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Original Research

Behind the curtain: A narrative inquiry into nurses' working experience in the COVID-19 referral facility in Southern Philippines

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Abstract

Background: During the global spread of the COVID-19 pandemic, nurses emerged as the forefront responders, directly confronting the outbreak and risking their well-being to provide essential care to patients afflicted by the virus. However, there is a lack of studies focusing on Filipino nurses' working experiences.

Objective: This study explored nurses' working experiences in a COVID-19 referral facility in Lanao del Sur, Southern Philippines.

Methods: A qualitative narrative inquiry design was employed. A semi-structured interview was used in the study to evaluate the nurses' experiences at the COVID-19 referral center during the early stages of the pandemic. Data were collected from April to May 2022. A thematic analysis process was used for data analysis.

Results: Three main themes were generated: 1) Working in a COVID-19 referral facility is not a matter of choice, skills mastery, or readiness, 2) Actual experience of working in the COVID-19 referral facility can be both physically and psychologically exhausting, but it brings about self-fulfillment, and 3) Social support and non-scientific sources of support can assist nurses in coping with difficulty and stress associated with working the COVID-19 facility.

Conclusion: Getting through the pandemic was not easy. This study lifted the curtain that has been kept closed from the eyes of the general public for more than two years. Despite nurses being seen as resilient towards their job, it

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exposed their vulnerable sides that they never talked about. It also helped us grasp what it meant for nurses who worked tirelessly in the COVID-19 isolation area, a task that only a few nurses took on. These findings can provide insights for healthcare leaders on how to help nurses during tough times.

Keywords

COVID-19; nurses; isolation; narrative inquiry; working experience; Philippines

Background

The public health system of countries all over the world was put to the test as a result of COVID-19's emergence as a novel infectious disease. Many soldiers on the front lines, particularly nurses, have sacrificed their health and fallen ill or killed while engaged in combat with an elusive foe. The healthcare system in the nation is overworked. The medical frontlines, dealing with illnesses and fatalities daily, have requested a "timeout" to develop a stronger plan of attack against the coronavirus epidemic.

According to data from the Department of Health, around 5% of all cases of the country's total COVID-19 cases involved healthcare workers (Tomacruz, 2020). Countries around the world launched several initiatives to protect their citizens' safety to stop the virus' spread (Al Jazeera, 2020). Nurses and other healthcare workers were compelled to report to work every day to care for patients while the majority of Filipinos were under strict quarantine protocols.

The COVID-19 pandemic experience of nurses worldwide was primarily one of physical, emotional, and mental exhaustion (Felemban et al., 2022), but it also helped them develop resilience and a deeper sense of what it means to be a nurse. However, their experiences were mostly focused on the community level (Sadang, 2021). Studies focused on the locale of the Philippines are scarce. It has also been noticed that the majority of published accounts of nurses' professional experiences were written just at the start of the pandemic. Consequently, more research is required on the long-term experiences of nurses who work as COVID-19 nurses (Xu et al., 2021).

This study aimed to acquire a better understanding and meaning from COVID-19 nurses' personal narratives about their experiences caring for COVID-19 patients in isolation. Reflecting more closely on the storied landscape of nurses' everyday working experiences as they care for COVID-19 patients during these difficult times can increase knowledge and understanding of nurses' complex relationships with their patients, their families, their environment, and themselves. In addition, this study intended to add to the public's understanding of what it is like to be a nurse during a crisis so that the long-awaited

transformation that the nursing profession deserves can become a reality. In order to construct and establish a systematic and safe healthcare system in the event of future outbreaks, the researchers investigated the working experiences of nurses delivering treatment to COVID-19 patients in narrative form.

