



EDITORIAL

Resilient Nursing during Global Crises: Frontline Lessons

In an era marked by unprecedented volatility, including pandemics, climate crises, political instability, socioeconomic inequities, and humanitarian crises, nursing has been a rock of constancy. Nurses continue to be the critical strand between life and death, dignity and desperation, hope and despair. The theme of this issue, "Resilient Nursing in the Face of Global Crises: Lessons from the Frontlines," celebrates the exceptional resilience, moral leadership, and enduring commitment of nurses as they navigate and reinvent adversity across diverse and often precarious contexts.

The COVID-19 pandemic, now seared into our collective memory, bared the vulnerabilities of health systems while shining a light on the irreplaceable contribution of nurses. Across the globe, nurses carried not only the clinical burdens of the pandemic but also its social, ethical, and emotional weight. They became the bridge between patients and bereaved families, the advocates of public health, and the drivers of innovation in care. But COVID-19 is not a singular crisis. Nurses still face cascading and interconnected global problems: climate-related disasters, war and displacement, infectious disease emergence, and systemic health inequities in access and outcomes.

In these challenging times, what does resilience truly mean? For nurses, resilience goes beyond just getting by; it's about having the ability to adapt and transform while leading with integrity. It's cultivated through thoughtful reflection, strong professional bonds, continuous growth, and supportive networks. You can see it in the quiet strength of night-shift workers, the quick thinking in busy emergency rooms, and the mentorship connections that keep the nursing profession thriving. Most importantly, it's supported by policies and structures that empower, equip, and protect the nursing workforce.

The articles in this issue reveal that resilience is not just a personal journey but also a political statement. It flourishes in environments where nurses can not only endure but also take charge and influence change, where ethical, evidence-based practices are prioritized, and where nursing knowledge shapes health policies and public health initiatives. Collectively, these studies amplify the voices of nurses who are making a difference on the front-lines during emergencies.

This phenomenon transcends geography and context, from the Philippines to Vietnam, and Tunisia to Indonesia, intersecting with clinical, educational, and community environments. In "Beyond the Bedside," Magwilang et al. investigate the lives of faculty nurses in Northern Luzon who undergo transitions between clinical practice and academia. Their phenomenological investigation reveals tensions and interplay between pedagogy and care-giving, underscoring the need for nursing education to remain grounded in lived clinical realities.

Hanh et al., citing the Transformative Resilience Model, investigate the work-life-study balance of Vietnamese female nursing students. The themes of "Pulled in All Directions" and "Hope and Optimism as Sustaining Forces" highlight how social expectations, institutional support, and personal initiative converge to foster resilience in students. Their research requires educational models to be not only adaptable and inclusive but also highly sensitive to the social lives of students.

Catu and Cura present a quasi-experimental study demonstrating that formal training in evidence-based practice (EBP) significantly enhances nurses' knowledge and self-efficacy. Their study bolsters the

argument for institutionalizing EBP as a central element of resilient, high-quality nursing. In parallel, Dhaou et al. highlight how asthma control in Tunisia is compromised by low health literacy, environmental factors, and inadequate provider-patient communication, urging the implementation of localized, equity-focused interventions.

Syah et al.'s research on diabetes care in Indonesian primary practice uncovers an integrated model of nursing care reinforced by governance mechanisms, interprofessional practice, and patient empowerment. Their research reiterates nurses as community-based leaders, particularly in resource-poor environments, where resilience is a product of collective, locally rooted action. Also noteworthy is the scoping review by Nerbes and Palaganas, which plots 58 translational research frameworks, including CFIR, ARCC, and KTA. Their survey demonstrates the increasing methodological diversity of implementation science in nursing and reinstates the discipline's role as a generator of systemic, evidence-based transformation.

Concept analyses by Mamayson as well as Gonzales and Balabagno extend the concept of resilience to institutional and clinical contexts. Mamayson's exploration of filial piety reveals how Filipino eldercare adapts to accommodate migration, economic constraints, and connectivity, encompassing shifts in caregiving while upholding the essential values of respect and solidarity. In contrast, Gonzales and Balabagno's investigation of maternal role transition in first-time mothers highlights the emotional, structural, and relational supports needed for effective adaptation. The two pieces demonstrate that nursing resilience involves support throughout life transitions based on culturally responsive, family-centered care.

