



BioBacta

Journal of Bioscience and Applied Research
www.jbaar.org

The journey of nurse managers in the nursing workforce management during the Covid-19 pandemic

Roniefhel N. Apsay, RN and Helen D. Alalag, MAN, RN

School of Nursing, University of Baguio, Philippines

helenalalag@e.ubaguio.edu

DOI : 10.21608/jbaar.2022.273855

Abstract

In these chaotic, stressful, and uncertain times, nurse managers, who constantly receive new information about the disease and its prevention, work hard to make correct decisions while leading the nursing team. Managers must be ready to face the impact of the pandemic on nurses. The study answered the question; What are your experiences managing the hospital workforce during the COVID-19 pandemic? The study utilizes a phenomenological interpretative design approach in exploring the experiences of the nurse manager in the nursing workforce amid the pandemic. Participants were five currently working as a nurse manager who provided consent for an in-depth interview. The data was gathered through unstructured interviews. The researcher used a combination of snowball and convenient sampling to recruit the participants. Findings suggest that the study participants had developed resiliency in managing the nursing workforce. They find their experience during the pandemic with the following emerging themes: Looking back: the devastating events of the Covid 19 pertain to chaotic events of the pandemic, Managing the hospital resources and staffing, whereas they strategize to solve the shortcomings of the hospital because of understaffing and limited PPE for the staff nurses; Overcoming the challenges during COVID 19 strategic planning on massive hiring of nurses and proper training of level four PPE for Covid nurses; Psychological intervention among staff nurses during COVID 19 pandemic; Causes of the mental breakdown of the staff nurses and lastly mentoring the new generation nurse. A nurse manager requires a lot of strategizing in the allocation of resources, and the adaptability of every leader in the flow of a dire situation. The researcher recommends to the future researcher explore possible research designs of Grounded theory to develop a concept/theory of the journey of the nurse manager in managing the nursing workforce.

Keywords: *Journey; Nurse manager; Pandemic; Nursing workforce, Hospital workforce.*

Received: August 18, 2022. Accepted : November 20, 2022. Published: December 12, 2022

I. Introduction

The pandemic caused by the new Coronavirus of Severe Acute Respiratory Syndrome 2 (SARS-CoV-2), which started in Wuhan, China, in late December 2019, has spread rapidly across the world—infecting more than 23 million people in the past 12 months profoundly impacted several countries' health systems (World Health Organization, 2020). Nurses who play pivotal roles in achieving the healthcare goals in health facilities as an essential link in providing healthcare are also in the fight against Coronavirus Disease 2019 (COVID-19) (Health Care Radius, 2020). The study of Al thobaity and Alshammari (2020), exploring the nurse's experiences on the battlefield of Covid 19, will support their needs and improve hospital preparedness in a critical situation of a future pandemic. In support of the previous studies (Adalja et al., 2020; Grasselli et al., 2020), there is a correlation between the readiness and resiliency of the hospital when it comes to the sustainability of quality healthcare provided by nurses, doctors, and allied health professionals. It means that it affects the psychological and physiological aspects of the health care professional due to burnout and emotional fatigue. In the concluded study of Althobaity et al., 2019; Dami et al., 2014, it is essential to consider the level of preparedness of the hospital, including the health care professionals amid the pandemic to prevent psychological and physiological burnout. The involvement of nurse managers in decision-making and planning for the hospital is crucial for the betterment of healthcare services provided by the staff nurses in the hospital amidst pandemics.

According to Lasater et al. (2020), before the peak of the COVID-19 pandemic, hospital nurses in New York and Illinois were already struggling with high demand for patient workloads. Additionally, the patient-to-nurse ratios went from

3.3 to 9.7, and half of the nurses are experiencing burnout and frequent absences.

According to Manila Times (2020), the Philippines declared understaffed hospitals due to a lack of nurses. However, there is no shortage of nurses in the country, but the problem is misdistribution since many nurses work in other areas such as COVID- triage. On the other hand, according to Letigio (2020), staff nurses are already quitting their jobs due to unmet benefits and hazard pay. They also added that more and more nurses are infected with Covid 19 and recommended to have quarantine for 14 days, leaving hospitals understaffed (CNN Philippines Staff, 2020).

