



Journey to Heroism: Lived Experiences of Overseas Filipino Worker (OFW) Nurses During the COVID-19 Pandemic

Romelia P. Tamayo¹, Erwin A. Tamayo², Lorena T. Darisan³, Fe R. Rodillas⁴, Ivy Charmaine A. Cabangbang,⁵ Irene Melanie G. Gerona⁶

^{1,2,3,4,5,6}, Faculty, University of Northern Philippines, Tamag, Vigan City, Philippines

romelia.tamayo@unp.edu.ph

KEYWORDS

Hermeneutic Phenomenology, COVID-19 Pandemic, Frontliners, ICU Nurses, Qualitative Study

ABSTRACT:

Introduction: Overseas Filipino Worker (OFW) nurses contributed substantially to the healthcare systems of the nations where they were employed during the COVID-19 pandemic. Although studies about nurses' experiences during the COVID-19 pandemic have been conducted, there is still a gap in knowledge on the experiences of OFW nurses outside the country. Limited studies focus on the effects of the pandemic on nurses' overall risks and wellbeing.

Objectives: This study aimed to explore the lived experiences of the OFW nurses who handled COVID-19 patients confined in hospitals.

Methods: Hermeneutic phenomenology was employed in the study. A purposeful sampling technique was used to choose the participants. The study was conducted from August 2022 to December 2022. The participants of the study were the seven OFW nurses working in hospital ICUs and COVID wards. The data were analyzed using the Van Manen Method.

Results: Eight main themes and twenty-four subthemes emerged from their lived experiences. OFW nurses demonstrated teamwork, spiritual ties, compassion, and self-sacrifice in saving the lives of their patients. Despite experiencing anxiety, fear, and paranoia, they remained optimistic and resilient, proving their superhero qualities despite the challenges of the public health crisis.

Conclusions: Their experiences encountered marked the challenges and sacrifices they made as healthcare professionals. These should be addressed through targeted policies, enhanced support systems, and better working conditions, which are essential to prepare them for future crises and honor the contributions.

I. Introduction

The COVID-19 pandemic brought many challenges to people's lives. The pandemic has significantly impacted healthcare workers, particularly nurses, who face increased workload and stress. Working abroad during this time can lead to burnout. Despite this, Filipino nurses continue to serve with dignity and compassion, migrating abroad to meet high demand. The Philippine Overseas Employment Administration estimates that over 13,000 healthcare professionals leave the country annually. Despite the magnitude of this challenge, nurses rise to meet it on both personal and professional levels. Nurses continue to serve humankind with honor and dignity. Filipino nurses remain caring, competent, and loving toward their patients. Many Filipino families consider the nursing profession a gateway to a better life, as nurses can earn up to 15 times more abroad compared to local hospital salaries [1]. Additionally, it was reported that around 17,000 Filipino nurses signed overseas work contracts in 2019 [2]. In 2020, the Philippines suspended the practice of Filipino nurses integrating into

international healthcare systems due to rising coronavirus hospitalizations, resulting in high death rates among these workers [3].

Literature has shown that nurses must sacrifice their needs to prioritize crisis management strategies and make selfless and significant contributions out of moral and professional responsibility. According to the International Council of Nurses report, around 2,262 deaths among nurses have been listed, and more than 1.6 million were infected. In addition to the ICN's report, there are an alarming number of cases of burnout and exhaustion among nurses, leading them to quit their jobs [4]. Ensuring the safety and health of frontline nurses is crucial for delivering safe, high-quality patient care and is vital in overcoming the COVID-19 crisis or future pandemics. Different studies have shown that nursing is a profession that accumulates tons of stress and has an alarming effect on physical, mental, and social well-being, especially during the pandemic [5]. Healthcare workers practiced and recommended various coping strategies to deal with stress and anxiety emerging from the COVID-19 pandemic. The media was reported to be a principal source of stress and anxiety among the public. Religious coping, as well as their passion to serve humanity and country were the commonly employed coping strategies [6]. The psychological experiences of front-line nurses varied, and they faced a variety of challenges [7]. Nurses are afraid of contracting and spreading the infection. Nurses experience social isolation, decreased team communication, and disrupted communication with the surgical team, and this situation leads to fear of medical error [8].

All nurses experience physical, psychological, and social difficulties along with negative emotions during the care process for COVID-19 patients, for which nurses use coping processes. Study shows the hardships faced by nurses who provide intensive care to patients with COVID-19. It is essential to identify these challenges as soon as possible to protect and improve the health of nurses [9]. To protect nurses' safety and, by extension, strengthen overall coronavirus disease 2019 (COVID-19) epidemic control [10]. The primary source of stress among frontline healthcare workers, including nurses caring for COVID-19 patients, came from the fear of being infected, the fear of family members being infected, and the discomfort caused by protective equipment [11]. Studies encouraged national and international healthcare professionals to cope with adverse working environments. Also, nurses should have techniques for dealing with critical situations, controlling patients' emotions, and understanding how empathy increases self-confidence and patient care [12].

Nurses encountered many difficulties and experienced mixed emotions while providing care for patients with COVID-19 disease. The most important strategy for coping with these problematic situations was social support. It is essential to be aware of the difficulties and emotions experienced by nurses and support them during the COVID-19 pandemic for the management of future pandemics [13]. The pandemic affected nurses' posttraumatic growth and satisfaction with life negatively, but there was a positive relationship between posttraumatic growth and satisfaction with life [14].