Methods

Study Design

This study was grounded in narrative inquiry to explore the stories of the nurses' experiences at the COVID-19 referral facility during the early pandemic phase in Lanao del Sur up until the present. Narratives can be a way to understand human experiences. According to Fontana and Frey (2008), using narrative inquiry can provide a useful structure for gaining a thorough grasp of the intricacies of the participants' experiences. The researchers employed a qualitative research design based on Riessman's narrative methodology. Riessman (2007) underlined that the "what" portion of the participant's narrative, rather than the "how" or "to whom" aspect, is the focus of narrative data. When a researcher has found someone willing to tell their experience chronologically and is willing to write about it, they frequently utilize a narrative research design. This research approach is thought to be the most effective way to better understand the experiences of nurses working in COVID-19 facilities.

Participants

The participants were regular nurses assigned to care for COVID-19 patients in the COVID-19 Isolation Area from the start of the COVID-19 surge on 18 March 2020 to the conclusion of data collection. Initially, nurses assigned to the COVID-19 ward worked a 24-hour shift with three days off in 15 days; nevertheless, they were not permitted to leave the premises even on their days off to avoid transmitting infection. In addition to their 15-day working shift, which included one day off, they must be isolated for 14 days in the isolation area reserved for nurses. Twelve nurses have been involved in caring for COVID-19 patients at Amai Pakpak Medical Center, a prominent hospital in Southern Philippines.

The participants were selected based on a total population sampling. The defining trait or characteristic shared by all participants is their experience caring for COVID-19 patients in a COVID-19 referral facility for a specified period. Regular registered nurses with at least three years of experience working at a referral facility for COVID-19 patients since the pandemic began and who were employed at Amai Pakpak Medical Center at the time of interview and willing to participate in an in-depth one-on-one interview were considered eligible. Participants' identities were concealed to maintain maximum confidentiality and

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anonymity. This study excluded doctors, other healthcare staff not employed at a COVID-19 referral center, and nurses who declined to participate.

Data Collection

The researchers utilized a semi-structured interview and a reflective journal as the primary instruments to achieve the objective of this study. An interview protocol was developed to elicit answers to the central research question of how the nurse participants construct the meaning of their experience of working in the COVID-19 referral facility. To obtain specific responses to this central question, the following three questions were developed: 1) pre-deployment experiences of nurses in the COVID-19 referral facility, 2) nurses' experiences caring for COVID-19 patients in a referral facility, and 3) the strategies they use to cope with the stress associated with caring for COVID-19 patients.

A panel of experts was invited to examine the content validity of the questions in order to discover and correct any flaws in the interview guide. The expert-validated interview guide was then put through a pilot test to determine its reliability. The interview guide was pre-tested using interviews with one or two nurses. To confirm that the instrument was used correctly, the interview was audio-recorded. The manner of inquiry, body language, and nonverbal reactions were all examined. This pilot study provides insight into the topic under inquiry while also improving the researchers' interviewing and interpersonal skills.

The data-gathering process for this study adhered to the required protocols for conducting research as established by the researchers' institution. Prior to the start of this study, approval for data collection was obtained from the Amai Pakpak Medical Center's Medical Director's office and the Professional Training Office (PeTro), and the Amai Pakpak Medical Center's Research Ethics Committee examined the ethical aspects of research. Following clearance from the Research Ethics Committee and receiving a Certificate of Approval, a list of nurses who worked in the COVID-19 isolation area in the referral facility from the start of the pandemic was secured from the Nursing Service Office. The researcher examined this prospective list of participants currently assigned to the hospital's COVID Isolation area to check if the registered nurses meet the study's inclusion criteria. Nurses were personally approached and informed of the purpose of the research, and all other queries were immediately addressed.
The interview lasted 45 minutes to an hour or until data saturation was reached. There was an additional interview with them through Facebook messenger or a personal visit to explain some points not addressed during the initial interview. The nurses' availability determined the time and location of the interview. The interviews took place at a location that the participants and the researcher agreed on, mainly inside the hospital premise before or after their shifts. The participants

were recruited using a no-replacement policy. Although the research was conducted in Amai Pakpak Medical Center, the actual interviews with the participants were conducted somewhere else that was more comfortable and convenient for both the participants and the researcher. The data collection process began on 1 April 2022 and ended on 28 May 2022.