In these chaotic, stressful, and uncertain times, nurse managers, who constantly receive new information about the disease and its prevention, work hard to make correct decisions while leading the nursing team. Managers must be ready to face the impact of the pandemic on nurses (Weber et al., 2020). With the developing technologies and healthcare, real success still depends on effective leadership. For the hospitals to be prepared to deal with the pandemic, the World Health Organization (2020) recommends anticipating and addressing staff shortages, including additional personnel (Turkmen et al., 2020).

Moreover, proper staffing and planning are fundamental tasks in a hospital. Recruiting the workforce is an essential process based on a logic that can determine the workforce number to provide high-standard care in an institution (Wunderlich et al., 2019). The primary mission of a healthcare system is to provide quality care; therefore, appropriate human resources are necessary. This study can guide nurse managers in this matter. In operationalizing, a nurse manager is composed of head nurses, nurse supervisors, and

chief nurses who manage people inside the hospital (Nurmeksela et al., 2021).

This study also looks into the experiences of the UB alumni nurses who are now nurse managers working in the nursing workforce in different hospitals. This study intends to provide a strong connection with the School of Nursing alumni. It can give future collaboration in research, practice, and innovation in teaching in bridging the theory into practice by sharing their expertise, especially in leadership and management.

This study answers nurse managers' experiences in workforce management during the COVID-19 pandemic.

Specifically, this study answered the question What are your experiences managing the hospital workforce during the COVID-19 pandemic?

II. METHODOLOGY

The researchers used the phenomenological interpretative design in developing the study. This design intends to describe a particular phenomenon in the belief that truths about reality are grounded in lived experiences (Polit & Beck, 2012). Each individual's perception reflected by their lived experiences of a particular phenomenon introduces the reality and truth to each individual's life (Neubauer et al., 2019). Interpretative researchers assume that "access to reality is only through social constructions such as language, consciousness, shared meanings, and instruments" (Dudovsky, 2017). Accepting the person and active listening develop trust and confidence between the researcher and the participant. It allows the gathering of more meaningful truths and reality for the study.

This study utilized an interpretivist paradigm; it believes that reality is multi-layers and complex, and a single phenomenon can have multiple interpretations. This paradigm pays attention to the participants' values, and feelings and how they make meaning of the

phenomena of the study. The role of researchers should understand the real-life situation from the point of view of the target group for the study (Research Paradigm, 2016).

Most of the participants are residents of Baguio City who were once hit by the dreaded disease of Covid 19. In recruiting the 5 participants for this study, purposive sampling was used. It is a non-probability sampling technique that involves choosing participants based on the needs of the study (Heath and Cowley, 2002). Through the help of the Dean of the school of nursing, the first participant was recruited after the interview. The participant referred the second respondent to be included in the study. The exact process was done to reach the data saturation point that stopped at the fifth participant. Snowball sampling was also used based on the participants' referrals in the interview process. The researcher also uses maximum variation in choosing the participants to ensure the participants' diversity. The researcher also interviewed the chief nurse, supervisors, and Head nurses of the hospital to construct a meaningful themes, subthemes, and study codes that can represent the participants' lived experiences.

The researcher conducted the study with five nurse managers wherein two males and three females were interviewed for the study. Whereas 1 participant is a Chief Nurse, 3 Head nurses, and 1 Supervisor. The inclusion criteria for the study is the willingness to express personal perceptions on how nursing staff should be managed during the outbreak of COVID-19. They should be involved in human resources planning and management at the time of sampling and the beginning of the COVID-19 outbreak. For the specific inclusion criteria, the work experience as a nurse manager should be three years and above, the age must be 30 to 60 years old, and the sex will be female and male. Involve in the decision-making, and planning of the execution of protocols inside the hospital such as staffing, admission, and managing staff nurses.

Moreover, the participants must currently work in Hospitals within Baguio City, such as Saint Louis University Hospital of the Sacred Heart, Notre Dame de Chartres Hospital, and Baguio General Hospital.

The sample size is usually determined based on information needs in qualitative research. Hence, a guiding principle in sampling is data saturation. Data saturation is reached when no other relevant information can be extracted from the collected data (O'Reilly and Parker, 2012), new information has been attained, and further coding is no longer feasible (Guest et al., 2006).

