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# The lived experiences of stay-in nurses and nursing aides in a private hospital in Quezon City during the coronavirus pandemic

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## Abstract

**Introduction** The COVID-19 pandemic caused traumatic events among health care workers. They are the ones who are exposed to the virus as frontliners. The study aimed to explore the experiences and impact of the pandemic on the physical, psychological and emotional aspects of both nurses and nursing aides.

**Methods** This was a qualitative interpretative phenomenological study, focused on describing the individual nurse's and nursing aide's lived experiences as stay-in personnel in a private hospital in Quezon City catering to COVID-19 patients. Participants were selected by purposive sampling. They were interviewed using a semi-structured questionnaire on how the pandemic affected their physical, psychological and emotional well-being. The qualitative data collected was coded and categorized according to themes that described their lived experiences.

**Results** The three themes derived were: impact of a pandemic, strategies and coping, and psychological outcome for the three interview questions. Impact of a pandemic included isolation from the family (loneliness/sadness and lack of family interaction) and adequate preparation for a pandemic (preparation for COVID-19, pandemic restrictions, health protocol compliance). Strategies and coping included comfort and convenience (living conditions, independent living), adapting to new normal (coping mechanisms, strategies; exploration), and family safety. Psychological outcome included the emotional impact (fear, anxiety).

**Conclusion** The nurses and nursing aides had both negative and positive experiences, with different outcomes depending on the participant. Most of the experiences were positive, thus the investigators concluded that a change in the participants' current lives has led to a voluntary decision to be separated from their loved ones while still being happy and content because of the assurance that their families were safe at home.

**Key words:** COVID-19, lived experiences of stay-in nurses and nursing aides

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Healthcare workers play an important role during the COVID-19 pandemic.<sup>1</sup> They are the ones exposed to the virus while dealing with all kinds of clients. Since a person with the disease may be symptomatic or asymptomatic, healthcare workers and staff are required to don personal protective equipment. Local health workers have not yet experienced a health crisis of this magnitude until now, which is why the researchers aimed to discover

their experiences and how these experiences affected them. The researchers wanted to find out the impact of the pandemic crisis on the physical, psychological and emotional aspects of both nurses and nursing aides, since they are the ones who committed their time to fully serve their patients while staying in the hospital's provided facilities. This research aimed to determine the experiences of stay-in nurses and nursing aides.

### Methods

The researchers conducted a qualitative interpretative phenomenological study, focused on describing the individual nurse's and nursing aide's lived experiences as stay-in personnel in a private hospital in Quezon City catering to COVID-19 patients.<sup>2-4</sup> Staff nurses and nursing aides living in dormitories provided by the hospital during the pandemic were recruited through email or Messenger by purposive sampling. There were no limitations in terms of the marital status, having children and status of family/relatives at home. Staff who developed COVID-19 at the time of the interview and those with clear panic tendencies were excluded. Participants who failed to attend the online orientation; who failed to submit the ICF with e-signature, name, and date on the given deadline; and/or exhibited distress, needed a debriefing, and psychological first aid during the interview were withdrawn from the study. The latter were referred to the guidance counselor. The sample size was considered to be attained when data from the interviews showed saturation.

Qualified personnel who agreed to join the study were invited to an online orientation where the purpose of the study and the informed consent were discussed. Those who gave their informed consent were interviewed virtually via Google Meet using a semi-structured questionnaire revolving around two broad topics: their lived experiences as stay-in nurses and nursing aides during the pandemic, and the effects of the pandemic on them. The interview included questions about their experiences staying in the hospital during the pandemic, their thoughts, emotions, and feelings regarding their experiences at that moment, and the reason behind the decision to stay in the dormitory. Questions on how the pandemic affected their well-being were asked. The interviews were conducted with the research adviser present;

all interviews were recorded. Responses from the interviews were coded and categorized into themes. Thematic narrative analysis was performed to identify the themes and patterns from the data collected.<sup>5</sup> The process utilized the following stages:

**Stage One:** The researchers classified and prepared the collected raw data from the recorded interview and transcribed it into in-text documents. Significant statements from the organized data were highlighted as relevant with their experiences and used for data analysis.

