

# Modern Heroes: Lived Experiences of Nurses during Covid-19

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## ABSTRACT

Coronavirus, also known as COVID-19, is an infectious disease brought on by a brand-new coronavirus strain that spread globally in 2019 and was later recognized as a pandemic by the World Health Organization. People have experienced too much stress as a result, and medical professionals who are at the forefront of this conflict have felt pressure and exhaustion. This study is premised on the idea that despite the lack of adequate medical supplies, staff, and facilities, the nurses give COVID patients thorough and moral care. This is in addition to the fact that their line of work now endangers their lives, nurses also deal with challenges like overwork, prejudice, and inadequate pay. The present study uses Husserl's descriptive phenomenology to examine and interpret the nurses' actual experiences throughout the epidemic. There are seven nurses who participated in this study. While four (4) of the nurses work at private hospitals, the three (3) other nurses are employed by the public hospital. The key themes that emerged from the phenomenological analysis of the nurses' experiences throughout the pandemic were mental and emotional state, the setting of care, and nurses' motivation. From the results, was concluded that nurses caring for COVID-19 patients exhibit resilience and strength of character (thought and emotion) and nurses' demanding work seems to go unnoticed by the community and the government, despite the fact that attending COVID-19 patients not only brought them negative effects or challenges but also positive ones like growing emotionally and psychologically closer to family members, becoming more compassionate and appreciative of life, and maintaining motivation.

**Keywords:** Covid-19, nurses' experience, mental state, emotional state

## INTRODUCTION

The novel coronavirus strain that spread globally in 2019 and was later designated by the World Health Organization as a pandemic is known as the coronavirus, also known as COVID-19. According to World meter (January 27, 2021), there are 518,407 verified Covid cases in the Philippines. These instances include 10,481 fatalities and 475,542 recoveries. One of the world's biggest problems—and one that requires the most interference—is this global pandemic. This does not only impact the physical health of individuals, but it also causes major concerns in the economic, social and psychological aspects of everyone most especially the front liners who are significantly in demand during this outbreak (Anderson, 2020).

It is a fact that our healthcare providers are extremely important assets in combating today's outbreak and their safety and health are vital not only for continuous and safe patient care but also for the control of any further outbreak (Chang et al., 2020 as cited in Liu, et al., 2020). However, this rapidly evolving pandemic has put too much strain on the entire Philippine healthcare system and healthcare providers. The nurses provide intensive and ethical care to COVID-19 patients despite the fact that there are insufficient medical resources, personnel, and facilities. Aside from the fact that their work now puts their lives in danger, nurses also face issues including overwork, discrimination, and low pay. This becomes the fundamental driving premise of this study, which uses Husserl's descriptive phenomenology to analyze and comprehend the nurses' actual experiences during the pandemic. This study intends to embark on nurses' mental and emotional conditions, and the care context given by the community and government. Further, this study

looked into the nurses' motivations amidst the continuing threat of the said disease. In the Philippines, there is a limited number of studies about nurses' lived experiences. With this, this study was conducted to explore the lived experiences of nurses during pandemic in the Camarines Sur, Philippines

## **METHODS**

### **Research Design**

This study used the descriptive phenomenology design to cover and interpret the meaning of nurses' lived experiences during the COVID-19 pandemic. The goal of descriptive phenomenology is to identify the "essence" or "essential structure" of any phenomenon being studied, i.e., the characteristics that make the phenomenon what it is rather than something different (Morrow R. et al., 2015).

### **Research Participants**

The participants of this study were seven nurses purposefully selected based on the following criteria: (1) nurses in government and private hospitals in Camarines Sur and (2) have experience in taking care of COVID patients for at least 6 months.

### **Gathering Instrument**

This study used a researcher-made semi-structured interview to gather the data. Additional follow-up questions were asked depending on the answers the respondents gave. Interview was chosen to understand the nurses' lives, their situations, their difficulties, and issues. This also allowed the research participants to share their experiences.

### **Gathering Procedure**

Due to the restrictions on mobility and face-to-face interaction, the researchers sent Google forms to the participant's email address, sent questions through Messenger, or interviewed through Zoom meetings. Then, the researchers conducted interviews through virtual meetings or telephone calls for data validation. The researchers asked questions and then jotted and recorded down the participants' responses. After the data collection process, transcription and analysis followed.