The method for data gathering is an in-depth interview using guided questions. The researchers made use of a self-made question in the study. To establish the question's validity, the researchers employed a member-checking procedure by seeking an objective opinion as to how the questions could be made easier to understand to avoid bias leading to ambiguity answers by the participants. The panel of experts was the nurse managers who validated the questions. The study answered the question: What are your experiences managing the hospital workforce during the COVID-19 pandemic? Translated to Filipino language "*Ano ang iyong mga karanasan sa paghawak ng iyong mga tauhan sa ospital sa kasalukuyang pandemya na COVID-19?*" From this question, follow-up questions were raised using the objectives of this study as a guide for exploration.

The interview guide questions are composed of Five open-ended questions to answer the specific objective of the study. The interview lasted for 30 minutes to one hour, about the participants' definite answers.

The in-depth-structured interview was utilized to gather data because it provides the participants with the opportunity to describe their experiences adequately in their own words, rather than being forced by pre-established lines of thinking. The interview was also regarded as the best way for exploring and gathering

experiential narrative material, which may serve as a resource for developing a more vibrant and deeper understanding of a human phenomenon (Balls, 2009).

After the approval of the Research Development Center of the University of Baguio, the researchers took place the following procedures in data gathering.

A letter of request to conduct the study was forwarded to the appropriate institution after endorsement has been sought from the University of Baguio as per university protocol. Upon identifying the participant, the researchers send a copy of the letter to the hospital to conduct the study. A letter of consent was sent to the referred participants to participate in the study.

Through collaboration with the different hospitals in Baguio City, Baguio General Hospital, Benguet General Hospital, and Saint Louis University Hospital of the Sacred Heart, the participants quickly accessed. With the help of the Dean of the School of Nursing referral, the first participant was identified, and after the interview of the first participant. The first participant referred to the second participant for the interview. After eligible respondents had provided their written consent, the schedule of data gathering was arranged as to time, venue, and overview of the participant's expectations. Most of the participants were enthusiastic about sharing their personal lived experiences amid the pandemic.

The interview was done at the participants' most convenient time and day. Rapport was established to provide a relationship where the participants can freely express themselves. The audio recorder was used with participants' consent to ensure that all relevant data were transcribed, aside from notetaking during the discussion process. Every interview lasts for 45 mins to 1 hour. The researcher used a cell phone recorder in the interview process to facilitate the review of the participants' verbalizations. The recorded audio was kept in a secured google drive with a password for the

researcher to immerse into the participants' lived experiences and come up with meaningful themes and subthemes of the study findings.

After the researcher came up with themes and subthemes, the researcher does the member checking by validating the information after one month of the interview, especially the significant statements used in the study. To ensure the study's credibility, the researcher did multiple readings and reread the

transcript. The triangulation process was also observed in the qualitative research by returning to the participants and ensuring that there should be an agreement on the identified themes and subthemes. In the process of interpretative analysis, the researcher is a co-interpreter of the participant leading to a meaningful theme. The interview frequency was two times 1st interview was done to explore the phenomenon exhaustively, and the 2nd interview was also done to validate the data.