There are few studies published on Filipino nurses' experiences outside the country during the COVID-19 pandemic. Limited studies focus on the effects of the pandemic on nurses' overall risks and wellbeing. This study is conducted to fill in the gaps in knowledge on the experiences of OFW nurses outside the country during the COVID-19 pandemic. The researchers also observed that there is still a lack of support coming from the government, both for those working locally and overseas.

The study's findings will aid OFW nurses by providing insights into their experiences, and aiding lawmakers in reviewing and improving laws and policies related to nurses' welfare. To the Philippine Nurses Association around the world and the International Council for Nurses, this will guide them in enhancing their constitution and by-laws.

Objectives

This hermeneutic phenomenological study aimed to delve into the lived experiences of OFW Nurses working in the hospital during the Covid 19- pandemic. Specifically, it explored their challenges, motivations, and coping strategies while being a nurse during the Covid 19 pandemic.

2. Methods

Research Design. This study employed a qualitative design. Specifically, it utilized hermeneutic phenomenology by Van Manen [15, 16].

Participants and setting. Purposeful sampling was used to select the participants. The participants of the study were the seven OFW Nurses working in the hospitals of the United Arab Emirates [2], the United States of America [1], Bahrain [1], United Kingdom [2], and Saudi Arabia [1]. The inclusion criteria were as follows: assigned to COVID wards/ Intensive Care Units, male or female, and willing to participate.

Data collection. Before commencing data collection, the researcher briefed the OFW nurses who met the inclusion criteria about the study's content, purposes, and procedure. After obtaining the nurse's informed consent, the researchers negotiated with each participant to schedule a suitable time and the platform for the online interviews. The lead question of the study was "What is it like to be an OFW Nurse during the Covid 19 pandemic?" and "What meaning do OFW nurse/s, specifically those working during the Covid 19 pandemic, ascribe to their lived experiences?" The formal data collection period with the original interview guidelines lasted from August 2022 to December 2022. The interviews with seven nurses provided detailed information on the individual's experience, views, and feelings while caring for patients contracted with COVID-19 Virus. The researcher conducted interviews via online Platforms, recording nonverbal cues and tone of voice. Each interview lasted 1 to 2 hours, and the voice-recording file was transcribed into text within 24 hours. Data was sorted, coded, and categorized by the research group, and collected until data saturation.

Data Analysis. This study used Van Manen's Thematic Analysis to analyze in-depth interviews and observations. The study involved holistic reading, selective coding, highlighting, analyzing data by themes, and writing the essence. The lived experience was categorized into five components: lived space, body, things, time, and human relations. The researchers aimed to formulate appropriate themes based on lifeworld elements and write an explicit structure.

Ethical Considerations. The study underwent ethical review by the University of Northern Philippines' Ethical Research Committee, obtaining approval number A- 2022-069.

3. Results and Discussion

The themes that materialized from the data are shown in the conceptual map below:

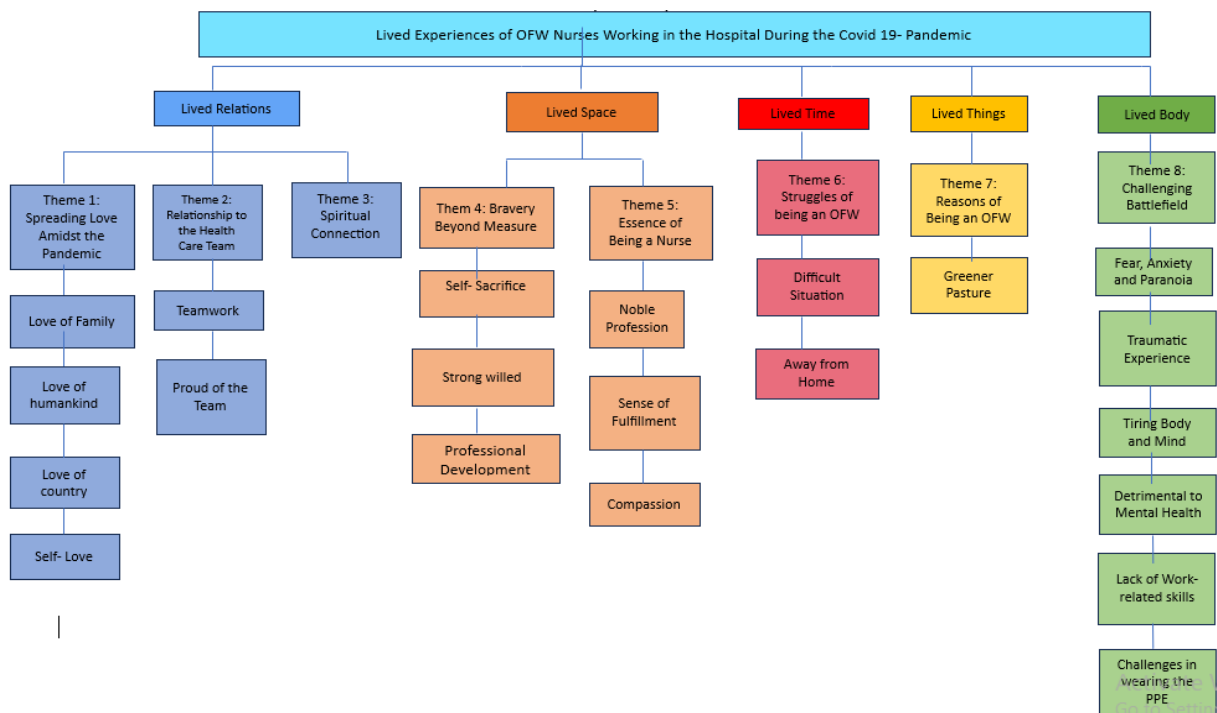


Figure 1: The conceptual map showing the Lived Experiences of OFW Nurses Working in the Hospital During the COVID-19- Pandemic