**Stage Two:** The researchers manually assigned codes based to the research questions together with significant statements while carefully rereading them to ensure the relevance of the data being classified to the study. Statements with no connection were excluded.

**Stage Three:** The researchers formulated categories for the organization and classification of the generated codes from the data collected using tables. All codes that were classified were based solely on the topic and were not anticipated at the beginning of the study. From the formulated categories, the researchers searched for potential themes.

**Stage Four:** The researchers created descriptions of the clusters developed and reviewed the potential themes. In the first level of this phase, the researchers identified large themes and small themes from the reviewed descriptions. The researchers formulated a thematic map that showed the meanings evident in the data set as a whole.

**Stage Five:** The researchers defined the themes and presented them in a qualitative narrative. A narrative passage finding was utilized for narrative analysis in discussing interconnecting themes.

**Stage Six:** The researchers produced a written composition by selecting and extracting vivid examples. These were then related with the research questions and literature to produce a narrative analysis about the lived experiences of the stay-in staff nurses and nursing aides.

The study was approved by the Ethics Review Committee of the institution.

### Results

There were six participants, five of whom were female, aged 23 to 31 years, with a mean age of 27.5 years. Half of the participants were nurses.

The three themes derived were: impact of a pandemic, strategies and coping, and psychological outcome for the three interview questions. Impact of a pandemic included isolation from the family (loneliness/sadness and lack of family interaction) and adequate preparation for a pandemic (preparation for COVID-19, pandemic restrictions, health protocol compliance). Strategies and coping included comfort and convenience (living conditions, independent living), adapting to a new normal (coping mechanisms, strategies; exploration), and family safety. Psychological outcome included the emotional impact (fear, anxiety). The results are summarized in Figure 1.

### I. Impact of a Pandemic

According to the participants, the pandemic had an impact not just on their family relationships, but also on their daily work experiences. When asked the question about their experience during the COVID-19 pandemic in a private hospital, there was a unified answer among the participants. The following are excerpts from the interview that best clarify this:

“Nalulungkot ako kasi syempre malayo sa family tapos yung kapatid ko pa parang walang gagabay sa kanya. Almost 8 months ata kasi akong nakahiwalay sa kanila nun kaya malungkot parang naging independent talaga ako mabuhay sa sarili ko non kasi parang kanya kanyang galaw.” [P6-Q11]

“Medyo malungkot pero wala tayong choice pero mas malungkot naman kung sila yung maaapektuhan, halimbawa di ba nasa hospital ako tapos ako pa magdadala na hindi pa namin masabi, mas malungkot naman yung ganun.” [P3-Q9]

All six participants mentioned that their experience of personal isolation from their family was mainly due to their family members. When asked about the exact situation or scenario that influenced their perceptions of the phenomenon, the participants gave various, but nonetheless, similar, responses.

#### A. Isolation from Family

Isolation from family was characterized by the absence of physical contact or minimal interaction as well as having to live apart from them.