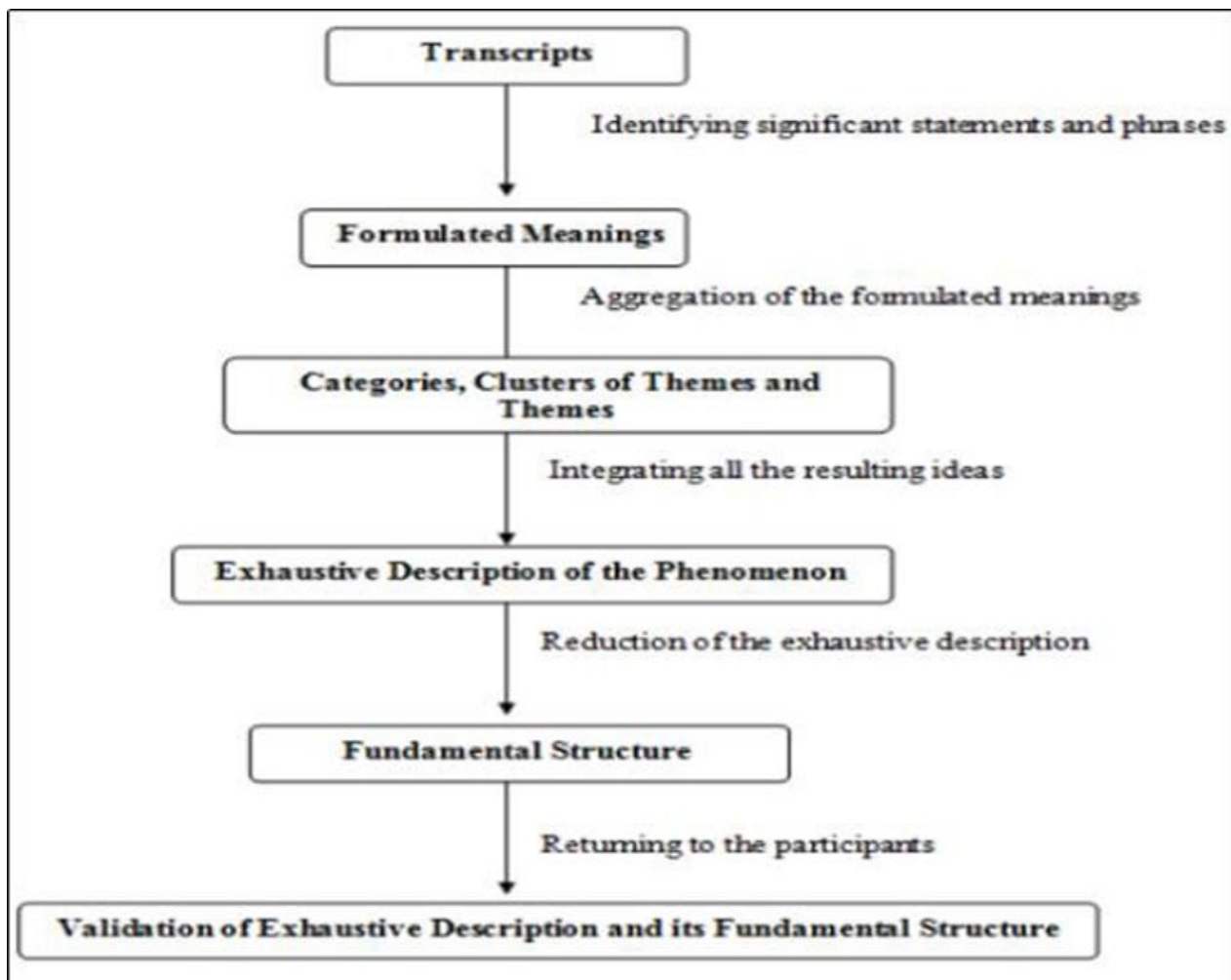


Figure 1. Summary of the analysis of Phenomenology interpretative study (Broom'e, 2011).

The data analysis was guided by interpretative analysis and interpretation of phenomenological data.

The researcher used a transcript file wherein all essential data in the interview was documented. First, the researcher asked the participants questions and transcribed the data collected. The researcher used four columns of data management; the first column includes pseudonyms; names of trees, setting, ambiance, interview number, date, and time of the interview, the second column displays the verbatim of the researcher and participants, the third column indicated the summary of the verbatim, and the fourth column includes the theme and codes for the existing phenomenon

Each transcript was read and re-read to obtain a general sense of the content. Significant statements that pertain to the phenomenon under study were extracted. These statements were recorded on a separate sheet noting their pages and line numbers. Meanings were formulated from these significant statements.

The study's findings were integrated into a detailed description of the phenomenon under investigation. The fundamental structure of the phenomenon was described. Finally, validation of the conclusions was sought from the research participants to compare the researcher's detailed results with their experiences.

Given the aforementioned philosophical view, the following essential elements of qualitative research outlined by Streubert and Carpenter (2011, pp. 21-23), where the philosophical stance of this study is embedded, served as a guide in the entire research process.

First, multiple realities exist and create meaning for the individuals studied. Participants have different views of reality. What an individual perceives as a reality can be another story in the context of the participant's perception about their lived experience during the pandemic, thus, unique from another person.

Second, the process of discovery of "truth" will be done using multiple ways of understanding — more than one approach to the phenomena being studied may be employed in the process of unearthing information. Various methods were utilized including an interview, observation of non-verbal reactions, note-taking, and reflecting, which was done to discover this truth.