Data Analysis

Narrative analysis is one form of qualitative data analysis often used in narrative inquiry. There are no set procedures for narrative analysis, but several narrative researchers have published guidelines and processes for analyzing narratives. One of four methods may be used by story analyzers, according to Riessman (2007). The researchers used a thematic analysis process adopted from Braun and Clarke (2006), which consists of six steps: 1) familiarizing and noting, 2) generating initial codes, 3) searching for themes, 4) reviewing themes, 5) defining and naming themes, and 6) producing a written report.

Ethical Considerations

To ensure that this study adhered to ethical standards, all research activities and elements were governed by the criteria established by the Research Ethics Committee of Amai Pakpak Medical Center. Prior to the commencement of data collection, the study protocol was submitted to the APMC-REC for evaluation. On 19 April 2022, the Research Ethics Committee approved the study with protocol number APMC-REC No. 2022-002.

Results

The nurses' experience in this research influenced their narratives across time, place, situation, and relationships. The participants' transcripts were reviewed and re-read several times to grasp "patterns, themes, commonality across their narratives." When the news of COVID-19 spreading broke out, everyone felt distressed. Several rumors and stories started circulating on social media, causing anxiety and panic among many. As the cases of COVID-19 slowly rose locally, every hospital in the country was mandated to plan and prepare for the possible surge of cases. During the early phase of the COVID-19 pandemic, in early March 2020, Amai Pakpak Medical Center designated a 5-bedroom capacity ward (previously a psychiatric clinic/ward). Later, another ward was converted to a COVID-19 Isolation Ward. With the rapid increase in cases, the hospital had to convert a newly finished seven-story building to accommodate more COVID-19 cases. Nurses describe their workplace set-up as having a nurse station with partitions separating them from the field where COVID-19 patients were placed.

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Three themes were developed, and each theme is described in the following:

Theme 1: Working in a COVID-19 referral facility is not a matter of choice, skills mastery, or readiness

The first theme that emerged from their narratives was working in a COVID-19 referral facility is not a matter of choice, skills mastery, or readiness. This theme revealed the preconception of nurses before their actual experiences. Similar to the findings of Rathnayake et al. (2021) in their study on the perspectives of nurses taking care of patients with Coronavirus Disease 2019, nurses felt negative emotions during the beginning of working during the respiratory outbreaks. In addition, despite being a frightening disease resulting in a cause of burden to the nurses, they continue to work to fulfill their professional obligation and motivation and to commit to caring for patients with COVID-19.

This theme revealed the preconception of nurses before their actual experiences. It reflected their preparations and feelings, insights, understanding, expectations, anticipation, preparedness, and training prior to deployments of nurses to the COVID-19 Isolation area (Rathnayake et al., 2021). Nurses felt negative emotions at the beginning of working during the respiratory outbreaks. In addition, despite being a frightening disease resulting in a cause of burden to the nurses, they continue to work to fulfill their professional obligation and motivation and to commit to caring for patients with COVID-19.

Across each nurse's personal story is a narrative thread that strongly ran through their story; they had no choice but to do what was being told of them when they were asked to work inside the Isolation area despite hesitancy to work. Out of eleven nurses, ten felt they had no choice but to work in the Isolation area because they were asked to do it – if not, they were not willing to risk their safety against the COVID-19 virus. Individual stories of nurses who worked during the pandemic's beginning resonate with how most were unwilling to work in dangerous circumstances. However, once they are called to offer their service as nurses, they will keep doing their job in the middle of an emergency crisis to live up to their oath as nurses.