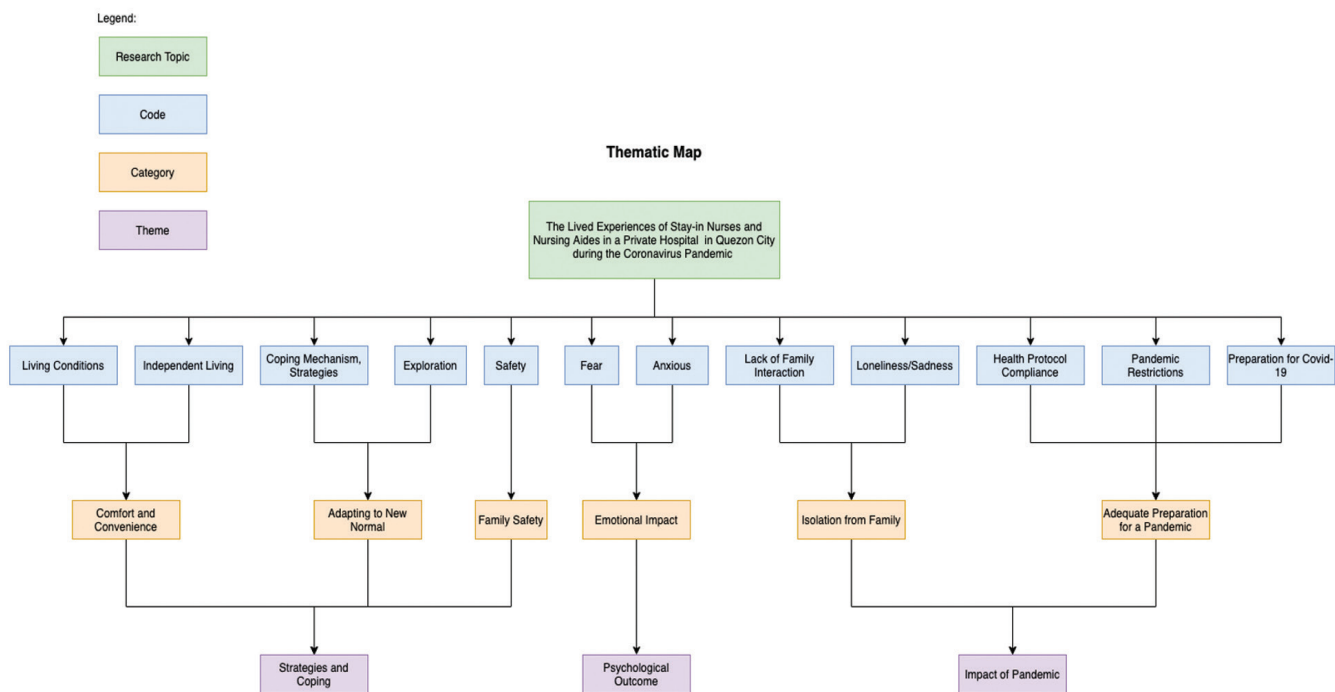


Figure 1. Thematic map of results.

## 1. Lack of Family Interaction

Two participants mentioned that the pandemic affected their interaction with their families:

*“Ahmmm, siguro mas masabi na parang homesick sa anak.”* [P4-Q14]

*“Nalulungkot ako kasi syempre malayo sa family tapos yung kapatid ko pa parang walang gagabay sa kanya. Almost 8 months ata kasi akong nakahiwalay sa kanila nun kaya malungkot parang naging independent talaga ako mabuhay sa sarili ko non kasi parang kanya kanyang galaw.”* [P6-Q11]

## 2. Loneliness

Four participants emphasized that being away from their families resulted in them feeling lonely, which made some of their experiences negative.

*“Opo, kaso po malayo, ahmmm, siguro mas masabi na parang homesick sa anak, na hindi, apat na po siya nung January.”* [P4-Q14]

*“Parang syempre yung sa isip ko nun parang parang wala lang parang at least kahit papaano nakabawas ako sa isipin ng magulang ko na kasi syempre may fear sila nang nalipat ako sa covid area, tapos kumbaga nalulungkot ako kasi syempre malayo sa family tapos yung kapatid ko pa parang walang gagabay sa kanya. Almost 8 months ata kasi akong nakahiwalay sa kanila nun kaya malungkot parang naging independent talaga ako mabuhay sa sarili ko non kasi parang kanya kanyang galaw.”* [P5 & 6-Q11]

*“Medyo malungkot pero wala tayong choice pero mas malungkot naman kung sila yung maaapektuhan, halimbawa di ba nasa hospital ako tapos ako pa magdadala na hindi pa namin masabi, mas malungkot naman yung ganun.”* [P3-Q9]

## B. Adequate Preparation for a Pandemic

### 1. Health Protocol

Health protocols on social distancing and frequent handwashing were implemented to prevent the spread of the virus. Five participants mentioned the importance of health protocols.

