capacity to impact both psychological and physical well-



being of nurses (Arnetz et al., 2020; Saladino et al., 2020; Shultz et al., 2016; Taylor et al., 2020; Yildirim et al., 2020), prompting them to develop behaviors to defend themselves and their family (Villar et al., 2021). Fear in nurses can be fueled by the fact that they are on the front lines of the fight against COVID-19, as well as the risk of infection and the likelihood of illness transfer to their family members. In the study by Koren et al. (2021), heightened anxiety and sadness among nurses in their study were also caused by a factor of them worrying about becoming infected with COVID-19 and infecting their family members.

*Social time, Space, and Activity Closer to Family.* Social time becomes limited to visitors and social space becomes closer to family space. Family social activities become closer also because of restrictions and fear of the pandemic. There are differences among the social lives of the nurses, as four of them described having a social life despite the pandemic, while one nurse mentioned having less time for social life. The nurse who had a lesser social life spent more time in the hospital and quarantine facility. Of the nurses whose social lives were centered on family, both specifically focused on their families alone. Of the nurses whose social lives were centered on technology, one specifically spent one's social life mostly browsing through internet apps and playing mobile games, the same as with the other whose social activities consisted of playing internet games. As participants deliver:

*"Before off, I planned things already, make sure I wont missing out any of my plans to make the most of it worthy. Most of my plans are for family and other close relatives. (Transcript 1, page 3-4, lines 96-98)*

*"... I limit visitors in our house... during gatherings we seldom invite visitor." (Transcript 2, page 3, lines 110-112)*

*"... gatherings are usually spent in our house... movies, online games and social media becomes our social activities... (Transcript 3, page 3, lines 92-93)*

The nurses from the study of Haussl et al. (2021) reported that working during the pandemic had an impact on social aspects of their lives, and the researchers found that the social impacts were similar among their nurses who switched to using technology or social media platforms to communicate with their family and friends since they could not see them physically, this relates to the four nurses' answers about still having social life during the pandemic but only are now limited to spending time with family, browsing through internet apps, and playing mobile games as instead of spending their leisure time together with lots of people or large social circles. Even though four of the nurses still have social lives during the pandemic, still it is not the same as what they had during pre-pandemic. On the other hand, the nurse who mentioned spending more time in the hospital and quarantine facility, his answer was more focused on work which can be supported by the study of Cengiz et al. (2021), wherein due to the nurses' requirement to comply with rigorous quarantine rules, their social lives were forced to a halt, and the nurses in their study described social life as an unending process between loneliness and hospital. Furthermore, some nurses felt lonely since they were distancing themselves from family and friends by going to work and then home with little contact with friends and family, and this isolation had a significant influence on nurses (Nelson et al., 2021). All of the nurses' social lives were altered; however, four of the nurses focused on a more positive remark because they mentioned having social lives despite the limitations, whereas the other nurse simply portrayed his answer in a direct remark, implying that his social life was directly negatively affected.

### *3.3. Coping with the Situation's Gravity*

The last theme formulated out of the analysis deals with how the nurse participants deal with all the travails of the pandemic for them. These mechanisms include bringing up the essence of self-actualization, understanding their service experience, and choosing to divert their attention.

*Self-Actualization.* Preparing self becomes one of the strongest coping mechanisms of nurses. Their spiritual faith, self-meditation, facing the realities and resetting mindset becomes the step to actualize self-preparedness during the pandemic. Additionally, the nurse set his mind that the pandemic would end soon, so it helped him have hope. While the other nurse had difficulty adapting because of the workload since the patients require more care and attention now than pre- pandemic. In the excerpts:

*“I always pray to God, to protect me and my family and for the healing our our patients... I also do regular meditation and mindfulness to keep me in sane.” (Transcript 2, page 9 lines 399-415)*

*“... I always get strength in our family prayer. It is very helpful to at least lighten my day. I felt relieve after prayer, and I think God is helping me in helping others. Prayers becomes my strong tools in my daily fight. (Transcript 2, page 9, lines 427-428)*

COVID-19 is a novel coronavirus with human-to-human transmissions, spreading around the globe since its December 2019 outbreak, with new cases reported daily at its height (Paules et al., 2020; Phan et al, 2020). Frontline nursing and medical workers, particularly during the pandemic's early phases, have reported feelings of anxiety and depression as a result of excessive workload, inadequate personal protective equipment, lack of understanding about the pathogen, and direct contact with patients (Zhu et al., 2020). As a result of the nature of the profession, nurses often report experiencing a higher loss in morale and work satisfaction (Tolomiczenko et al., 2005). As a result, mental health programs are critical for assisting nurses and physicians amid an extraordinary health crisis caused by the pandemic (Figueroa et al., 2020; Sampiao et al., 2020).