> *"We had a suspected case in the main ICU even before it all started, and I was among the heavily exposed staff; I even did the body bagging of the patient(dead). Yes, that was the first suspected case based on his travel history and signs, and we were only told of it being a suspected case as it has not yet been confirmed. So, while we were quarantined for 14 days, we were suddenly informed of re-assignment to station one after our quarantine. And during our 14 days of quarantine, around March 20 or 16, we were also told that the patient was a confirmed COVID-19 case. With this, the chief nurse told us of reshuffling staff at station 1 since we were already exposed"*
> – Nurse Judy

The findings revealed that nurses were not willing to work in a dangerous setting, but because they were given a memorandum from their supervisors and administrators, they were left with no choice but to do what was being told to them. Similar to the phenomenological study findings of Rathnayake et al. (2021) on nurses' perspectives of taking care of patients with COVID-19, nurses worked for COVID-19 patients simply because they were nurses, and it is part of their professional obligation to care for patients infected with COVID-19.

Across the individual stories of each nurse, the topic of being afraid of something when they learned that they would be assigned to the COVID-19 Isolation area heavily resonated. According to the American Psychological Association, anxiety is an emotion characterized by feelings of tension, worried thoughts, and physical changes. Anxiety is expected and necessary for survival when an individual is in potential danger or worried. Fear among nurses related to harboring the disease and dying, infecting family members, and obsessive thoughts emerged in the study finding of Galehdar et al. (2020).

> *"Of course, I was nervous. I volunteered myself; I voluntarily entered the Big Brother House. Just Kidding. No one wants to be assigned to the COVID area; that's why I asked them to place me there. At the same, I was also scared something bad might happen to me inside since I have a family. I just wanted to help, and I was also curious about what is inside COVID. Some of the nurses filed for resignation at that time, so I just wanted to volunteer"* - Nurse Leah

These findings suggest that despite accepting to work in the Isolation area, nurses express fear and worry, subjecting them to mental stress, which affects their health and psychological well-being even before starting to work in isolation. Just like the finding of De los Santos and Labrague (2021), fear is imminent and universal to all nurses, especially those working in the hospital setting. Among each story of the nurses, the anxieties they felt before coming to the isolation area were mostly engrossed in fear of feeling incompetent in the job and unable to provide the patient the proper care and management as the disease is new to everyone. Most of the nurses' preconceived fears were caused by the news and rumors they saw on the news and the internet. While their preconceived fears are caused by what they see on the TV, portraying COVID-19 as deadly and untreatable, fear of being infected and eventually getting sick or dying while working resonates throughout their story, followed by fear of taking the virus home and infecting the family members. Most nurses' anxieties are focused on the virus, the possibility of transmitting the disease to their family, loved ones, or other people, and the fear of not being capable enough to care for COVID-19 patients. (Pappas et al., 2009; Sun et al., 2020). Nurses' experience during the care of COVID-19 entails psychological distress, including anxiety related to fear of harboring disease and bringing home the virus.

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Nurses' narratives reflected how they felt as nurses about to take care of COVID-19 patients, a novel virus at that time. Seven out of eleven nurses narrated how they felt like a novice or were still at the level of an advanced beginner because their working areas before deployment to COVID-19 were limited to one specialty for a long time. El-Masri and Roux (2020) underlined that, despite nurses' professional reputation in their field, they, too, become novices when confronted with a new issue or situation, such as the COVID-19 pandemic. The new environment exposure makes an individual feel no responsibility and less creative. At this stage, the individual has no initiative and cannot decide independently. An individual must have a clear and thorough understanding of the context of the information. This current study on the nurses' working experiences includes a narrative of how they progressed from being inexperienced to becoming more experienced as COVID-19 nurses.

> *"To be honest, a novice since all patients at that time were adults. I was assigned for three years at the pedia, and most cases were on internal medicine, so I had no idea what to do with the adults. I had no idea about the IM. I mean, I had an idea, but their routine was different"* - Nurse Rain

Despite their years of experience as nurses in institutions, they become novices when confronted with a new situation, such as the COVID-19 pandemic. Nurses who did not experience working in the ICU, like those from Operating Room, Pediatric Department, and PACU, had higher anxiety levels due to the change of environment. Nurses felt they were not skilled enough to care for COVID-19 patients. The majority of them thought that their deployment felt like coming to war unprepared, similar to the study of Tang et al. (2021), in which nurses also reported personal commitment to grasp and accept the transition.