### **Data analysis**

The data collected underwent thematic analysis. This study followed the Colaizzi method in analyzing the data. Colaizzi's descriptive phenomenological method has 7 steps. (1) familiarization of the data; (2) identifying significant statements; (3) formulating meaning; (4) clustering themes; (5) developing an exhaustive description; (6) Producing the fundamental structure; and (7) seeking verification of the fundamental structure. To ensure the accuracy and credibility of the study's findings, Creswell and Creswell's (2018) reliability and validity techniques were employed.

The researchers also used intercoder reliability checks, which involved three independent coders reviewing and examining the coding process, to confirm the accuracy of the findings. This made the coding process more uniform and helped to develop a common agreement. The themes were finalized, and the researchers then asked the study subjects for their approval. The participants were given access to the results so they could verify and validate the accuracy of the findings, enhancing the analysis's accuracy.

## **RESULTS**

These medical front liners, amidst facing the danger of getting infected themselves and risking their own

lives while caring for people with COVID-19 need the community's acknowledgment of the very important role they play in saving lives. There are seven nurses took part in this study. Three (3) nurses are working in public hospital while the other 4 nurses are working in private hospital. The analysis of the nurses' experiences during the pandemic by a phenomenological study revealed the main themes: mental conditions, emotional conditions, care context, and nurses' motivation.

### **Mental Condition of Nurses as Frontliners**

The results of nurses' mental conditions seem to show both a positive and negative state. The high demand for nurses' work affects their mental condition both in negative and positive ways. According to them, they experienced stress and discomposure, however, they also learned to conscientiously take care of their patients and to appreciate life.

#### **Conscientiousness**

Taking care of COVID-19 patients heightened the level of consciousness among the nurses, particularly on their application and practice of precautionary measures. According to them, they have become more meticulous and careful in abiding with the standard protocols in attending to the patients to avoid getting infected. They frequently wash their hands, work fast and efficiently in a short duration of time to limit their exposure, and take a bath before interacting with family members. This is one piece of evidence of the nurses' manifestation of positive mental conditions. These are some of their words:

*"Nursing care become more ideal."*

*"I have to be very careful and vigilant in every procedure that I do."*

*"COVID-19 taught me to be more cautious."*

#### **Discomposure**

Despite the nurses' heightened awareness about protocols on attending to patients with COVID-19, they still experience confusion. They have become hesitant regarding life and work, especially the newly graduated ones.

*"I really don't have that much experience in caring for COVID patients."*

*"During my 1<sup>st</sup> experience handling COVID patients, I felt nervous because I doubted myself if I can handle it correctly and safely."*

*"It is mentally taxing; we are not sure whether this certain patient is positive or not."*

#### **Difficulty of work**

The nurses perceived that their work had become more difficult and complex. According to them, they became more challenged and troubled. This difficulty is caused by the inconvenience of wearing personal protective equipment (PPE), limited time to take care of patients, and the toxic environment. Moreover, they also described the lack of supply and underequipped facilities as an added burden to their work.

Added to that is the difficulty of informing family members that their loved ones have COVID-19 as well as seeing patients with no loved ones on their side while fighting the said disease.

*“It is extra difficult for us because we have to wear full PPE”*

*“Caring for patients who were infected with COVID is hard because before we didn’t have enough PPEs that would help us to combat the virus”.*

*“It’s complicated since we have to be very careful, and we have to limit nursing care to our patients for a minimum minute.”*

*“It is sometimes difficult because when patients are fighting the illness alone, this kind of setting makes me sad.”*

### **Valuing Life**

The participants shared their important realizations amidst their challenging tasks as nurses. According to them, the pandemic taught them to see and appreciate the important things in the world. They learned to value life, friendship, and family. They find essential lessons from the pandemic:

*“This pandemic teaches me to value life, friendship and camaraderie.”*

*“I become more considerate and kinder towards other people.”*

*“It made me realize that COVID chooses no one and it can take away your life in just one click.”*

### **Emotional conditions of nurses as frontliners**

The participants manifest different emotional conditions caused by their taxing work as frontliners during this pandemic. However, some similarities emerged as revealed by their responses. With these similarities, this study came up with three sub-themes: ability to manage emotions, anxiety, and anger.