*“Ah yes po, nakakauwi naman po every off or pagka alam po namin after magpaswab okay kami ganun po.”* [P1-Q10]

*“Pag alam po naming may exposure agad, di po kami umuwi kahit ako personally pag alam kong may exposure or yung kasama ko sa ward nagkaroon...”*

[P1-Q11]

*“Ang protocol po kasi pag walang symptoms hindi iquarantine, yun po yung sa amin. Pumapasok pa din po kami. Kasi exposed na lang po kami pero walang symptoms, di din po kami swinaswab, upon waiting na lang ng may symptoms, quarantine - ganun po.”* [P1-Q16]

*“Kami naman, Ma’am, mag-aadjust na lang din po kami if ever na kung sakali nga na may nagkaroon ng isa, ano na next na po gagawin...”* [P1-Q17]

*“Nag decide ako na umpisa pa lang na hindi nga po ako uuwi para safe din sa bahay na din, yun na naging desisyon ko. Tapos ayun, yun na.”* [P1-Q21]

*“Pag hindi siya, pag double off ganun, pag hindi naman mahirap yung sched.”* [P3-Q17]

*“Kasi may PPE na tayong ginagamit, so mas safe tayo kung alam na nating may COVID siya.”* [P4-Q3]

*“Kasi ikaw yung pwedeng maging carrier parang kumbaga cargo mo pa pag magkakaroon pa sila ng sakit madadamay sila kaya tinanggap ko na lang yung opportunity na dun kami mag stay.”* [P5 & 6-Q4]

*“Yes, Ma’am, less na Ma’am kase nakadalawang positive na rin ako, naka dalawang positive...”* [P5 & 6-Q10]

*“Nag positive ako yung una kong positive nag home quarantine ako...”* [P5 & 6-Q14]

### 2. Pandemic Restriction

The nurses and nursing aides said that sets of restrictions were being implemented in the hospital during and after their duty. Four respondents shared that they must follow the restrictions for the safety of their loved ones.

*“Ahmm, hindi din ganun kabigat kasi nakakuwi naman ako at nakikita ko at mas okay sakin nakikita kong mas okay sila kesa yung may sakit na patient katulad ng nakikita namin sa mga hinahandle namin patient ganun kasi sobrang hirap nung makita lalo na sa hindi mo relative hirap na hirap sila, pano pa kapag relative mo, mas okay na sakin.”* [P1-Q27]

*“Hmmm, malapit lang, nagdecide lang talaga ako kasi di pwedeng may hindi pwede mag stay sa bahay merong immunocompromised ganyan, may pregnant din nung time na yun, ayun.” [P1-Q29]*

*“Kuya ko po at dalawa ko pong pamangkin, 11 months and 4 years old. Mahirap po talaga kung sakaling umuuwi uwi dun.” [P4-Q4]*

*“Ahmm, opo, hindi lang po para sakin, kundi para na din pati na din sa mga pamangkin ko kasi if ever na halimbawa last February nagka-COVID positive ako so kung umuuwi uwi ako doon possible na mahawa din sila, eh mga bata pa iyon, so 11 months and 4 years old, so iyon dito mas maigi na nandito kasi malapit ka lang if ever kukunin ka, kumbaga, uhm tawag doon? Kumbaga maano din sila kasi isaswab test din sila if ever na uhmm anong tawag doon baka, if ever na mahahawa ko sila ganun every thrice pa iyon” [P4-Q8]*

*“Siya po umuuwi madame tapos ako po parang once a week lang pero dun lang po ko sa labas ng bahay bisita lang.” [P5 & 6-Q6]*

### 3. Preparation for COVID-19

One respondent shared what the experience in the preparation stage of the hospital.

*“Una napaisip, kung paano ang gagawin at ayaw namin ma-exposed...” [P1-Q3]*

*“Una sa 4-East nagkaroon ng cases nang parang dun lang namin nakita na medyo hindi pa kaya. Nung tumagal, nagset na sila na i-open na nila yung ODR para maging COVID ER, so doon unti-unting nabuo yung mga kailangan ng UERM, kaya parang na peace of mind naman ako na maprovide nila yung equipments na kailangan namin para di rin kami mahawa. Kaya pinush parin namin iyon. Kasi since sinara nga nila yung ward namin, half nun wala kaming choice. Kami yung naging pioneer nung COVID ER noong time na iyon.” [P1-Q4]*

## II. Strategies and Coping

### A. Comfort and Convenience

#### 1. Independent Living

Nurses and nursing aides had to live independently when they stayed in the facility of the hospital.

