

The Lived Experience of Filipino Nurses' Work in COVID-19 Quarantine Facilities: A Descriptive Phenomenological Study

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Abstract: The COVID-19 pandemic crisis resulted in an abrupt paradigm shift of nurses' life in healthcare systems, leading to stressful and overwhelming challenges in their daily battle against this illness. This descriptive phenomenological inquiry explored the meaning of Filipino nurses' work on the frontlines of community quarantine facilities amidst this pandemic health crisis. Using purposive and snowball sampling, and in-depth interviewing a total of 12 nurses were participants in this study that sought to deeply understand and explain their lived experience while working in their respective facilities.

Three major themes emerged from the data analysis of the transcribed verbatim responses using Colaizzi's approach: *Work as self-sacrifice* with 3 sub-themes, *Work as self-fulfilment* with 2 sub-themes, and *Work as a psychological struggle* with 2 sub-themes. The nurses demonstrated outstanding professional efforts and sacrifices in battling this crisis to overcome difficulties amidst insufficient or unavailable needed resources. Hence, comprehensive support must be provided to safeguard their well-being so they can continue their noble service in combating and eliminating this illness in our respective communities.

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Introduction

Coronavirus disease 2019 (COVID-19) has changed the usual routines and lives of people since its global rapid pandemic spread from last 2019 to date; it has created significant burden and stressful environments for healthcare providers, especially nurses and doctors in both hospital and community settings, where the majority of the workforce has been deployed to assist in managing and preventing the spread of this illness. The abrupt increase and spread of COVID-19 worldwide and the high fatality rates in countries such those in China, the United States of

America, the United Kingdom, and The Philippines has greatly affected the social life, economy and health of the whole communities on a global perspective.¹

Nurses constitute a vital and the largest workforce in combating this pandemic illness as they serve as main front liners at both the patient's bedside and in communities for 24 hours, seven days a week (24/7). They are in the most contact with suspected or confirmed COVID-19 patients from screening, hospitalization and monitoring after discharge.² The multidimensional roles and functions of nurses in fighting this health

crisis are significantly crucial in any healthcare and community settings in (a) health education dissemination, screening, and support for the general public, (b) prevention and surveillance of nosocomial infection, (c) implementation of health safety protocols, (d) protection of patients with known underlying medical conditions, and (e) provision of medical needs of both acute and critically-ill individuals with COVID-19.^{1,2}

However, despite their known and heroic contributions in battling this global crisis, nurses have reported experiencing different intrinsic and extrinsic struggles and challenges in and out of their workplaces.¹ Literature has revealed that nurses have encountered depression, anxiety, stress, burnout, and even work-related bullying in their day-to-day battle against COVID-19.¹ Health workers, including nurses, are caught in the middle, facing harassment, violence and discrimination in their respective facilities as well as in communities.¹ With more people becoming ill due to this virus, the shortage of nurses and other medical health workers is also increasing. In The Philippines there is an estimated 23,000 shortfall of nurses nationwide; the situation is getting worse and most Filipinos die without consulting a medical professional.¹ In response, nurses in most hospitals are left without choice to work on longer shifts to compensate for the lack of human resources.^{1, 23} Moreover, there are inadequate financial and logistical supports coming from the government, especially the lack of personal protective equipment (PPE), putting them at risk of exposure to infection; this has created uncertainty, fear, and panic among health workers serving as front liners throughout this crisis.¹ Nurses considered these shortcomings of their respective facilities as essential indicator of a barrier in the provision of quality nursing care in the midst of the pandemic.³

Nurses' roles during a pandemic crisis includes preparation even before the disease has the opportunity to spread devastation.²³ Nurses as major front line health workers during pandemic response are often

faced with personal concerns, such as the risk of getting infected and unknowingly transmitting the illness among their family members, as well as psychological challenges including stigma, and restriction of their freedom within a community due to the vulnerabilities of the nature of their work.^{21, 23}

The choice about whether to protect their health and family or to continuously provide care in COVID-19 facilities has caused an ethical dilemma among them.² This stigma is often extended to their family members, making them feel even more discriminated against and at greater risk of developing mental health issues.²² Nurses often experience heightened anxiety and work-related stress as a result of their concern about their susceptibility to infection.² Studies have shown nurses designated for the care of COVID-19 patients were exposed to inappropriate psychological and professional circumstances however they still managed and continued to render nursing care for their patients.³