### **Stress and Anxiety**

The hard and very demanding work brought on by COVID-19 caused the nurses to be stressed, anxious and strained. According to one, it is “mentally exhausting”. This is a negative impact. According to the participants, their stress was mostly caused by isolation, too much work, the additional requirement of wearing PPEs, discrimination, low supply of necessary medical equipment, and exposure to the patients themselves. According to them:

*“It affected my mental state where I can no longer take time for my family and myself.”*

*“The things I am experiencing right now cause me to be anxious and worried for myself, especially for my family and loved ones.”*

*“The fear of contracting the virus is causing us stress and anxiety.”*

### **Ability to Manage Emotions**

Even when the participants acknowledged that they experience fear, anxiety, and sadness in attending to COVID-19 patients, they assured that they are emotionally “in-control”. According to them, they know how to manage their emotions and they have coping mechanisms to avert their feelings in these times of distress. In addition, the participants mentioned that this pandemic only made their family closer to them and that this positively impacted them emotionally. This evidence is manifested in the following statements:

*“As a nurse, I think I developed the attitude of separating my emotions from work.”*

*“I have no trouble handling emotions and I always check myself”.*

*“This affected my emotional conditions to become closer to loved ones and significant other.”*

### **Feeling of Disappointment**

One of the emotions the nurses are feeling is disappointment. They are displeased at how the hospital manages the Covid situation, believing that they are not one of its priorities. In addition, they feel disappointed at people who discriminate against them despite the sacrifices they make to help people with COVID-19.

*“The institution that I’m working at is prioritizing profit over the safety of its constituents.”*

*“All we received is more work and discrimination from ungrateful members of the society.”*

*“We, ourselves in the government frontliners got demoted in the middle of the pandemic.”*

### **Care Context Given by the Community and the Government**

Care contexts cover the experiences of nurses as frontliners in terms of the support they receive from the government, the community, and their respective families. Their responses narrowed down to three sub-themes: lack of facilities/equipment and underpayment, exhaustion from work and discrimination.

### **Lack of Facilities/Equipment, Underpayment**

The nurses believe that their salary is not commensurate with the kind of heavy work they have. Moreover, they don’t receive any incentives such as hazard pay, food, and travel incentives during this pandemic. These, and the lack of supplies such as PPEs, and the under-equipped facilities also manifest of lack of support from the government.

*“Our ICU is not designed to cater to COVID-positive patients.”*

*“We’re not compensated properly”*

*“Not all (nurses) are being provided with the said benefits (PBB, Hazard pay and other incentives), how about us who are dealing with other diseases?”*

### **Exhaustion at Work**

Nurses not only experience the difficulty of attending to COVID-19 patients as well as physical exhaustion. According to them, they are given an overload of work because the number of patients is not proportionate to that of the nurses. They also need to multi-task as they still have to bathe and change the diapers of the patients. Moreover, they also attend to non-COVID patients and they hardly have a rest day.

*“Our nurse-patient ratio is 1 nurse to 2-3 patients. We are also handling other patients. That would mean unnecessary exposure for the patients admitted in the ICU.”*

*“All we did was exhaust ourselves to work every day and barely have a day off.”*

*“I cover all the needs of the patients from giving them morning care to simple and complicated nursing and medical interventions to the patients.”*

### **Discrimination**

Nurses shared about the discrimination they experienced during this pandemic. They said that discrimination comes from the people in the community, their patients and sadly, from their family members. This experience negatively impacts nurses and makes them feel unappreciated. They are also not allowed to enter establishments and are avoided in public places as well as in their own homes.

*“When the 1<sup>st</sup> case emerged, the community had a bad picture of how they see us.”*

*“Some of my co-workers were denied to establishments when they were recognized as hospital workers”*

*“The only one who has discriminated against me is my mother.”*

*“After everything you’ve done for them, you will still experience discrimination and negative comments from those patients...”*

### **Nurses’ Sources of Motivation**

Every nurse’s drive is a big factor for every health department in combatting and winning the fight against COVID-19. The nurses discussed their motivation and reason for continuing with their profession despite the threat of the pandemic. Their calling and work satisfaction, hopefulness, and fight for survival are the common motivational factors among these frontliners.

### **Calling and Work Satisfaction**

Despite the difficulties and hardships nurses face today, they say that they still feel proud and satisfied to be part of someone’s recovery from COVID-19. This is one of the reasons why they keep their profession. They believe that it is their calling and that they are committed to fulfilling it even amidst the threat of this deadly disease.