On Lived Relations

The COVID-19 pandemic has significantly impacted the lives of OFW nurses, who have to adapt to new circumstances and maintain long-standing relationships to maintain a meaningful life and care for patients. The main theme: 1) Spreading Love Amidst the Pandemic with the subthemes: support and love of family, love of humankind, love of country, and self-love and: 2) Relationship to the Health Care Team and its subthemes: team work and pride of the team.

Theme 1. Spreading Love Amidst the COVID- Pandemic

Love language, a powerful tool for expressing affection and strengthening relationships, it is essential during uncertain times, guiding loved ones and providing support.

Subtheme 1.1. Support and Love of Family

Familial love, a unique form of affection, can arise from fulfilling one's needs. It can be formed with people of one's choosing, regardless of bloodline, and can result from fulfilling love and belonging needs. OFW nurses often work abroad to improve their loved ones' lives.

Participant 2 said: "I felt the love and care of my family; they know that my work here abroad is very



difficult, and they always check on my situation”.

As shown in previous studies, love is the strongest motivation to survive during a life-threatening disease, and healing is possible even without a cure [17]. Family support reduces loneliness and depressive symptoms, emphasizing the need for psychological strategies to improve emotional regulation, reduce isolation, and prevent mood symptomatology in healthy citizens during health crises [18]. Our study found that the participants felt love and care from their families, which kept them strong and determined to fight the COVID-19 virus. Humanists are seen as possessing a love for humanity, while nurses, despite fatigue and personal issues, care for patients like family members, believing in real love [19].

Subtheme 1.2. Love of humankind

Love is the essence of humanity, fostering happiness and a sense of connection among individuals, as demonstrated by OFW nurses' compassionate care for their patients.

Participant 3 said: "For me, the meaning of this is I was chosen by God to be a nurse, to save lives, and to care for other people". The deep meaning of my service is to share, care and show love to humankind. God protects through our hand's health workers".

The study revealed that participants demonstrated love for humanity by caring for and saving patients from diverse cultures, despite cultural differences. In a study conducted, Ilocano Nurses were caring, nurturing individuals, valuing family and community, and preserving the profession, reflecting the deeply rooted Ilocanos' cultural traits [20].

Subtheme 1.3. Love of Country

OFW nurses are dedicated to their country, embracing its values and customs, and willing to make sacrifices for others, demonstrating their love for their country.

Participant 4 said: “I call myself Heroes of the Land”. My Philippines, my beloved country”.

Participant 6 said: “Working as an OFW nurse means for me that I am carrying our Filipino flag. I am very proud to be a Filipino Nurse”.

Chinese nurses expressed deep love for their country and people, prioritizing national benefits during COVID-19 patient care, and emphasizing the importance of collective action in times of trouble [21]. The study indicates that participants love their country more, are proud of their Filipino heritage, and possess the necessary skills and attitudes for an international workforce.

Subtheme 1.4. Self-Love

Self-love is a radical acceptance of the self—of one's strengths, weaknesses, and flaws. Self-love doesn't have to cause harm; OFW nurses' self-care prevented COVID-19 transmission. Nurses took care of themselves so well that they would not contract the COVID-19 virus.

Participant 6 said: “If I care others I should have to care and love myself so that I will wake up healthy and able to take good care again the patients I am handling in the hospital”.

Nurses should prioritize self-care to maintain their health and reduce stress from caring for others, ensuring they take care of themselves and their teams [22]. Participants prioritized their health and well-being to prevent disease transmission, wake up healthy and continue taking care of patients in the hospital.

Theme 2. Relationship to the Health Care Team

OFW nurses in COVID facilities received excellent treatment due to camaraderie, assistance, and love, strengthening their cohesive team.

Subtheme 2.1. Teamwork

OFW nurses' teamwork, fostering unity and support, significantly improves COVID-19 patients' outcomes and prognosis by reducing work stress and achieving shared goals.

Participant 3 said: "We are One. To my supervisor, I'm very thankful because they are very supportive to us. I'm very proud of myself because I know I help other people to survive".

Nurse leaders in China are urged to support nursing staff and the entire healthcare team, recognizing the importance of unity and cooperation in combating COVID-19 [21].

Subtheme 2.2. Proud of the team

Participants appreciate their team's accomplishments, boosting morale. Expressing happiness and love for their hard work and dedication is crucial for expressing joy and joy in their accomplishments.

"Participant 2 said: "It's tough to work as a nurse but very proud to have this profession. Saving lives with the help of the medical team is very inspiring".

Participant 5 said: "I was proud of my colleagues and other health workers risking their lives for others."

The study revealed that participants united as a team, supporting each other and striving to fight COVID-19, viewed as family, providing exceptional patient care and a sense of accomplishment.