All the participants responded that the hospital administration provided the utmost comfort and convenience to them.

*“Sobrang well provide naman din, kasi syempre aircon nga dito...” [P1-Q7]*

*“Parang safe din sa amin at convenient nga at duduty kami sa baba lang then aakyat kami para magpahinga, ganun lang.” [P1-Q24]*

*“Komportable naman po kami dito.” [P2-Q8]*

*“Okay siya, feel ko bahay ko siya, free, komportableng-komportable.” [P4-Q7]*

*“Masaya naman, maayos naman kasi yung quarters na inoffer ng RM, comfortable naman and yun nga may parang community pantry din na prinovide.” [P5 & 6-Q13]*

*“Sobrang convenient malapit sa hospital, pag nag-overtime kami hindi namin iisipin yung biyahe yung ganyan, tsaka yung uuwi nga kami ng may sakit or if ever na may sakit, hindi kami nag-iisip ng ibang makakahawa sa family ganun.” [P1-Q7]*

*“Okay naman kasi dito binigyan kami ng kaalinawan, pag galing sa work di masyadong hassle, tapos makakatulog ka agad, yes po.” [P3-Q11]*

*“Yung sa travel po kasi malayo, thanks God na lang may facility katulad nito free, malapit lang sa hospital...” [P4-Q5]*

*“Maganda dito, libre dito, malapit lang sa hospital, walking distance lang, di ka hassle, walang traffic, traffic ka lang sa stoplight.” [P4-Q6]*

*“Para hindi rin hassle kasi lagi akong night shift...” [P5 & 6 Q4]*

*“Actually po nandito po kasi ako dahil malayo po samin, sa Parañaque po kasi ako, yung sa travel po kasi malayo...” [P4-Q5]*

*“Kasi na-provide naman ng RM yung needs. Kumbaga parang nag donate sila ng mga washing machine, may parang community pantry rin dun kaya ayun kumportable naman.” [P5&6-Q16]*

#### 2. Living Conditions

The hospital administration provided facilities that would help nurses and nursing aides and for them to stay in during their duty to reduce the possibility of bringing the virus to their loved ones. Three respondents shared their stories during their stay at the quarters during and after duty.

*“Kapag ka nasa tent kami natutulog kami minsan dito na kami kumakain, pero dadala na kami ng food, ganyan, pero naka open. Bukas naman siya ganyan.”* [P1-Q18]

*“Masaya naman, maayos naman kasi yung quarters na inoffer ng RM, comfortable naman and yun nga may parang community pantry din na prinovide”* [P5 & 6-Q13]

*“Half kasi nung sa hospital kami nagsstay, nung una safe, okay naman nakakapagpahinga kami ng maayos, pero kapag may nagcocode naririnig din namin like minsan bago kami matulog may nagcocode sa gantong ward naririnig namin, sabi namin, meron na namang code ganyan, si patient ano to na hinandle natin, so parang, dun namin nakikita ulit, matutulog na lang kami naaalala ulit namin yung scenario sa ER.”* [P1-Q25]

*“Nung nagsstay kami sa kabila, di rin kami makatulog ng maayos kasi naririnig namin yung paging, tapos nung nakalipat na kami sa school mas okay kasi di na namin naririnig yung nangyayari sa loob ng hospital.”* [P1-Q26]

*“After duty naliligo kami nagwawash then wash din ng clothes din after duty. Ganun siya.”* [P1-Q20]

## B. Adapting to the New Normal

### 1. Coping Mechanisms and Strategies

Five respondents shared that their way of adapting to the situation is through different coping techniques like praying, watching videos, relaxing, sharing their experiences with workmates and family members, and lastly, keeping a positive mindset amidst the pandemic.