Nurses during this pandemic have been a vital point of reference for communities in terms of information dissemination and prevention strategies on how to cope in the health crisis; this, in turn, makes them responsible for managing the situation and often inhibits their capability to understand and recognize their individual feelings, concerns, and worries.² Fear for the physical safety of self and others is of greatest concern among nurses during this pandemic due to the lack of PPE, environmental safety issues, and a high workload in their respective health facilities.²² The demanding assignments and staffing shortages have affected their coping abilities to quickly adapt to unexpected changes in their work environment resulting in some inefficiencies as health workers.² The presence of positive coping skills as well as increased social support during a pandemic situation helps prevent the possibility of psychological distress, anxiety and work-related stress, and improves self-efficacy among nurses.²

The lack of PPE (e.g. facemask, face shield, gown) increased the chance of recorded infection rate among health workers, including nurses and doctors,

has been noted in most COVID-19 affected countries including Italy, Spain, USA and China.²¹ As a result, the tendency to quit their employment became a second-thought.² These problems are often results of poor organizational support and the lack of established response protocols at both local government and management levels.^{2,22} Organizations are expected to abide by an institutional duty to provide their staff with sufficient protection and work safety needs during any crisis.²²

Nurses assigned in communities, most especially far-flung areas affected by the pandemic, were found to have more psychological issues and distress than those working in other healthcare settings, and this includes nurses' deployed in most community quarantine facilities amidst COVID-19.² As such, the paucity of literature in this specific nursing area prompted the researcher to explore their situation on the ground.

To date, no study has been published exploring the lived experiences of Filipino nurses during the COVID-19 pandemic, so this phenomenological inquiry aimed to explore and describe the meaning of nurses' work in the community quarantine facilities of Lanao del Sur Province amidst this pandemic. To effectively support and provide for their needs, it is first imperative to gain a deep insight into and understanding of their lived experience as front liners. Better understanding of nurses' work during this crisis may provide a critical new idea and strategies to efficiently support these healthcare professionals during future illness outbreaks.^{1, 21}

Methods

Design: A descriptive phenomenological approach was used in this qualitative inquiry. The philosophy of phenomenology of Husserl has been widely used to understand human phenomena as it is experienced or lived by individuals and involves direct exploration, analysis, and description of the said phenomena aiming at maximum intuitive presentation.

Participants & Sampling: There were 12 participants in this study, working directly as front liners in the community quarantine facilities (CQF) of Lanao del Sur Province and who were recruited using purposive and snowball sampling.¹ CQFs are designated quarantine facilities in each community where suspected or confirmed patients who are not yet ill or showing any signs and symptoms of COVID-19 are temporarily isolated to prevent its spread within the community.³¹ Due to local restrictions imposed by this pandemic and to spend less time in screening appropriate target participants as well as easier time in establishing a trusting relationship, a referral technique using snowball sampling was adopted by the researcher.¹¹ The sample was taking care of all locally stranded individuals arriving in the area since the approval and initiation of the Balik Probinsya Program of the Philippine Government, a socioeconomic program of the government to reverse the migration of people from most urban areas including Metro Manila to rural areas.¹² The sample size was determined through the saturation of data where no new themes from the participants' responses emerged after data analysis.¹¹ The inclusion criteria were: (a) employed and working as a nurse front liner in the CQF of Lanao del Sur, (b) directly serving in the facility for at least 3 months since the declaration of COVID-19 public health crisis in the country, and (c) willing to participate in this study without any expected compensation.

Ethical Considerations: Ethical approval was received from Mindanao State University, College of Health Sciences (*approval code: CHS-28-2020*). Written consent was secured after careful explanation to potential participants of the purpose, procedures, their rights, benefits as well as the risk in participating in this study before starting data collection, and also their right to withdraw at any time during the research process. Confidentiality was assured using numbers (e.g. P1) instead of their real identity during the transcription of their responses. Health safety measures (e.g. wearing of PPE and social distancing) as set by

the Inter-Agency Task Force for Emerging Infectious Diseases (IATF-EID) were strictly observed throughout the conduct of this study for the safety of both researcher and the participants.