Theme 3. Spiritual Connection

Strong faith in God leads to intuitive understanding, spiritual compassion, and positive coping through partnerships, forgiveness, strength, comfort, and support from a religious community, enhancing their lives. Participant 2 said: "Thank God because despite of over overexposed to the patients I was never diagnosed with COVID-19." First, you need to pray that's my weapon to my everyday struggles, and make sure that you need to give attention to yourself and not overuse the energy."

During crises like the pandemic, people in India and Nigeria often utilize religious measures to manage stress and difficulties [23]. Many Filipinos prefer positive religious coping methods over negative ones, indicating that these activities are preferred as a solution to their problems [24]. Likewise, our study agrees that a strong faith in God can help combat problems. The participants believed that God is the source of all; God heals and protects through their hands as health workers.

Moroccan patients during the pandemic utilized religious coping mechanisms to manage stress and depression, demonstrating the belief that religion can reframe adverse events into less stressful ones [24].

On Lived Space

The challenges faced by the OFW nurse were these: 1) Bravery beyond measure with subthemes; 2) self-sacrifice; 3) strong-willed nurse; and 4) professional development. 2) The essence of being a nurse

includes noble profession, sense of fulfillment, and compassion.

Theme 4. Bravery Beyond Measure

Participants possess mental or moral strength to face danger and adversity, displaying courage and fortitude. A real brave heart reacts without fear, caring for patients in hospitals.

Subtheme 4.1. Self-Sacrifice

Participants in the study demonstrated profound self-sacrifice in caring for others, leading to greater fulfillment and happiness, and exemplifying the courage required to care for others abroad.

Participant 2 said: "Being an OFW nurse takes a lot of courage, leaving your family and taking good care of other nationalities in another country is a big decision. Being an OFW nurse made me a more challenging version of myself.

Subtheme 4.2. Strong-willed Nurse

Participants demonstrated strong-willed determination, improved decision-making, control, and delayed gratification. They took on challenges with courage, standing up for their beliefs, and hard work.

Participant 1 said: "I realized that if we work together and don't let fear weaken us, we are strong enough to face anything." We are like fighting without knowing the enemy".

Subtheme 4.3. Professional Development

Participants have improved their patient care skills, achieved professional development goals, and taught other hospital staff how to handle COVID-19 patients.

Participant 5 said: "I was very proud of myself, because I gained a lot of experiences from this, not only skills but also leadership skills being on top of their priorities making sure everyone safe, everyone has their break as well as making their morals up, so I am very proud".

Participant 6 said: "It also makes me grow as a person. As an OFW, I have learned about other people, other cultures. I have developed other skills, understanding other races, adversity, and culture. I have met friends, bosses, and colleagues".

Theme 5. Essence of Being a Nurse

Nursing involves providing compassionate, hands-on care to patients, understanding their needs, fears, and challenges, and ultimately saving lives through loving and caring interactions.

Participant 1 said: "Working as an OFW nurse during the pandemic made me realize the true meaning of my profession. As the saying goes, "not all superheroes wear capes, they are nurses".

Subtheme 5.1. Noble Profession

Nursing is a noble profession with high moral principles, demonstrating open-mindedness, fairness, and ethical behavior. Nurses inspire, motivate, and empower patients, boosting confidence and promoting student success.

Participant 5 and 6 said: "Nurse profession is a noble work. My patients are my fans. I got to take care of them so somehow, it's them that influences me to be brave and strong."

Nurses are precious in the healthcare system and are crucial to health promotion, disease prevention,

and treatment [25]. Nurses were reminded of their roles and responsibilities, emphasizing the noble nature of their profession. Adaptability to change helped them cope with the current situation [1]. The study found that courage and prayers are key weapons for patients, as they are influenced by the nurses who care for them.

Subtheme 5.2. Sense of Fulfillment

Self-fulfillment is a feeling of happiness and satisfaction when one saves lives or completes a promise. Nurses achieve self-fulfillment through caring for others, families, colleagues, and patients, driven by a desire to find meaning and purpose, driving their dreams and ambitions to make a difference.

"Participant 2 said:" I felt relief as if I had survived a war. I felt tired but with a bit of fulfillment, particularly on my chosen profession".

Participant 5 said: "It means that you fulfilled being a nurse, what they could this year a superhero for the contribution in the care of patients."

Sixty-three Chinese participants aimed for self-fulfillment while working on the frontlines, viewing COVID-19 patients as a valuable career opportunity and a precious experience that would make their nursing career memorable [19]. The study revealed that participants' personal growth is facilitated by learning about different cultures, developing skills, and influencing others, including friends, bosses, and colleagues.

Subtheme 5.3. Compassion

Participants demonstrated compassion, altruism, and empathy towards others, respecting their dignity and responding to suffering dimensions, exemplifying morality and human dignity.

Participant 6 said:" I feel the compassion I needed to save them; I am a nurse so I have to save patients' lives. Of course, that's the first thing to do, you must do our oath, our best to help them to make them alive."

Lived Time

The study highlights the challenges OFW nurses face in caring for COVID-19 patients, highlighting their engagement with past, present, and future dimensions of time.

Theme 6. Struggles of Being an OFW

OFW nurses face challenges during the pandemic, highlighting the importance of living time and engaging with their personal transformations' past, present, and future aspects.

Subtheme 6.1. Difficult Situation

Filipino nurses working overseas face significant challenges in balancing family and employment, making the nursing career challenging.