When the nurses learned that they would be deployed to the COVID-19 Isolation Area, they employed ways to personally prepare themselves physically, mentally, and emotionally as some of them could not attend the orientation conducted by the hospital before the admissions of the patients at the Institution.

> *Physically, there was nothing much because before I went there, I took so many vitamins with me. Mentally, I kind of accepted that it was part of my job and that, anyway, I had a team with me. I could just ask for help if I needed it. My team at that time were IM nurses. At least they knew how. Then we were oriented on donning and doffing the PPE* - Nurse Rain

Nurses' individual stories resonate with how most did not have ample training before deployment. Most prepared themselves by watching videos online to see how appropriately donning and doffing PPE is done. Most of the nurses shared how training came in later. Most shared that they ensured physical preparedness by taking vitamins to boost their immune system as they prepared for their deployment. They also ensured plenty of rest and sleep as they were

about to be deployed to the Isolation Area. They also prepared mentally by asking those who entered the Isolation area ahead of them what they did and what to do. Asking for guidance from the almighty helps them calm their minds before finally entering the isolation area. In the study of Sun et al. (2020), nurses narrated the training they underwent before their deployment to the negative pressure ward care for COVID-19 patients. Nurses selected from the different departments went through different phases of one-week training, including pre-job training, adaptive training, and negative pressure ward training.

Theme 2: Actual experience of working in the COVID-19 referral facility can be both physically and psychologically exhausting, but it brings about self-fulfillment

The second theme explored the nurses' deployment experiences in the COVID area, including their work routines, obstacles, and duties, as well as their career and professional transitions, social interactions, and overall well-being.

Another thread in nurses' narratives was how their experience in COVID-19 Isolation progressed from manageable to chaotic. Nurses felt that the working situation seemed relaxed from the beginning of their deployment. Opposite from their expectations, with COVID-19 as scary and with patients dying, they mainly encountered asymptomatic and stable patients. Most patients admitted were only waiting to be discharged after their isolation period. Nurses felt like they were doing their regular routine even before, except for strict Isolations and wearing PPE. Despite the shortcomings, they all thought it was manageable and simple. Just as they thought it would remain calm and effortless, it became unexpectedly terrifying during the surge of cases. A sudden spike of patients presenting with severe symptoms began to happen. Nurses began to panic and realized, "This is the real pandemic they have been dreading, just like they saw on the news and social media." Things began to change drastically: constant coding inside the isolation area, placing the patients in the body bag, attending to a dying patient alone as the other nurses were all attending to dying patients too. Nurses started to get sick and quarantined.

Another common thread in every nurse's narrative was when they had to deal with the persistent death of patients inside the isolation area. The situation inside the Isolation area quickly worsened, and nurses dreaded how to handle the developing disaster. The increasing death toll became alarming. At some point, there was a shortage in the supply of oxygen, and nurses began to panic when the situation quickly escalated to unmanageable. Nurses were also getting infected by the virus causing short staffing. Nurses thought it was depressing to see countless patients die in a day. They described it as "like a warzone." Based

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on Neuman's system theory, Witnessing the death and illness of others, and death are among the interpersonal stressors felt by nurses. Extrapersonal stressors include the external environment, heavier workloads, and a flawed healthcare system (Almino et al., 2021).

> *"When I first entered, we only had four patients, so we were relaxed that time. Patients weren't that severe yet, and most were non-oxygen-requiring. However, in the middle, during the height of the pandemic and infection was really high, the surge was so intense. The most difficult part was when almost all patients were on high flow, and every hour we had to change oxygen. Then the machines needed some troubleshooting. There were just too many patients and only a few of us. They were still looking for additional staff, so it was really stressful. Our duty was three days straight"* - Nurse Rain