*Service Experience.* The service and the passion for nursing others become a coping mechanism. Nursing is a demanding career, where the stresses are a workload with intimate engagement with patients, strong emotional involvement, and responsible for patients' lives. Yet, for the participants, volunteerism helps in promoting quality experience, and imitating good practices of others helps you cope with the service experience with the patients. Two excerpts expound:

*“I was lucky enough to be one of the nurses to be assigned in the covid ward, because I experience handling it with all the PPE and protocol with few patients ranging 3-6 at the moment... I think this experience help me to adjust working with 40 to 50 patients. Unlike with those who were deployed late because there was no transition they've experience. I think it was very stressful in their end.” (Transcript 1, page 8-9, lines 254-260)*

*“I think our nursing care practices makes us cope up with the situation. Filipino nurses are trained to work under pressure and depressive situation. The resiliency of the Filipino nurses is rooted even in family values.” (Transcript 5, page 10, lines 304-306)*

Nurses are encouraged to do more because of serving others. Caring for a frail, ill, or traumatized client can be demanding on the nurse, but at the same time, fulfilling and gratifying (Zeller & Levin, 2013).

*Diverting Attention.* This coping mechanism brings the nurses to places where they can recreate and relax from the realities of work. Activities such as social media and online games give time to move faster from reality. Eating mechanism fulfills their hunger by consuming their energy. Also, household activities and gardening become their positive perspective of what life should be.

*“...food becomes one of our friends during the pandemic, because I think I can work better when I'm full. Even more, I can think better when I'm full.” (Transcript 4, page 6, lines 272-277)*

*“Before if I feel stress, I just go somewhere else to relieved my stress. But during this pandemic we can't do that... Food and social media becomes my coping mechanism to divert my attention from stressful day.” (Transcript 4, page 6, lines 253-255)*

*“My coping mechanism is usually my family. I make sure to make use of my family time... another thing is gardening; my plants give me way to breath and makes me happy.” (Transcript 3, page 8, lines 255-265)*

Coping has been defined as any cognitive and/or behavioral attempt to regulate, reduce, or accept circumstances seen as potentially hazardous to one's well-being (Rodrigues & Chaves, 2008). When confronted with a stressful situation, individuals develop a variety of coping mechanisms that are related to personal factors, situational

demands, and available resources and aim to restore the individual's balance against the stressor-induced reactions. It is important to recognize that the sorts of coping methods utilized in a given scenario differ according to the subject's personality or experiences, as well as the situation's qualities (Laal & Aliramaie, 2010; Sehularo et al., 2021).

#### 4. Conclusion

This study concludes that the experiences of nurses during the pandemic lead to struggles that could be related to administrative and management problems, workload and environment problems, patient care problems, and hazard problems. Accordingly, reasons that lead to administrative and management problems are shortage of hospital staff and nurses, scarcity of bed capacity, admission calls, late hospital response, and lack of infection protocol and control. Additionally, nurses have problems with workload and environment which encompass heavier workload, longer time schedule, harmful environment, uncomfortable feeling while wearing the PPE and limited to no access to facilities and equipment. Patient care becomes a problem because of double patient concerns, critical patient cases, and more sensitive patients. In the same way, the nurses reported hazard problems in terms of the fast transmission of the virus and the fear of getting infected. In the same way, for nurses, social time becomes limited to visitors and social space becomes closer to family connections. Family social activities become closer also because of restrictions and fear of the pandemic. Even though there are hectic schedules, nurses still give time to families. Moreover, they prioritized family activities over other social activities. It is recorded also that nurses opt to have fun with virtual or screenplay activities. To provide quality patient care, nurses have always been the initiative of preventing the spread of the virus, maintaining quality patient care, and taking extra sacrifices careful for others. Social time, space, and activity also redirected to the importance of family. Meanwhile, nurses are seen as capable to mechanize their coping mechanisms. In this study, preparing self becomes one of the strongest coping mechanisms of the nurses. Their spiritual faith, self-meditation, facing the realities and resetting mindset becomes the step to actualize self-preparedness during the pandemic. This becomes the strength of the nurses in their battle during the pandemic; it is where they are rooted to stay on the ground and keep moving amidst problems. Likewise, the service and the passion of nurses for others are coping mechanisms. These encourage nurses to do more because of serving others. They also want to be at places where they can recreate and relax from the realities of work. Hence, the researchers found that, notwithstanding the disparities in some of the nurses' responses, their quality of life has been impacted, but they remain committed to their profession, i.e., nursing. Hence, in the current health battle, nurses are acknowledged to be hardworking front liners that serve humanity persistently. The study then implies that the government should be more responsive to the needs of the nurses and that support and assistance in their practice of the nursing profession amid the pandemic be provided substantially.

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