*“Ah yes po, mas narerelieve po, kasi nga po after every duty namin nagkwekwentuhan kami itong si ganito ganyan pero nakakatuwa at nakakalungkot naman din po siya parang ganun po, Ma’am.”* [P1-Q9]

*“Para sakin masaya, kasi kung baga kung iinvite mo din naman yung lungkot na may COVID, parang ang pangit naman ng dating so imbis na maging malungkot ka maging masaya ka na lang tawanan mo na lang yung problema ganun”* [P6-Q12]

*“Through video call din minsan may mga cases din na nag video call kami, minsan personally sinusundo nila ako or hinahatid pagka okay naman.”* [P1-Q29]

*“Umuuwi, mahirap din po pero okay lang tatanggap na lang po yung ano kailangan lang magpakatataag po.”* [P2-Q6]

*“Yun po kailangan lang na manalangin ka lang, always pray, yun po, mag pray ka lang po palagi.”* [P2-Q7]

*“Pero nag-aadjust ka pa po, pero nung ano tumatagal na po nagiging close na po kayo, nagiging okay na po, yes po masaya po.”* [P2-Q12]

*“Nagpapahinga po, tas wala lang kain-kain lang.”* [P3-Q12]

*“Nanunuod ako ng mga video ganun, para ma-relax relax din ganyan lang, tapos more on pahinga lang talaga.”* [P3-Q13]

*“Pag uwi dito iba po yung nairerelease naming stress, pag uwi sa bahay half naman naikwekwento namin ano yung naexperience po namin, tapos, half non is masaya kami kasi okay kami po parang ganyan.”* [P1-Q12]

*“Masaya kasi ito parang group of friends. Magkakasama kayo. Yung ka roommate mo, kavibe mo, kasama mo, para kayong nagreretreat everyday ganyan. Kung ano na-experience niyo sa loob na fefeel mo kung nasstress, malungkot nashshare mo dito.”* [P1-Q8]

*“Ah, masaya naman kasi may mga mamemeet kang new friends...”* [P3-Q10]

*“Okay naman kasi ka-work ko rin naman yung kasama ko isa pa parang naging bonding na na lang namin yun pero syempre may fear baka magkahawaan ayun.”* [P6-Q15]

Since the pandemic may cause isolation, one participant was asked if they feel sad during the stay-in, and the participant stated that:

*“Pag may kasama ako, hindi.”* [P3-Q14]

### 2. Exploration

One participant said that this is a new experience for them and said that:

*“Tsaka mas naaexplore mo yung sa ibang lugar, mga experiences na di mo pa natryr dati, kasi ito first time ko lang din mag stay-in ng kasama yung ibang tao, eh.”* [P3-Q10]

### C. Family Safety

As COVID-19 cases continued to rise, nurses and nursing aides feared becoming infected and infecting

their household members since they can be exposed during their duty.

### 1. Safety

The hospital prepared sleeping quarters in the hospital and the north campus for the healthcare workers if they decided to stay in. They mentioned that sleeping in the quarters is deemed beneficial since their families are safe and would not be affected. One participant shared the different scenarios when she is at home and when she is staying in the hospital.

*“Alam namin na wala sila, wala okay sila safe sila walang sakit, unlike dito nakikita namin ang kwentuhan pa rin namin ay about patient na nawala si ganito, may ganitong case kami, tapos yung kwento nila buong family nila positive, dun lang namin nakikita yung difference po, kasi pag uwi naman din ang nakikita rin naman namin is yung reality na okay po sila, na nakikita ko.”* [P1-Q14]

Additionally, other participants said that staying in the hospital quarters is beneficial since it is convenient for them and the safety of their family, when asked about the reason that they decided to stay in the hospital.

*“Nakakagaan ng loob, kasi alam mo di ka uuwi, safe sila, safe sila sa bahay...”* [P1-Q8]

*“Ahmm para sakin po ano, parang okay lang naman po kailangan mo lang po mag doble ingat po.”* [P2-Q4]

*“Mahirap po kasi mag commute, isang factor na din kasi yung sa pagcocommute tapos pangalawa na din yung sa safety rin nung nag-uuwian ko.”* [P3-Q4]

*“Yes naman, sobrang beneficial kasi example yung nag positive ako yung una kong positive nag home quarantine ako, pero syempre nandun yung fear na parang the moment na nag pacheck up ako sa ER at umuwi ako nung August 3, 2020 di na ko bumaba sa baba tsaka nakipag interact sa pagkain ganun nagkulong na lang ako sa kwarto kasi strict quarantine”* [P5-Q14]