The findings confirmed the first assumption: As nurses give physical, emotional, and psychological assistance to their COVID-19 patients, they are subjected to mental and physical stress and strain, which can impact their health, psychological well-being, and interpersonal relationships. RilleraMarzo et al. (2021) have emphasized the effect of COVID-19 on the mental well-being of Filipino healthcare workers while caring for COVID-19 patients. 70% of the respondents have demonstrated anxiety symptoms and depression (50%). The availability of mental health facilities intended for the HCWs is significant to the anxiety symptoms of the participants. Their study emphasized the importance of recognizing mental illness among healthcare workers and the need to establish a scientifically based guideline to overcome it. Sun et al. (2020) revealed that psychologically, caregivers tend to experience simultaneous negative and positive emotions throughout the epidemic task. At the beginning of accepting the task, caregivers mostly felt fatigued, discomfort, and helplessness caused by workload, fear, and anxiety involving fear of infecting other people, especially their family members. Qatar nurses who cared for COVID-19 patients encountered numerous mental, emotional, and physical challenges. Among those is the struggle a new working condition: new environment, heavier workload, difficulty while wearing PPE, fear of the virus, and witnessing distress and suffering; dealing with COVID-19 and surviving it: practicing extra measures, altered eating pattern, the emergence of camaraderie and social support; and lastly, the resiliency of nurses – similar to the findings of LoGiudice and Bartos (2021) and finding meaning to being a nurse Villar et al. (2021).

Nurses' individual stories also resonated with how they all experienced threats and abuse from the family of the patients or the patients. This thread reflected how nurses were placed under psychological stress caused by the behavior and attitudes of patients and their watchers towards them. Most patients admitted inside the Isolation refuse to accept their COVID-19 Diagnosis. Most patients and watchers are in denial and skeptical about COVID-19. They

would tell nurses that "it is a scheme planned by the government to earn more money from the public." Nurses felt it could be avoided if carefully educated at the community level. This type of stressor can be identified as interpersonal based on Betty Neuman's system model. Nurses' experience inside Isolation caused them to fear for their safety and well-being. As the number of patients gradually increased inside the Isolation, they were left to deal with different attitudes and personalities of patients and watchers.

> *"Maybe because of stress and isolation, some watchers are bad-mannered. They don't believe in COVID, and they are in denial, but we try to understand them. We had to ignore what they said. Patients and watchers even lash out at us at times. We try to tell them in a proper way so they become enlightened. We grant them their favors long as it is within the rules and not prohibited. In terms of threats, we have always experienced it. The watchers even cursed us. "May those doctors be murdered. They will be bombed sooner or later", and "Nurses here will be dead in no time." It was hurtful knowing you helped those people, but you turned out to be the bad one. You get cursed. It's so exhausting that we would contemplate exiting COVID. Let's trade [from non-COVID nurses], but no one wants to do it"* - Nurse Leah

Moreover, Individual narratives strongly resonate a woven thread towards feelings of resentment toward the non-COVID personnel working in the hospital as well as the people from the community and the local government unit. Nurses felt their efforts and sacrifices were not indeed recognized despite sacrificing their safety and wellness while caring for a potent, novel virus. Most nurses felt they were not compensated enough for their sacrifices while working in isolation. Instead, they were unwelcome and experienced social stigmatization. Nurses working inside the Isolation area began to notice how they were avoided by the Non-COVID personnel inside the hospital and from the community. They felt like they were seen as potential carriers of the virus. Nurses began to isolate themselves socially and restricted contact with the outside to avoid conflict.

Theme 3: Social support and non-scientific sources of support can assist nurses in coping with difficulty and stress associated with working in the COVID-19 facility

Every nurse describes how they gradually feel fatigued and develop burnout while caring for the patients as each day passes inside the isolation. Most nurses attested how at some point, they experienced depression, exhaustion, not finding joy in doing their work, dreading going to work, and feeling unmotivated. Furthermore, difficulties met in life and how those experiences help them in their opportunity to grow. This theme describes how the nurses managed pressure or stress while working at the COVID-19 referral facility. Moreover, this theme reflects the resilience theory of Polk (1997), emphasizing it as the most relevant term to convey the notion and explain nurses' coping abilities. Based on her idea,

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one of the attributes of the resilience of nurses relies on physical and psychosocial traits. She also studied the responsibilities and interactions of nurses, their potential to solve the problem, and their philosophical component (Earvolino Ramirez, 2007). Another belief she embedded in her theory is derived from the philosopher Aristotle "The whole is greater than the sum of its part" (Aristotle, ca. 350 B.C.E., 1925), emphasizing that an individual can change their environment while simultaneously being changed by their environment. This study revealed the different responses of nurses who worked in the COVID-19 referral facility in dealing with stress or pressure.