Third, qualitative researchers are committed to the participant's point of view. The researcher needs to provide a picture of reality important to the study participants rather than to me as a researcher. Additionally, the context is critical to authenticating the description of participants. Verbatim and vivid descriptions of their stories were reflected in the results.

Fourth, qualitative research is conducted so that the inquiry does not disturb the natural context of the phenomenon studied. Data gathering was done where the participants lived and performed their routine and daily activities. It can be done in their office, living room, or virtual data gathering.

Fifth, the researcher is always an instrument in qualitative research - the researcher is the observer, interviewer, and interpreter of various aspects of the inquiry. "Qualitative investigators accept that all research is conducted with a subjective bias" (p.23), thus bracketing and reflexivity on the part of the researcher were observed (Dominique, 2015).

Sixth, the study findings are reported in a vibrant literary style. It is essential to communicate the participants' experiences from their perspectives. The inclusion of quotes, commentaries, and stories adds to the richness of the report. And to the understanding of the knowledge and context in which they occur.

The analysis process in qualitative research does not aim to discover causes but to look for patterns. The aim is to give clarification and to put into a structure the meaning of the lived experience. And struggles of the nurse manager on how with managing the hospital resources, especially the personnel and the use of personal protective equipment. The researcher seeks to synthesize and come up with themes and symbols that can be understood by other researchers (Englander, 2012).

The researcher is deeply concerned with the data collection techniques' quality and whether they yield truthful, reliable, and valid information. Therefore, in this study, trustworthiness is established by using the principles provided by Lincoln and Guba (1985), namely: credibility (believable, reliable, valid), dependability (accurate & consistency of the inquiry

processes), confirmability (the degree to which others could corroborate the results), and transferability (applicability of findings to other contexts) (Polit and Beck, 2012). The researcher is only a witness to the participant's reality and will not alter any meaning represented in the data collected. The researcher is a co-interpreter of the many facts revealed by the informants experiencing the same phenomena.

The techniques to enhance this study's credibility are prolonged engagement, triangulation, progressive subjectivity checks, and member checks. The researchers analyzed the transcribed subjective data of the participants to formulate a meaningful interpretation of each verbatim member checking the participants and clarifying the data collected to ensure credibility. Confirmability is ensured through audit trail, triangulation, exploring and reflecting on the meaning of the developed and developing themes to represent the experience accurately. To check the dependability, one looks to see if the researcher has been careless in conceptualizing the study, collecting the data, interpreting the findings, and reporting results. The researcher aims to verification that outcomes are consistent with all transcripts, notes, recorded audio, and video collected. The researcher presents a detailed and thorough description of the characteristics and setting to achieve the transferability of the study.

Ethical Consideration

The following ethical considerations and measures were observed in this research:

The anonymity of the participants was ensured by using a pseudonym that can represent the participants verbatim and protect their identity. Participants were respected throughout the research process by respecting their decision on what they wanted to reveal to their current nurse managers. The researchers ensured the confidentiality of the participant by deleting some information that would lead to the participant's identity. The researchers believe that there were no risks to the study participants that can induce harm or psychological trauma to the respondent. The result of the study will be disseminated through the

symposium, and the participants will be given a copy of the research through their email addresses upon request.

Beneficence and non-maleficence. The study is seen not to cause risks to participants as there are no interventions to be provided nor manipulated. On the ground of the revelation of experiences, the participants were given a chance to choose what experiences to reveal and withhold. Should there be unconscious traumatic materials unearthed during the interview process, the researcher, having undergone the training on psychosocial processing, can address this concern in another venue mutually set with the participant to manage any psychosocial care. If debriefing is needed immediately, the researcher consciously terminated the research component of the interaction and proceeded with the therapeutic process. In this instance, the researcher was mindfully delineating his role as a researcher versus a therapist. Any information gathered from the therapy process will not become part of the research process unless seen as relevant and with the participant's consent.

Privacy, confidentiality, and anonymity. The researcher makes a special effort to be mindful of the confidentiality of the information and anonymity of the participants by ensuring that names will not be revealed, and pseudonyms are used in the encoding of responses.