Together, these insights highlight that nursing resilience isn't just an inherent trait; it's something that thrives in social and structural environments. It's cultivated in classrooms and communities, supported by encouraging policies, and brought to light through research that focuses on the real experiences of both care providers and recipients.

One of the standout features of this issue is the Feature Articles section, where Rivera, Erie, and Manzarate pose three thought-provoking questions. These articles elevate nursing research into a realm of reflective, transformative

practice. Rivera's metaphor of "emptying one's cup" resonates with the humility and openness that nurse-researchers need when navigating uncertain terrains. Her perspective is backed by Weller et al. (2022), who emphasize that qualitative inquiry should be seen as a relational and ethical approach to understanding the world.

Erie advances this conversation by integrating epistemological and ontological insights rooted in clinical practice. Her work illustrates the transformative potential of infusing philosophical depth into everyday nursing, aligning with Peddle (2022), who emphasizes reflexivity as both an intellectual stance and ethical obligation. This position reflects a broader shift in qualitative health research, where reflexivity is increasingly understood not as a methodological add-on, but as fundamental to ethical, relational, and critically aware nursing practice. Manzarate's deeply moving account of perioperative care showcases narrative research as a form of activism, echoing the view that storytelling as a means of healing, political engagement, and transformation. Narrative research is increasingly recognized as a form of activism and healing. These approaches frame storytelling not merely as a methodological tool, but as an ethical and political act, one that fosters reflexivity, connection, and transformation. These narratives stress that reflexivity is not just an add-on to methodology but a way of being, navigating through uncertainty, relationships, and the ethics of care during crises.

In addition, Perona's and Tambalo et al.'s works discuss larger structural and interprofessional aspects of resilience. Perona's position paper proposes integrating palliative care within the Philippine primary healthcare system, most especially at the barangay level, calling for a more empathetic and equitable response to chronic and end-of-life care. Tambalo et al., on the other hand, present climate change as a public health emergency and call on nurses to adopt environmental advocacy as part of their professional obligation. Together, these articles redefine nursing resilience as including systemic advocacy, ecological awareness, and social justice.

The Nurses' Voice from the Field section, with contributions from both professional and undergraduate

students, namely Taiza, Mendoza et al., and Bayer et al., attests to the emotional work and intellectual bravery required in qualitative research during times of crisis. These voices shed light on how reflexivity works not as abstract observation but as an intensely human response to vulnerability, complexity, and care. These voices weave through institutional demands, ethical tensions, and the individual cost of research, bringing us back to the lesson that resilience is not just in action, but in being open to reflection, questioning, and staying present.

Taken together, this issue frames nursing not only as a practice but as a community of inquiry and a catalyst for transformation. These studies compel us to ask: Who defines resilience? What structures support or obscure it? Whose labor is valorized, and whose is rendered invisible? They call for a shift from romanticized narratives of heroism to a structural vision of resilience, grounded in equity, sustainability, and justice.

The International Council of Nurses (ICN, 2021) and the World Health Organization (WHO, 2020) have both emphasized that the strength of our health system is deeply tied to how we empower, protect, and lead our nurses. This issue is not just a point of pride for the nursing profession; it is a rallying cry. Investing in nursing education, research, and workforce sustainability is not something we can treat as an afterthought, it is a vital necessity for global health.

Let us not view this challenge merely as a reflection of front-line work; instead, let it be a unified call for change. The resilience of nursing can't rest on the shoulders of individuals alone; it demands a shared commitment from society as a whole. We need open, responsive, and fair systems that enable nurses to not just get by, but to truly thrive, leading with knowledge, bravery, and compassion.

As we navigate an uncertain future, let the insights, critiques, and reflections shared in this issue guide us and inspire action. In every crisis lies the opportunity, not just to endure, but to imagine, collaborate, and together create a more compassionate and equitable world.

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*“Without research, nursing becomes tradition.
With research, it becomes transformation.”*
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