> *"I built a pastime hobby during our long days off. I would create a warship paper model. I did this during the "not-so-busy days'' of the pandemic. I would bring cutouts and cut them. This all started during the pandemic… it relieves my stress though this may be stressful to other people"* - Nurse Ricky

> *"Sometimes I manage my stress in other ways, when ahh... Whenever I feel like I am already feeling depressed, that's so… ahh, like it was, I just watch a series. That's how I usually cope with my depression. I only do stress diversion. Prayers, too. Depression goes away at times. It wasn't depression but stress that was everywhere. As a nurse, you have to be calm. You need to divert it. If you cannot handle it as a nurse, you will feel horrible for the whole day or week. You will take the stressor with you"* – Nurse Alvin

Discussion

The study's findings showed how the nurses transitioned from novice to proficient or expert level based on the Dreyfus model of Skill acquisition (Dreyfus & Dreyfus, 1980). From this theory and nurses' experiences, it can be implied that nurses' learning processes were derived from instructions and practice inside the Isolation area. With this model, it can be inferred that competence in a job or task and expertise are acquired from more extended practice by following rules and procedures, as evidenced by working in COVID-19 Isolation for more than two years. Eventually, with nurses' experiences, they no longer rely on rules and procedures in the long run. Nurses' narratives showed how they slowly blossomed into something and became more learned and skilled nurses. One of those is learning a new set of skills like communication, time management skills, and being more knowledgeable about the management of patients. Nurses acknowledge their overall improvement as nurses – from being scared and non-confident to being more competent and skilled. They also attested that working inside the isolation area is only hard initially; it gets easier in the long run. They also shared how they all got used to the working condition. Over time, hospital set-up also improved as protocol and policies on COVID-19 became more defined – more strict infection control, monthly surveillance testing, improved engineering controls including an additional area with a negative pressure ward, more added staff, and patients were separated according to severity.

Neuman (1997) emphasized the relationship of humans to their environment, stating that humans are constantly changing open systems that mutually interact with their environment. The Neuman model refers to the client as the system explaining how the "system" maintains physical and mental stability within its environment. In her model, the system may be a person, family, or group, but nurses are the system in this study. The system may be affected by five variables: mental, physical, sociocultural, spiritual, and developmental (Fawcett, 2005). In addition, based on her theory, stressors affect individuals based on their perception and capability to deal with the effect of stress. The impact may pose a positive or negative effect on an individual. In the case of the nurses, most felt the burden of working in poor conditions leading to physical and mental exhaustion. Her model demonstrates a dynamic structure that illustrates a system-based holistic viewpoint – emphasizing the relationship of environmental factors to the system and mental well-being. The unexpected emergence of the novel coronavirus, as well as its unpredictability and uncertainty, caused enormous psychological stress among healthcare personnel who cared for suspected and confirmed cases (Chandra et al., 2022; De los Santos & Labrague, 2021; LoGiudice & Bartos, 2021; Nashwan et al., 2021; Xu et al., 2021). In the case of nurses who worked in the COVID-19 isolation facility, stress can be produced by a dread of the virus's newness, which includes a lack of understanding about how to handle it and a fear of transmission.