Data Collection: Individual in-depth interviews were undertaken guided by the main question “What is it like to work and serve in the community quarantine facilities of Lanao del Sur amidst this COVID-19 pandemic health crisis?” which was validated by a panel of three experts from their respective specialization, and was followed-up by supporting open-ended queries after their responses as relevant. Individual face-to-face and in-depth interviewing is a process of data collection where the researcher meets in person with the target respondents to ask them questions and is regarded as the best method due to the quality of information they yield.¹¹ Each participant was interviewed once for at least 30–60 minutes in a private room within their health facility to assure both privacy and confidentiality. Permission to audio-record the interviews was also requested as part of the ethical protocol. Standards for reporting qualitative research guidelines were carefully observed throughout the process of conducting this study.

Data Analysis: Colaizzi’s method was used to analyse the transcribed results of the participants’ responses. This approach includes: (1) collecting the descriptions of the phenomenon from the respondents, (2) reading of the transcribed manuscript many times to gain a deeper understanding of the meanings conveyed, (3) identifying notable statements and phrases and converting them into general terms, (4) formulating meanings of nurses’ work in community quarantine facilities amidst this COVID-19 crisis, (5) organizing the derived meanings into clusters of themes, (6) writing an exhaustive description of the issues examined, and (7) carefully validating the meanings from the participants of this study before writing full description of themes to validate the findings, and merge any new ideas or corrections into the final exhaustive description.¹

Rigor and Trustworthiness: The rigor of conducting qualitative studies was strictly observed throughout the process to ensure its credibility, trustworthiness, and auditability.¹ This includes the verification of each participant that the exhaustive description reflects their experiences, wherein unclear or misinterpreted themes and discussion were noted and prompted the researcher to return with the analysis and revise the respective description.^{11,1} This process allows the participants to follow the line of thinking which the researcher used during the data analysis.¹ Qualitative research experts from academe were consulted to ensure that description and coding used in the analysis and interpretation were accurate. All audio recordings and transcripts used and saved were kept and secured in a password-protected computer.

Findings

This phenomenological inquiry involved 12 participants, nine female (75%) and three males (25%) aged between 25 to 38 years. The majority had been serving in their respective quarantine facilities for at least four months since the start of the pandemic. Three major themes emerged from their responses explaining the meaning of nurses’ work in the community quarantine facilities amidst COVID-19 pandemic health crisis.

Theme 1: Work as self-sacrifice

This theme had three (3) sub-themes, described below. Greater risk of contracting and spreading the illness caused the nurses to fear and worry. The participants expressed their thoughts and concerns about their daily battles in facing the risk of this illness considering the hundreds of clients coming in and being screened in their facility due to the Balik Probinsya Program of the government for locally stranded individuals mostly coming from National Capital Region and Cebu City, the hotspot areas of The Philippines. Further, the social media and

television news reporting of an increasing number of health workers infected or dying from this illness whilst fulfilling their professional duties and responsibilities was an added torture in their daily struggles to serve and fight this COVID-19 pandemic crisis.

It was hard at first knowing that I will be dealing with COVID-19 cases, and I might be infected and spread this illness to my family and friends. (P1)

Sub-theme 1: Lack of personal protective equipment

In their duty as nurses during this pandemic, most of them revealed that there was a huge insufficiency of basic PPE in their respective quarantine facilities, essential for preventing the spread of this illness and protecting them from acquiring the virus. These protective supplies included but were not limited to facemasks, gowns face shields, shoe covers and other medical needs.

Most of the time I would feel doubtful of my health and afraid of spreading the virus to my family, most especially my children, considering the lack of personal protective equipment. (P6)

Sub-theme 2: Dealing with hundreds of clients daily

Serving hundreds of clients daily on the top of their usual activities as community nurses put them in a situation where physical burn-out and exhaustion became a part of their daily rotations as nurse front liners in this pandemic crisis.

As this situation takes hold, it's becoming tiring and exhausting on my part as a community nurse and front liner in this crisis, taking into consideration of the number of patients we usually deal with on a daily basis and is putting us at risk in acquiring the virus. (P3)

It's not easy to work in a quarantine facility wherein as front liners we have to deal with numbers of patients daily and might be carriers of this virus. (P7)

Sub-theme 3: Working beyond the required hours

The limited number of human resources and support coming from their respective local government units were some of the factors identified by participants contributing to their burden in the execution of their work as nurses. They were usually left with the responsibility to continue working beyond their normal hours to compensate for the lack of human resources. Most had experienced working continuously for 48 hours or more in their respective facilities.