Justice. Reciprocity can take place during the process of data gathering. The participants revealing their experiences may serve as a venue for the catharsis of their emotions. All findings and results presented are the facts stated in the interviews. All participants' experiences and perceptions were portrayed as they have done so in the meetings; no false information or accusations were included in the final report.

III. RESULTS AND DISCUSSION

The phenomenon study focuses on the management of nurse managers during the Covid 19 pandemic. The participants look back on their experiences as the pandemic changes the system and protocols of the hospital.

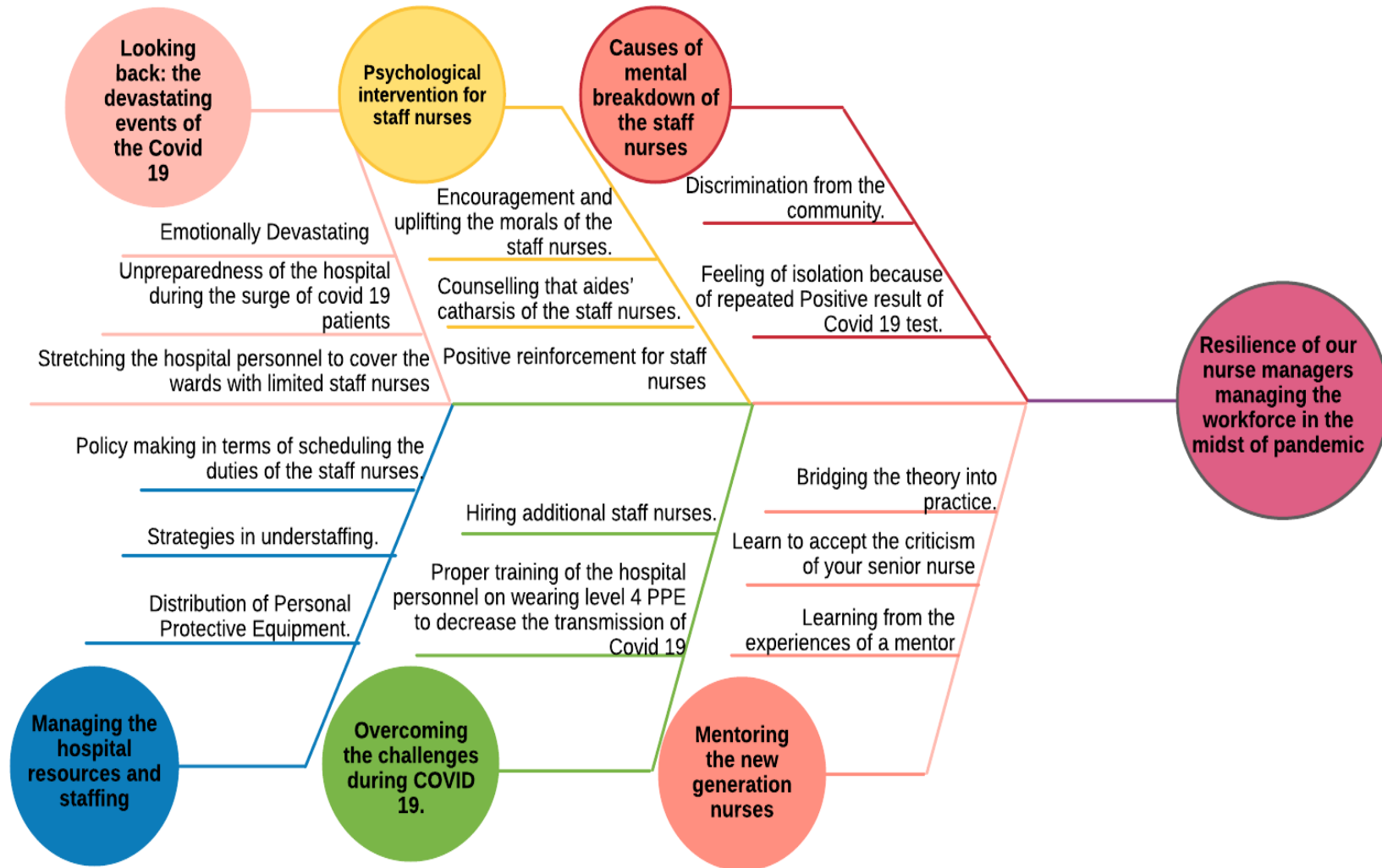


Figure 2: Conceptual map of the journey of nurse managers in managing the workforce amid pandemics.