As said by one of the nurses, self-protection measures are essential during their line of work to prevent COVID-19 infection and transmitting it to their loved ones:

*“Minsan nagmamask kami kapag alam na namin na may exposure na kami sa labas tapos waiting na lang*

*kami kung may symptoms kami or wala. Considered na safe pa din kami ganyan.”* [P1-Q19]

### III. Psychological Outcome

The unpredictable and high-risk situation led nursing aides to experience negative psychological outcomes such as fear and anxiety. Anxiety was brought about by various factors such as concern for the safety and health of others as well as the financial problems that arose. One participant specifically stated that fear of contracting the virus has been constantly present:

*“Palaging may fear, Ma’am, hindi nawawala minsan nga hindi ka pa makatulog sa gabi, kasi tinatanong mo kung bukas ilang PUI nanaman yung makakaharap ko, mga ganun di siya nawawala, iniisip mo bukas may ICU ka naman o may COVID na naman.”* [P5 & 6-Q10]

#### Emotional Impact

The COVID-19 pandemic has underlying emotional impacts among frontliners due to their work and daily experiences which inevitably led to fear and anxiety. The emotional impact was seen through concrete statements of participants in terms of the negative emotional impact brought by the pandemic specifically, their daily activity, work, condition, and experiences.

#### 1. Anxiety

One of the psychological outcomes which was evident among nursing aides was anxiety as elaborated by two participants:

*“Ano sa una parang ang hirap lang din pero yun ng, mas iisipin mo yung kapakanan ng iba kaya ayun.”* [P3-Q15] Another participant was able to highlight how anxiety is caused by financial concerns: *“Tsaka ano din mahirap yung pera, talagang true naman.”* [P3-Q19]

#### 2. Fear

Another outcome which was evident in the responses of the participants is fear. Participants commonly spoke of the possibility of infecting family members and being extremely at risk of contracting the virus:

*“Mas mabigat sa loob na madala mo yung sakit sa bahay parang ganun.” [P1-Q6]*

*“So sa akin din po para sa safety ng pamangkin ko sa mga tao na nandun na hindi natin sila mahawa.” [P4-Q10]* *“Pero nung narinig ko na may COVID, nandun yung fear na parang kung saka sakaling maging positive ako ang natatakot ako baka mahawa ko ang family ko, eh. Yes, kasi may kapatid po kong bata, eh.” [P5 & 6-Q9]*

*“Ilalayo mo na lang yung sarili mo sa family mo, kasi ikaw yung pwedeng maging carrier kumbaga cargo mo pa pag magkakaroon pa sila ng sakit madadamay sila kaya tinanggap ko nalang yung opportunity na dun kami magstay.” [P5 & P6-Q4]*

*“Okay sila safe sila walang sakit, unlike dito nakikita namin ang kwentuhan pa rin namin ay about patient na nawala sa ganito, may ganitong case kami, tapos yung kwento nila buong family nila positive, dun lang namin nakikita yung difference po, kasi pag-uwi naman din ang nakikita rin namin is yung reality na okay po sila, sa nakikita ko.” [P1- Q14]*

*“Actually meron, naka encounter namin sa room di po talaga maiwasan, pero kapag nagkaroon ng cases, kami kami rin po ganito po naka tent kami...” [P1-Q15]*

*“Palaging may fear, Ma’am, hindi nawawala minsan nga hindi ka pa makatulog sa gabi, kasi tinatanong mo kung bukas ilang PUI nanaman yung makakaharap ko, mga ganun di siya nawawala, iniisip mo bukas may ICU ka naman o may COVID na naman.” [P5 & 6-Q10]*

*“Siyempre nandun yung fear na mahawa ka dun sa virus, kasi kami, Emergency Room, eh, kami yung unang haharap sa patient.” [P5 & 6-Q3]*

## Discussion

The results of this study were based on the aim of the investigators to explore the lived experiences of stay-in staff nurses and nursing aides in a private hospital during the COVID-19 pandemic. The investigators were able to delve into the conversation by asking simple questions about the participants' experiences of isolation as well as the unique context that influenced their experiences of the phenomenon. Through analysis of the gathered data, the researchers were able to establish the patterns and relationships between

each major and significant key finding; resulting in the formation of three major themes.