*“I’m happy that I’m part of my patient’s road to recovery and be able to help my patients in other ways that I can.”*

*“I felt proud of myself because it was a challenge for me to conquer my fear. I want them to feel that they are not alone in this battle.”*

*“The calling of being a nurse keeps me motivated. I remembered what I promised during my oath ceremony.”*

*“My commitment and the calling to be of service to others.”*

### **Hopefulness**

Amidst the challenges of COVID-19, nurses are still hopeful, and this hope has become their weapon to keep fighting for their patients’ lives and to stay in their profession. They consider every patient’s recovery their biggest achievement bringing them pride and hope.

According to them, they become the first to be the happiest person when their patients fully recover and



commend their efforts. In addition, their faith in God serves as their hope that this pandemic will end soon.

*“The hope that this pandemic will end soon”*

*“I surrender all my worries to God.”*

### **Survival and Job Stability**

Similar to any person, nurses have also become more practical. Being a nurse is both a calling and a job. This job is one of their sources of income not only for themselves but also for their family. Even if the salary of nurses is not commensurate to their job, most of them choose not to leave because finding a new one during this pandemic is more difficult.

*“The salary that I get keeps me motivated.”*

*“My goal is to be permanent in my job.”*

## **DISCUSSION**

This study explored the living experiences of the nurses attending COVID-19 patients. From the analysis, four themes emerged. In the first theme, the mental aspects of the nurses demonstrate to be more on the positive side as it demonstrates how to respect life and to be conscientious in providing services to avoid disease transmission. Truly, self-care must be used to offset unusually high workplace challenges brought on by COVID primary themes since nurses want to continue offering excellent, sincere patient care (Karimi Z. et al 2020). The second theme which is emotional aspects shows the mixed emotions of nurses who continue to cater to COVID-19 patients despite the threat of disease. With the transition, the emotions that nurses experienced ranged from negative to positive emotions (Gunawan J. et al, 2021). Healthcare professionals displayed tremendous fortitude and resiliency in the face of numerous difficulties. They utilized a variety of support networks and coping mechanisms to manage their stress because they understood that in order to save more lives, they had to remain resilient and duty-focused (Liu Q et al 2020). With the third theme which is the care context given by the government and community, the present study's results show similarities with the study of Jang H. et al., (2022) that nurses caring for COVID-19 patients have been given an excessive amount of medical workload. This caused burnout in the already overworked nurses. Additionally, the study that was conducted in the Philippines but in a different locale shows the same findings that employers gave their nurses a heavy workload and more patient assignments than is customary or desirable, thus, nurses typically experienced challenges at work (Sadang, J., 2021). Moreover, the nurses in the Philippines felt a different kind of betrayal than that mentioned in the study of Gunawan, J. (2021) where nurses felt betrayed by the regulation whereas in the Philippines, the nurses felt betrayed by the community they are serving by being discriminated. The last theme shows the sources of the motivation of the nurses and the interviews with nurses highlighted the purest qualities of advocacy, which are the basis of nursing care (Arcadi, P. et al., 2022). Moreover, nurses believed that their profession was both a calling and a job. Even if their salaries are inadequate for the type of work they do, nurses are driven by the money they earn.

## **CONCLUSIONS**

From the findings, it can be concluded that: 1) nurses attending to COVID-19 patients manifest resilience and strength of character (mind and emotion) as they face the daily challenges and struggles brought about by COVID-19. This resilience is greatly exhibited by their ability to manage their emotions and their practice of appropriate and worthwhile coping mechanisms so that they can still focus on their jobs as the primary caregivers; 2) attending to COVID-19 patients not only brought negative effects or challenges to

these frontliners but also positive ones such as becoming closer to family members (emotionally and psychologically), becoming more compassionate and more appreciative of life and staying motivated; and 3) amidst the nurses' demanding work, the community and the government seem to give limited attention to the needs of these frontliners.

This is evident in the absence of programs and advocacies that will cater to the emotional and mental well-being of the nurses as they continue to help in the fight against COVID-19. In addition to this, they are also subject to discrimination even by some family members and the community at large.

## RECOMMENDATION

Based on the findings of this study and the conclusions made, it is therefore recommended that society at large be more aware and appreciative of the efforts exerted by the nurses as front liners in the battle against COVID-19 by understanding that these nurses also feel the same anxiety and fear which is in a higher level compared to those who are not in the frontlines. In addition, and more importantly, the implementation of programs that will cater to the total well-being of the nurses and their emotional and psychological needs be considered and given attention by the authorities such as hospital administration, health worker organizations, and by the government itself. By so doing, these modern heroes will be given the recognition and treatment that they deserve and making them more motivated to perform their noble profession.

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