Participant 6 said: "The first patient was ventilated and intubated, and nitrate was administered. Emergency buzzers were on and off, and people were moving around, making it difficult to monitor."

Participants prioritized patient care despite busy schedules, believing they'll survive the pandemic. Nurses face limited rest, anxiety, and self-time due to virus spread [26]. Likewise, the participants revealed that they were scared, anxious, and heartbroken to see people die.

Subtheme 6.2. Away from Home



Nurses in the Philippines are considering leaving due to limited opportunities, low pay, and resources. Challenges faced include homesickness and cultural differences. Despite lacking knowledge and skills, many are considering leaving the Philippines and trying their luck abroad.

Participant 6 said: “Being an OFW nurse is challenging due to being away from family, yet it requires strength both inside and out”.

Live Things

Participants in OFWs seek a better opportunity, leaving their families for a greener pasture, recognizing the power they have in their life journey.

Theme 7: Reasons for Being an OFW Nurse

Nurses are increasingly seeking opportunities to study and work overseas due to higher pay, benefits, and the opportunity to expand their professional horizons. Working abroad exposes nurses to new healthcare systems, technologies, and approaches while also allowing them to share their skills and knowledge with dedicated professionals.

Subtheme 7.1: Greener Pasture

According to the participants, there are greater opportunities for nurses working abroad, with many leaving government jobs for greener pastures in other countries, resigning, and transitioning to new working environments.

Participant 6 said: “I have worked as an OFW Nurse, there is a greener pasture in here. Unlike in our country, salaries are low. I have given the things my family has wished for”.

Live Body

The researcher discovered that participants experienced challenges during the COVID-19 pandemic, including fear, anxiety, paranoia, traumatic experiences, exhaustion, mental health issues, lack of work skills, and difficulties in wearing PPE.

Theme 8. Challenging Battlefield

Nurses face a challenging and fearful battle with COVID-19, involving fear, anxiety, paranoia, traumatic experiences, mental health issues, lack of skills, and challenges in PPE.

Subtheme 8.1. Fear, Anxiety, and Paranoia

Anxiety, depression, and low self-esteem can cause paranoia, upset, and lingering symptoms beyond the triggering event, affecting individuals and others, including nurses.

Participant 1 said: "I was scared and anxious. You know the feelings and the pain at any moment that you will be contracted with the virus. I felt different levels of anxiety and still being scared every time. We don't know if we are safe. How many of our patients will be in respiratory distress, then later they will die. It was heartbreaking to witness those scenes".

Participant 3 said: “Being an OFW Nurse during the COVID -19 pandemic is very scary, it's just like you are fighting an invisible enemy I'm so scared then because there was no cure yet. I'm in PPE, feels



like I'm so tired".

Participant 7 said, it's getting frustrating, it's getting hard serving these people but again, to see them going around with a mask when you've been trying to save them from the disease".

COVID-19 ICU nurses face fear of the unknown due to limited disease management information and uncertainty about the future. An American Nurses Survey found 87% were afraid to work, 58% concerned about personal safety, and 55% concerned about caring for COVID-19 patients [27]. Our findings are consistent with the previous study. The COVID-19 pandemic has led to increased anxiety, depression, insomnia, and overall psychological problems among healthcare workers. These workers feel like they are fighting an invisible enemy [28]. Our study also revealed that the participants were getting paranoid and anxious. It was traumatic; the next duty was like a nightmare. When they can't help themselves from being in contact with those with COVID-19, they kept monitoring each other to see if there were any signs or symptoms.

Perceived care pressure in nurses is influenced by the virus's unknown cause, extensive treatments, drug side effects, patient death, and distress from treatment [29]. All of these exhaustive measures may have impacted, directly and indirectly, the social lives of nurses in the context of the pandemic. COVID-19 has heightened mental health among nurses, necessitating nursing managers to develop study plans and utilize multimedia network platforms to enhance staff participation and response abilities. Common issues with PPE kits include excessive sweating, fogging, suffocation, breathlessness, fatigue, headaches, pressure marks, skin allergies, and nasal pain. HCWs are actively addressing these issues [30]. The participants also experience these challenges when wearing PPE. In the study conducted in India, nurse participants expressed significant fear and worry about COVID-19 infection, with 94% feeling anxious, 90% thinking about it frequently, and 41% feeling helpless due to the virus [31].

Subtheme 8.2. Traumatic Experience

Traumatic events, such as a sense of horror, helplessness, or severe injury, affect survivors and workers, causing emotional reactions like fear, anxiety, panic, shock, and detached feelings. They can also cause death.

Participant 1 said: "It was hard and I felt I was sick after my first exposure".

Participant 5 said: "I go home after work, I feel a bit paranoid and keep my vitals on track, like most of the time taking a steam bath and boosting my immune system. It was really traumatic; the next duty is like a nightmare".

Subtheme 8.3. Tiring Body and Mind

This is the most frequent cause of mental exhaustion for the participants. Chronic stress, including overworking, lack of sleep, stress, and computer use, can lead to mental exhaustion and empathy fatigue. Brain fog, caused by inflammation and hormone changes, affects mood, energy, and focus.

Participant 2 said: "After the first exposure, I felt a relief that as if I survived a war. It was a tiring duty but I was relieved that I Am safe". Participant 6 said, "I felt really like not but usually afraid. I don't know it will really affect me as a nurse as well as feeling down, as everyone is getting sick".