Fear related to family and social relationships affected by the pandemic is identified as interpersonal stress. Nurses' fear of the possibility of transmitting the disease to family members or the community, witnessing death and illness of others, and death are among the interpersonal stressors. Extrapersonal stressors include the external environment, heavier workloads, and a flawed healthcare system. The Neuman Systems Model focuses on stressors that might harm a person's health and well-being. One of the unique characteristics of the nursing profession is that nurses support patients during their most vulnerable and painful times, such as traumas, tragedies, and personal and physical losses (Turner & Kaylor, 2015). Nurses provide patients with physical, emotional, and psychological care throughout this process. These responsibilities place nurses under emotional and physical strain, which can hurt their health, psychological well-being, and interpersonal relationships.

Nurses who experienced working in the COVID-19 isolation area resulted in physical and mental exhaustion leading to burnout. However, in the end, it also brought personal fulfillment and occupational pleasure, showing extreme resilience. Due to the associated pressures, resilience has been identified as a necessary characteristic for nursing professionals. During their pre-deployment,

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nurses' narratives reflected how they were not ready to work in the isolation area. Nurses acquire resilience as they experience adversity while working as COVID-19 nurses (LoGiudice & Bartos, 2021; Xu et al., 2021). With this, Polk's theory of Resilience describes how nurses enhance their overall wellness through rehabilitation and psychosocial transformation and utilize adversity as an opportunity to develop and learn. In addition, through this narrative study, it is evident that nurses could transform disaster into a growth experience and move forward as defined by the concept of Resilience by Polk (1997).

Implications of the Study

In an outbreak like COVID-19, the findings of this study will give nurses a better understanding of what to expect during a pandemic. In dealing with a challenging and unfamiliar situation, nurses benefit from understanding their strengths and weaknesses when interacting with a patient infected with a new or unknown disease. This study will also give nurses an "insider's view" of the innate resilience of their fellow nurses in the face of adversity, allowing them to gain a more profound knowledge of COVID-19 from the perspective of their fellow nurses.

The nurses in this study went through difficulties and challenges as they were faced with the rapid rise in patients admitted to COVID-19 Isolation facilities in addition to the increasing daily death toll. They were also physically and mentally exhausted due to poor working conditions, including understaffing, long working hours, no policies in place, conflict with patients and watchers, and poor infection and engineering controls. They had no prior preparations, experiences, or preparation for a pandemic.

This study may help guide future research by recognizing which of the study's arguments are weak or could be improved. The study outcomes will aid future researchers in mentioning areas they consider necessary or valuable to their research. Furthermore, a healthcare policy and mechanism for dealing with the stress caused by the crisis must be implemented by policy makers and healthcare managers in the future. Clear communication and training, particularly on ICU-based care, can be employed prior to the deployment of nurses to tackle difficulties such as staffing, demanding workload, mental exhaustion, lack of PPE, stigma from the community, wrong coordination, and mismanagement. Through this study, it is highly suggested that nurses be included in the planning process in the event of a pandemic or crisis.

Limitations

This study solely focused on nurses' working experiences in a COVID-19 referral facility in Lanao del Sur, Southern Philippines. Therefore, it cannot be generalized to all nurses in the Philippines. Further studies are necessary to validate the findings.

Conclusion

This narrative inquiry gave us a clear view of what truly transpired behind the closed curtain of the COVID-19 isolation area. This study indeed lifted the curtain that has been kept closed from the eyes of the general public for more than two years. Despite nurses being seen as resilient towards their job, it exposed their vulnerable sides that they never talk about. It also allowed us to understand the meaning of their experience as nurses who relentlessly worked in the COVID-19 isolation area, a job where only a few nurses accepted the challenge.

Declaration of Conflicting Interest

The authors declared no competing interests in this study.

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Authors' Contributions

NDR contributed to all stages of the study, from inception to dissemination. AAB contributed to the literature review, data entry, participant care, and contributing to manuscript preparation. Together, their collaborative efforts drive the success of the study. All authors met ICMJE authorship criteria, were accountable for each step of the study, and approved the final version of the article to be published.

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Data Availability Statement

Data were available upon request to the corresponding author.

Declaration of the Use of AI in Scientific Writing

Nothing to declare.

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