It's very tiring to the point that I almost gave up. I don't have any energy to use due to lack of sleep while accommodating the needs of our clients daily. Most of the time, we have to extend our working hours up until to nearly 3 in the morning. (P9)

Theme 2: Work as self-fulfilment

Two (2) sub-themes were under this theme, described below. Although challenging and risky, working as nurse front liners during this crisis brought them the honor, privilege, and self-satisfaction in their oath as professional nurses. Most respondents acknowledged their worth as health workers in the community despite the risks posed in their well-being every time they needed to fulfil their duties and responsibilities in their respective quarantine facilities. A simple appreciation such as "Thank you" coming from their clients served as motivation and encouragement to continue their battle in helping the people and country in general during the COVID-19 crisis.

It feels fulfilling knowing that I am one of those few people who have contributed in helping those patients and in the situation where we are now. (P5)

Sub-theme 1: Opportunity to work and serve

Despite the opportunities they could have had by working abroad, most respondents chose to stay and work in their areas without the assurance of having good compensation or stability of tenure. They admitted

that the country needs them most as the majority of nurses would usually go for overseas work after getting their licensure exam with the aim to provide a better living for their family in the Philippines. This was out of their passion to serve their countrymen, most especially in this trying pandemic situation. This situation made them realize that, despite the opportunities waiting for them outside, they felt blessed knowing that they had the opportunity to help their countrymen with small acts as nurses in this pandemic crisis.

Somehow grateful and at the same time challenging. I mean, not everyone is given the opportunity to work and serve during this crisis, and I'm proud to be called as one of those front liners. (P8)

I feel good and blessed in a way that I have the chance to help even though I don't have any blood or known direct relationships with my patients during this time where most people including children, older adults, and the economy suffers most. (P9)

Sub-theme 2: Calling of their duty and profession

Working in this trying situation was considered by nurses in this study as the calling of their duty and chosen profession. Although serving their community as nurses was not a new thing for them, this crisis has made them appreciate the value and purpose of their chosen profession of nursing.

It is our duty to work there thus we have to comply and serve our communities dilemma on this pandemic crisis. It feels like we are in a situation during Crimean War and serving as Nightingale for those in need of health services or let's say the last Marawi Siege which happens to be the worst nightmare of the people in this place. However, the only difference is we cannot see our opponent, thus we should be very vigilant all the time. In these trying times, I was able to see and appreciate my calling as a nurse. (P1)

Theme 3: Work as a psychological struggle

This theme had two (2) sub-themes, described below. Demanding activities in a stressful environment, with non-compliant clients they were dealing with inside and outside the quarantine facilities exposed their psychological well-being as a risk in the daily fulfilment of their respective work. This challenge has been part of their routine in fighting this infection. Some participants expressed and acknowledged symptoms of mental breakdown in the performance of their professional duties during this pandemic crisis.

As time passes by, the second-thought to quit from this job increases and it feels like I have been working for continuous months thus, both my physical and mental aspects are already giving up. My anxiety level increases every time I wake up in the morning knowing that I have my scheduled duty that day. (P2)

Working in community quarantine facility requires compassion, hard work, and strong patience to survive your daily responsibilities as a front liner nurse or else you will lose this battle. (P11)

Sub-theme 1: Presence of stigma as a health worker

The risk of exposure and the notable number of health workers confirmed positive and who have died from this illness are some of the factors why most people in the community are afraid to have interactions and deal with them, makes it hard for nurses to provide care. Some participants experienced discriminatory words:

I have some hesitations and worry because of the stigma among people in the community where in they are usually afraid to deal with us knowing we are warriors against this health crisis, most especially if you are a nurse. Some people would even use the term virus when calling us. Although they don't mean the word however I would

usually feel discriminated knowing of our contribution in fighting this illness. (P8)

Sub-theme 2: Challenges in dealing with patients.

Due to the lack of or poor knowledge about this illness, most of their clients were resistant to provide their history, most especially during contact tracing. Some individuals would even use threatening words and actions to manipulate these nurses. This kind of scenario became common and was an additional challenge being faced by nurses:

You can't take the reality and attitude of the patients and community wherein they feel more knowledgeable and powerful than anyone else due to their high social status, and it is adding to our stressful life as front liners. (P9)