Subtheme 8.4. Detrimental to Mental Health



Long-term stress increases mental health risks like anxiety, depression, substance use, sleep issues, pain, and muscle tension, affecting thoughts, behaviors, and emotions, promoting productivity and effectiveness.

Participant 7 said: "I've seen a lot of deaths and it's very detrimental to mental health. As a nurse, you want to save as much as you want. However, in this pandemic life caught unprepared than you can see everyone falling on their needs. Patients are dying, and nurses giving up because they are overworking themselves, so it's tough.

Job demands, encompassing organizational, physical, and social aspects, can drain psychological and physical reserves, leading to tiredness and burnout if they exceed an employee's capabilities [32]. The pandemic's job demands on nurses have negatively impacted their social lives, causing stress, time management issues, and reduced social time [33]. The study revealed that nurses face mental health challenges due to unpreparedness during the pandemic, leading to patient deaths and overwork, causing many to give up. A United States survey found high-stress levels among healthcare professionals, particularly nurses, physician assistants, and social workers. COVID-19 ward workers, emergency care centers, and patients were most severely affected (34).

Subtheme 8.5. Lack of Work-Related Skills

The skills gap refers to the significant skill lacking in healthcare professionals, particularly nurses, due to the COVID-19 pandemic, necessitating additional training for their handling of patients.

Participant 6 said: "It's a mix of pity as well as sometimes get frustrating because not everyone of your colleagues is trained for this kind of patient. I am really thankful to them because we are able to outsource other people to help us so as our ratio to our having three intubated ventilated patients".

Subtheme 8.6. Challenges in Wearing the PPE

Participants reported issues with PPE kits, including sweating, fogging, suffocation, fatigue, headaches, pressure marks, skin allergies, and nasal pain, and nurses actively addressed these issues.

Participant 1 said: "We are practicing strictly with regards to PPE We make everyone will be safe including the patients".

Participant 3 said: I'm in PPE, feels like I'm so tired. The PPE is also hot even with the air conditioner on. The point is that we will be following strict protocols".

Studies revealed high burnout rates among central Ugandan COVID-19 nurses due to workload, PPE, and workload, suggesting modifications to contract new nurses, follow WHO criteria, and adjust working hours [35].

Nurses often wear standard PPE to protect themselves from infectious diseases, but this can cause excessive sweating, injuries, scars, and exhaustion, leading to further health issues [36]. In compliance with the standard/ universal precaution, this critical issue of wearing PPE should be addressed [37]. In the case of a pandemic, nurses were responsible for infection protection, hygiene, disinfection, and the correct use of personal protective equipment [38].



Conclusions

The study highlights the impact of the pandemic on OFW nurses, who learned safety measures, maintained teamwork, and demonstrated compassion. Despite mental health issues, such as anxiety, fear, and paranoia, they remained resilient and remained committed to their families and patients. The study suggests adopting evidence-based policies, enhanced support systems, and better working conditions to help prepare for future public healthcare crises and honor frontline heroes' contributions. This information can help inform health sector planners, like the WHO, International Council of Nurses, International Health and Labor Policy makers, to improve healthcare conditions.

References

1. Pogoy JM, Cutamora JC. Lived experiences of Overseas Filipino Worker (OFW) nurses working in COVID-19 intensive care units. *Belitung Nurs J*. 2021;7(3):186–194. <https://doi.org/10.33546/bnj.1427>
2. Lopez E. Philippines raises cap on health professionals going abroad. Reuters. 2021. Retrieved from <https://www.reuters.com/world/asia-pacific/philippines-raises-cap-health-professionals-going-abroad-2021-06-18/>.
3. Alibudbud R. Addressing the burnout and shortage of nurses in the Philippines. *SAGE Open Nurs*. 2023 Aug 13; 9:23779608231195737. PMID: 37584034; PMCID: PMC10424539. <https://doi.org/10.1177/23779608231195737>
4. International Council for Nurses. Covid-19 infections and deaths among nurses and other healthcare workers. 2021 Jan 13. Retrieved from <https://www.icn.ch/sites/default/files/inline-files/ICN%20COVID19%20update%20report%20FINAL.pdf>.
5. Villar RC, Nashwan AJ, Mathew RG, Mohamed AS, Munirathinam S, Abujaber AA, Shraim M. The lived experiences of frontline nurses during the coronavirus disease 2019 (COVID-19) pandemic in Qatar: A qualitative study. *Nurs Open*. 2021;8(6):3516-3526. <https://doi.org/10.1002/nop2.901>
6. Munawar K, Choudhry FR. Exploring stress coping strategies of frontline emergency health workers dealing Covid-19 in Pakistan: A qualitative inquiry. *Am J Infect Control*. 2021 Mar;49(3):286-292 Epub 2020 Jul 7. PMID: 32649990; PMCID: PMC7340021. <https://doi.org/10.1016/j.ajic.2020.06.214>
7. Ding S, Deng S, Zhang Y, Wang Q, Liu Z, Huang J, Yang X. Experiences and needs of front-line nurses during the COVID-19 pandemic: A systematic review and qualitative meta-synthesis. *Front Public Health*. 2022 Jul 22;10:805631 PMID: 35937273; PMCID: PMC9354751. <https://doi.org/10.3389%2Ffpubh.2022.805631>
8. Nabavian M, Rahmani N, Seyed Nematollah Roshan F, Firouzbakht M. Nurses' experiences of the social stigma caused by the COVID-19 pandemic: a qualitative study. *J Res Nurs*. 2023 Mar;28(2):104-115. Epub 2023 Apr 27. PMID: 37152193; PMCID: PMC10140769 <https://doi.org/10.1177%2F17449871231159604>
9. Demir G, Şahin S. Experiences of nurses providing care to patients with COVID-19 in intensive care units: A qualitative study. *Nurs Forum*. 2022 Jul;57(4):650-657. Epub 2022 Feb 28. PMID:

35229297; PMCID: PMC9115478. <https://doi.org/10.1111/nuf.12716>

10. Schwartz J, King CC, Yen MY. Protecting Healthcare Workers During the Coronavirus Disease 2019 (COVID-19) Outbreak: Lessons From Taiwan's Severe Acute Respiratory Syndrome Response. Clin Infect Dis. 2020 Jul 28;71(15):858-860 PMID: 32166318; PMCID: PMC7108122. <https://doi.org/10.1093/cid/ciaa255>
11. Wang H, Liu Y, Hu K, et al. Healthcare workers' stress when caring for COVID-19 patients: An altruistic perspective. Nursing Ethics. 2020;27(7):1490-1500. <https://doi.org/10.1177/0969733020934146>
12. Rony MKK, Bala SD, Rahman MM, Dola AJ, Kayesh I, Islam MT, Tama IJ, Shafi EH, Rahman S. Experiences of front-line nurses caring for patients with COVID-19 in Bangladesh: A qualitative study. Belitung Nursing J. 2021 Oct 28;7(5):380-386. PMID: 37496501; PMCID: PMC10367993. <https://doi.org/10.33546%2Fbnj.1680>
13. Özkan İ, Taylan S. Experiences of nurses providing care for patients with COVID-19 in acute care settings in the early stages of the pandemic: A thematic meta-synthesis study. Int J Nurs Pract. 2023 Aug;29(4):e13143. Epub 2023 Mar 22. PMID: 36946341. <https://doi.org/10.1111/ijn.13143>
14. Mo Y, Tao P, Liu G, Chen L, Li G, Lu S, Zhang G, Liang R, Huang H. Post-Traumatic Growth of Nurses Who Faced the COVID-19 Epidemic and Its Correlation with Professional Self-Identity and Social Support. Front Psychiatry. 2022 Jan 14; 12:562938. doi: 10.3389/fpsy.2021.562938. PMID: 35095580; PMCID: PMC8794949. <https://doi.org/10.1111/jonm.13014>
15. Van Manen M. Phenomenology of practice: Meaning-giving methods in phenomenological research and writing. Routledge; 2023.
16. Paguirigan E. Teachers' perceptions of inclusive education: Basis on the development of inclusion guide. Asia Pacific Journal of Multidisciplinary Research. 2020 May;8(2):1-0.
17. Begazo L. From nurse to patient: A journey to healing. Qual Res Med Healthc. 2021;5(1). <https://doi.org/10.4081/qrmh.2021.9689>
18. Mariani R, Renzi A, Di Trani M, Trabucchi G, Danskin K, Tambelli R. The impact of coping strategies and perceived family support on depressive and anxious symptomatology During the coronavirus pandemic (COVID-19) lockdown. Front Psychiatry. 2020 Nov 13;11:5877 PMID: 33281647; PMCID: PMC7691226 <https://doi.org/10.3389/fpsy.2020.587724>
19. Karimov D. The humanism in Shakespeare's work: The humanism in Shakespeare's work. Makbobjacha Talim J. 2021;2(2). <https://presedu.jdpu.uz/index.php/presedu/article/view/84>
20. Nero FD. The Concept of Nursing in the Philippines from the Perspective of Nurses in Region I. PROCEEDING SURABAYA INTERNATIONAL HEALTH CONFERENCE 2017 2017 Jul 18 (Vol. 1, No. 1). <https://conferences.unusa.ac.id/index.php/SIHC17/article/view/255>
21. Ke Q, Chan SWC, Kong Y, Fu J, Li W, Shen Q, Zhu J. Frontline nurses' willingness to work during the COVID-19 pandemic: A mixed-methods study. J Adv Nurs. 2021;77(9):3880-3893. <https://doi.org/10.1111/jan.14989>.