## Impact of a Pandemic

The results of the six participants who were affected by the COVID-19 pandemic's isolation from their families revealed that they had similar situations, consequences, and challenges in their daily lives. Separation from their families, being affected by pandemic protocols, and being concerned about their safety in the midst of the pandemic have all contributed to the change in their daily lives. The participants' responses were unanimous in indicating that their interactions with their loved ones as well as their usual activities before the pandemic had been affected. These are in line with UNICEF findings which revealed that healthcare workers sometimes feel alone and anxious during these difficult times.<sup>6</sup> Some of the healthcare workers stated that they sometimes wondered why they do what they do, that they are happy when a patient gets well, and that they tell the patient to keep their family close since they cannot do it with their own family. A nurse from the Philippine General Hospital shared that they can rest longer and more comfortably instead of traveling home every day.<sup>7</sup> With the current circumstances, healthcare workers need adequate accommodations that reduce the risk of spreading the virus to others while also providing a sense of security that reduces worry, stress, and fear. Furthermore, one participant stated, contrary to the majority of responses, that residing in a dormitory during a pandemic is delightful despite the current situation. As a result, while the positive effects outweighed the negative, it's important to keep in mind that nurses' and nursing aides' actual experiences throughout the pandemic may vary from person to person.

## Strategies and Coping

The participants developed strategies and ways of coping, providing responses that showed convenience for them and ensured their safety from the consequences of COVID-19. The six participants clearly delivered their experiences highlighting the effectiveness of the strategy in providing comfort and convenience in their everyday life at their work as nurses and nursing aides. This shows how the



measures implemented by the hospital setting had significantly affected the participants' safety, mode of transportation, condition of living, comfort, and convenience. These results are in line with the experiences of nurses from other hospitals.<sup>7</sup> The six participants shared that they experienced comfort and convenience in the living quarters offered and made them at ease to find comfort and safety at the same time developed each individual's coping strategies and mechanisms.

The pandemic may cause heightened stress or trauma to the healthcare workers as they work at the frontline. The results show the participants are adapting well to the situation. They mentioned some of their coping strategies which they found to be effective. This indicates that they have good social support within their work environment and it significantly benefits the participants. One participant stated that this is a new experience for her since it is their first time staying in the hospital. Some of them found new friends during their stay-in and they talked about their experiences during their duty. These findings are congruent with the experience of a nurse in another hospital in Manila who stated that although it is a struggle risking their lives, they still try to look at the positive side.<sup>6</sup>

This is necessary since healthcare workers need to cope despite the challenges to be able to continue caring for patients during the COVID-19 pandemic. Four out of six participants shared that staying in the hospital quarters was beneficial since they were worried about their family's safety. It eased their minds knowing that their family was safe from getting infected. Some of them had children and vulnerable family members.

### Psychological Outcome

The participants were able to experience the emotional impact of fear and anxiety caused by the COVID-19 pandemic. Anxiety was caused by the difficulty of being high risk in terms of contracting the virus and being the cause of infection among family members brought by the nature of work and the setting, similar to the findings in UNICEF Philippines stories, and Talabong and Tomacruz.<sup>6,8</sup> A nurse in a hospital in Manila elucidated that anxiety hit the hardest at the end of their shifts and that they felt alone at times with their own worries and concerns.<sup>6</sup> The

participants emphasized how fear was a constant burden caused by health and safety concerns. The responses of the six participants indicated that their line of work and the COVID-19 pandemic specifically, the risk of being infected and being a carrier of the virus, especially for their families had a negative emotional impact on nursing aides.

The nurses and nursing aides had both negative and positive experiences, with different outcomes depending on the participant. Most of the experiences were positive, thus the investigators concluded that a change in the participants' current lives has led to a voluntary decision to be separated from their loved ones while still being happy and content because of the assurance that their families were safe at home.

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