Discussion

Nurses' fear of contracting an illness and unknowingly spreading this to their family and friends unusually heightened during any pandemic as they are continually confronted with new and various types of patients.¹ Various factors such as easy transmission, delayed testing, lack of PPE and other medical equipment for front liners, a high pandemic trajectory, and the stigma within the community increases pressure and fear among health workers like nurses during the pandemic.¹ For example, some medical workers in The Philippines were evicted from their rented dormitories and apartments due to tenants' fear of being infected and were forced to look for new areas to live in the midst of the pandemic.² The difficulty of controlling COVID-19, its deadly nature for which there is no known effective vaccine and treatment to date, and the notable numbers of infections and fatality rates among healthcare workers, doctors, nurses and other emergency and health care workers, has caused increased anxiety and stress in the medical world, most especially among those direct healthcare providers like nurses serving in quarantine facilities. This fear

and anxiety have caused psychological distress, and organizational as well as professional turnover intentions among nurses during the pandemic.² The shortages of human resources as well as insufficiency of medical supplies and facilities have greatly affected the delivery of effective nursing care throughout these trying times.³ This poor scenario has threatened both nurses and patients' safety in the healthcare system.^{2,3}

Literature has described self-fulfilment and job satisfaction as vital predictors affecting nurses' quality of life and the services they provide in their respective workplace. On the other hand, permanent and stressful situations such as the presence of constant physical and mental exhaustion contribute to lack of motivation, poor engagement, and illness among nurses in their workplace.¹ Praise and recognition are expected to motivate nurses and make them feel happy and contented in their workplaces despite the poor working conditions.¹³ A feeling of self-fulfilment is an essential element of individuals' psychological well-being and adds to one's happiness when standards of success are achieved and recognized. Moreover, job dissatisfaction has always been the primary cause and reason for significant rates of absenteeism and turnover among nurses in the nursing workforce, posing a major risk to the capacity of healthcare systems' to render efficient and effective quality health services,¹³ most especially during trying health crisis of COVID-19.¹

Despite that nurses are undervalued in most medical institutions,¹³ they have been found to have higher levels of compassion satisfaction (90.09%) in their respective workplace.³ Overall, nurses often consider it a professional privilege to work during the pandemic crisis regardless of any circumstance.² They believe that this is part of their oath and call to their chosen profession. This result is similar with the result of qualitative study in China where nurses believed that in times like the COVID-19 crisis, this is where people and their patients needed their help and services most, they were bound by duty and their professional oath as healthcare providers on the front

line to save lives and protect the health of the community. The COVID-19 pandemic has also created opportunities for nurses around the globe to be more valued, and has increased the morale of the nursing profession.²

Work difficulties are usually encountered by nurses in their respective workplace when a high workload and patient assignments beyond the usual or ideal ratio are being delegated by their employers; this tends to cause dissatisfaction among them due to burnout, stress, depression and other health problems thus influencing their decisions as to whether to stay or leave their current job. Long working hours, the shortage of health personnel, irregular work rotations, and the abrupt shift of schedules have been known to cause or have the potential for health workers to experience serious physical, social, and psychological problems. These factors have generated a number of stressors causing negative effects among healthcare workers especially nurses as front liners during this pandemic crisis.¹ This is similar to a study in Iran where healthcare professionals working in this pandemic have shown high levels of burnout while undertaking professional responsibilities and duties, and many have experienced post-traumatic stress and psychological distress. Factors such as the inadequacy of medical staff, the unpredictable nature of this illness as well as the lack of medical supplies including PPEs, have had a serious impact on healthcare system worldwide.³

Psychological issues are not unique in the healthcare arena especially among nurses and those who are not immune to such demanding working scenarios. The COVID-19 illness has caused anxiety, uncertainty, and panic as situations quickly change and particularly when the disease is still not under control.¹ Literature has revealed nurses and other healthcare professionals working as front liners in times of disasters and pandemic crisis can experience various psychological problems, especially when working in high-pressure and high-risk situations.¹ Patient dishonesty and poor engagement during nurse-patient interactions add to the struggles of workers during the pandemic.²³ Nurses

during this crisis have experienced mental issues such as anxiety, depression, insomnia, and stress during their duty while treating patients affected with COVID-19 illness.¹ This is similar to the findings of a Chinese study where front line nurses fighting with COVID-19 experienced depression, anxiety and terror.² Too many mental demands can compromise the quality of nurses' care they provide during this pandemic crisis.³

Nurses who have dealt with confirmed cases or witnessed patients dying from this illness are usually experiencing more psychological pressure.² These psychological experiences from their respective work assignment directly affects their mental health as care providers, and thus indicates as integral component that must be understood and be aware of during pandemic or any crisis.³ It is critical to have mental health support readily available during a pandemic or any crisis to meet the needs of nurses to help alleviate their psychological challenges and to make them feel supported by their respective organizations.²² Protecting nurses' self-esteem and mental health are deemed essential as it could improve and strengthen the delivery of quality services in the healthcare system amidst any crisis.²

Limitations

Since this study was undertaken with community quarantine facility nurses it is important to recognise that nurses in other settings may have different experiences working during the COVID-19 crisis. In addition, due to health practicalities, the collection of data was undertaken in the shortest possible time and may have prevented deeper understanding of the phenomenon under consideration.