22. Aquilia A, Grimley K, Jacobs B, Kosturko M, Mansfield J, Mathers C, Parniawski P, Wood L, Niederhauser V. Nursing leadership during COVID-19: Enhancing patient, family and workforce experience. *Patient Experience Journal*. 2020; 7(2):136-143. <https://doi.org/10.35680/2372-0247.1482>.
23. del Castillo F. Health, spirituality and Covid-19: Themes and insights. *J Public Health*. 2020;43–e255. <https://doi.org/10.3390/rel12020084>
24. Zarrouq B, Abbas N, El Hilaly J, El Asri A, Abbouyi S, Omari M, Malki H, Bouazza S, Moutawakkil SG, Halim K, et al. An investigation of the association between religious coping, fatigue, anxiety and depressive symptoms during the COVID-19 pandemic in Morocco: A web-based cross-sectional survey. *BMC Psychiatry*. 2021;21:264. Available from: <https://bmcp psychiatry.biomedcentral.com/articles/10.1186/s12888-021-03271-6>. Accessed 2021 Aug 17.
25. Robertson-Malt S. COVID-19 drives home the importance of nursing in ensuring community well-being. 2020. Retrieved from <https://www.uowdubai.ac.ae/news/covid-19-drives-home-importance-nursing-ensuring-community-well-being>.
26. Zamanzadeh V, Valizadeh L, Khajehgoodari M, Bagheriyeh F. Nurses' experiences during the COVID-19 pandemic in Iran: a qualitative study. *BMC Nurs*. 2021;20(1):1-9. <https://bmcnurs.biomedcentral.com/articles/10.1186/s12912-021-00722-z>.
27. Podgorica N, Zenzmaier C, Rungg C, Bertini B, Perkhofer S. Facing the unknown COVID-19 pandemic: A qualitative study with nurses and nursing assistants in three European countries. *Front Public Health*. 2022 Nov 29; 10:985702. doi: 10.3389/fpubh.2022.985702. PMID: 36523579; PMCID: PMC9744762. <https://doi.org/10.1136/gpsych-2020-100259>.
28. Que J, Shi LE, Deng J, Liu J, Zhang L, Wu S, Lu L. Psychological impact of the COVID-19 pandemic on healthcare workers: a cross-sectional study in China. *Gen Psychiatry*. 2020;33(3). <https://doi.org/10.1136/gpsych-2020-100259>
29. González-Gil MT, González-Blázquez C, Parro-Moreno AI, Pedraz-Marcos A, Palmar-Santos A, Otero-García L, Navarta-Sánchez MV, Alcolea-Cosín MT, Argüello-López MT, Canalejas-Pérez C, Carrillo-Camacho ME, Casillas-Santana ML, Díaz-Martínez ML, García-González A, García-Perea E, Martínez-Marcos M, Martínez-Martín ML, Palazuelos-Puerta MDP, Sellán-Soto C, Oter-Quintana C. Nurses' perceptions and demands regarding COVID-19 care delivery in critical care units and hospital emergency services. *Intensive Crit Care Nurs*. 2021 Feb; 62:102966. Epub 2020 Oct 28. PMID: 33172732; PMCID: PMC7598734. <https://doi.org/10.1016/j.iccn.2020.102966>
30. Agarwal A, Agarwal S, Motiani P. Difficulties Encountered While Using PPE Kits and How to Overcome Them: An Indian Perspective. *Cureus*. 2020 Nov 23;12(11):e11652. PMID: 33251079; PMCID: PMC7686919. <https://doi.org/10.7759%2Fcureus.11652>
31. Dobe M, Sahu M, Taklikar C, Dutta S. A study on risk perception, cognitive awareness and emotional responses to identify unmet training needs of frontline health care workers for COVID-19 containment in India. *South Eastern European Journal of Public Health*. 2022 Dec 30:1-0. <https://doi.org/10.70135/seejph.vi.336>



32. Regoso DA, Perez A, Villanueva JS, Jose AM, Esquillo TJ, Agapito RL, Garcia MA, Ludovico F, Tus J. Work Environment and Its Influence on Job Burnout and Organizational Commitment of BPO Agents. 2023. <https://philarchive.org/archive/REGWEA>
33. Labrague LJ, de Los Santos JAA. Fear of COVID-19, psychological distress, work satisfaction and turnover intention among frontline nurses. *J Nurs Manag.* 2021 Apr;29(3):395-403. Epub 2020 Oct 11. PMID: 32985046; PMCID: PMC7537256. <https://doi.org/10.1111/jonm.13168>
34. Gidikova P, Sandeva G, Parusheva P, Simonov D, Baltadzhieva D, Koprалеva K. Mental Health Disorders of Bulgarian Healthcare Professionals during a Recurring Wave of the COVID-19 Pandemic. *SEEJPH [Internet].* 2024 Aug. 29 [cited 2024 Nov. 7];12-2. Available from: <https://www.seejph.com/index.php/seejph/article/view/667>
35. Shwe S, Sharma AA, Lee PK. Personal Protective Equipment: Attitudes and Behaviors Among Nurses at a Single University Medical Center. *Cureus.* 2021 Dec 8;13(12):e20265. PMID: 35004067; PMCID: PMC8735847 <https://doi.org/10.7759/cureus.20265>
36. Kabunga A, Okalo P. Prevalence and predictors of burnout among nurses during COVID-19: a cross-sectional study in hospitals in central Uganda. *BMJ open.* 2021 Sep 1;11(9): e054284. <https://doi.org/10.1136/bmjopen-2021-054284>
37. P. De Vera, Ed. D M, Don L. Nero, Ph. D F. Compliance With The Standard Precautions: An Infection Control Measure Of Nurses In Ilocos Sur. *SIHC19 [Internet].* 2020 Jun. 29 [cited 2024 Nov. 12];1(1):87-98. Available from: <https://conferences.unusa.ac.id/index.php/SIHC19/article/view/506>
38. Grochtdreis T, Schröder-Bäck P, Harenberg N, Görres S, Jong N de. National disaster preparedness and emergency response of nurses in Germany: An exploratory qualitative study. *SEEJPH [Internet].* 2023 Jan. 24 [cited 2024 Nov. 7]: Available from: <https://www.seejph.com/index.php/seejph/article/view/173>

© 2024 Tamayo et al; This is an Open Access article distributed under the terms of the Creative Commons Attribution License (<http://creativecommons.org/licenses/by/3.0>), which permits unrestricted use, distribution, and re- production in any medium, provided the original work is properly cited.