Conclusion and Implications for Nursing and Health

While battling this pandemic crisis, nurses as main front liners play essential and crucial roles and functions in managing and preventing the spread of

this illness. They are the foundation of any healthcare system in managing COVID-19 or the correct pandemic responses. However, as the participants in this study experienced, the extensive demands, the physical and mental struggles in and out of their workplace, the lack of adequate human resources, and the poor administrative strategies and government support provided during this trying situation drained them and caused them uncertainty, worries, and panic. As such, national and local leaders should provide better emphasis on the contribution of nurses by supporting and providing their needs amidst any pandemic. This includes the supply of both material and non-material essential needs, including psychological and mental support and counselling; logistics such as adequate PPE, appropriate housing and food supplies; good financial compensation; additional human resources; and constant workplace recognition to continuously safeguard and protect their well-being as front liners in this pandemic crisis. Moreover, emergency health planning both in local and national levels should have been undertaken and used as a basis for guiding the provision of care and treatment by nurses and other healthcare workers before, during, and after any pandemic crisis. This includes the stockpiling of appropriate PPE and other medical equipment in planning for future infectious outbreaks.

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ประสบการณ์ชีวิตในการทำงานของพยาบาลฟิลิปปินส์ในสถานกักกันสำหรับ โควิด-19: การศึกษาปรากฏการณ์วิทยาเชิงพรรณนา

Jonaïd M. Sadang

บทคัดย่อ: วิกฤตการระบาดของโควิด-19 ส่งผลให้มีการปรับเปลี่ยนกระบวนการที่ค่อนข้างกะทันหันของชีวิตการทำงาน of พยาบาลในระบบการดูแลสุขภาพ ซึ่งนำไปสู่ความท้าทายที่กดดันและท่วมท้นในการต่อสู้กับความเจ็บป่วยนี้ในชีวิตประจำวัน การศึกษาปรากฏการณ์วิทยาเชิงพรรณนาค้นคว้าได้ศึกษาความหมายของการทำงานของพยาบาลชาวฟิลิปปินส์ในฐานะแนวทางของสถานกักกันชุมชนท่ามกลางวิกฤตทางสุขภาพที่กำลังระบาดขณะนี้ การคัดเลือกกลุ่มผู้ให้ข้อมูล ใช้วิธีการเลือกแบบเจาะจงและเพิ่มจำนวนแบบลูกโซ่ เก็บข้อมูลโดยการสัมภาษณ์เชิงลึกในพยาบาลจำนวน 12 ราย เพื่อทำความเข้าใจอย่างลึกซึ้งและอธิบายประสบการณ์ชีวิตขณะทำงานของพยาบาลในสถานที่ทำงานของตน

ผลการวิเคราะห์ข้อมูลจากบทสัมภาษณ์แบบคำต่อคำโดยวิธีของโคไลซ์ซี พบสาระหลัก 3 ประเด็น คือ ทำงานแบบอุทิศตน ซึ่งมี 3 ประเด็นย่อย ทำงานแบบเต็มเต็มเป้าหมายของตนเอง ซึ่งมี 2 ประเด็นย่อย และทำงานที่เป็นการต่อสู้ทางจิตใจ ซึ่งมี 2 ประเด็นย่อย พยาบาลแสดงให้เห็นถึงความพยายามเชิงวิชาชีพและการเสียสละในการต่อสู้กับภาวะวิกฤตนี้เพื่อเอาชนะความยากลำบากท่ามกลางทรัพยากรที่ไม่เพียงพอหรือไม่พร้อมใช้งาน ดังนั้น การสนับสนุนช่วยเหลือพยาบาลอย่างครอบคลุมจึงจำเป็นในการปกป้องความเป็นอยู่ที่ดีเพื่อให้พยาบาลสามารถให้บริการที่มีเกียรติในการต่อสู้และจัดการความเจ็บป่วยนี้ในชุมชนได้ต่อไป

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