Theme 1: Looking back: the devastating events of the COVID 19

The first theme Looking back: on the devastating events of COVID-19, shows the struggles and challenges that the nurse managers experienced brought about by the pandemic that caused chaos to the regular hospital operation. The researcher themes were supported with subthemes of emotionally devastating, the unpreparedness of the hospital surge of COVID-19 patients, and lastly, Stretching the hospital personnel to cover the wards with limited staff nurses.

The nurse plays a significant role in any healthcare setting; they can also be resourceful in adopting new behaviors for different patients. However, this COVID-19 pandemic stretches the nurse's role and responsibilities, especially in higher management (Newby et al., 2020). Nurse managers should also be flexible guided by their experience as senior nurses and hospital leaders. The COVID-19 outbreak exposes hospital personnel to a lot of stress, anxiety, and depression, leading to psychological problems for the staff nurses caused by resignation and absences (Kackin et al., 2021). According to Huang et al. (2020), nurses exposed to critical stress and anxiety conditions have a higher risk of developing an infection or being easily infected with COVID-19 disease because of their lower immune system.

Subtheme 1.1 Emotionally devastating

The Malacanang palace announced the Enhance Community Quarantine last March 14, 2020, which restricts people's movement to prevent the spread of the dreaded disease that gives time to boost the healthcare system to prepare for a possible surge of COVID-19 patients in the hospitals. The City government of Baguio converted different establishments like hotels, abandoned hospitals, and board and lodging as quarantine facilities for infected asymptomatic patients. These also exhaust the City government's human resources because of the lack of nurses and health care providers to operate the quarantine facilities

that also stretch out the personnel of different agencies of the Government, especially the Department of Health, to hire more nurses to man the various facilities. However, this is another side of the story regarding private and public hospitals that face challenges and struggles because of the surge of suspected, probable cases of COVID-19 patients; there were not enough testing kits to confirm if they are positive for the disease. It takes three days to ensure the result of the patient that needs more isolation facility in the hospital to wait for their results. This event causes stress and anxiety to the staff nurses, especially to the nurse manager, because of the pressure coming from the hospital heads to immediately prepare a contingency plan (Rascado et al., 2020).

These stressed the management and staff nurses because they were not going home to their loved ones; instead, they stayed at the hospital quarters as their quarantine facility for months because of their fear of infecting their loved ones.

Cherry tree: "As a leader in this hospital, especially in nursing, I say it was devastating because if I think I'll go back from the very start, I always cry. That was so depressing."

The Cherry tree has emotionally shared her experience aside from the external help from the Government. She said that they need to stand on their own and be resilient to sudden changes in the protocols from the different government agencies. Emotionally devastating because of the understaffing of the units. Most staff nurses did not go home during the entire quarantine because they feared infecting their loved ones. Poortaghi et al. (2021) assert that the effects of the pandemic on hospital management can result in understaffing because of the frequent absenteeism of the staff nurses and psychological stress. That forced

the nurse manager to pull out some staff from the other unit.

Narra: "Mahirap ung una sobrang kulang kami sa Unit kung sino, sino ung nilalagay namin sa COVID ward dahil di pa na aaccept ung request namin sa pag hire ng bagong staff meron ngang bago pero after one-week mag aawol or mag reresign na ung nurse dahil sa takot" "At first we are understaffed because our administrator did not accept our request for the hiring of the additional staff, we have also new nurses but a few weeks later they commit AWOL or submitting their resignation letter because of their fear of COVID 19."

The nurse manager makes sure that the reliever come from the dirty ward to avoid cross-contamination, and if the nurse came from the clean ward, they would be redirected to the dirty wards of the hospital for their next duty. The study by Lester et al. (2021) emphasized secure communication among the staff nurses through one-on-one psychosocial processing to lessen their anxiety of the staff nurses. Another recommendation is to have level 4 PPE training to protect the nurses exposed to COVID-19 patients.

Some staff nurses do not want to risk bringing home the disease to protect their families from being infected. Instead, they choose to stay in their designated quarters for the staff to rest for the entire Enhance Community Quarantine. This causes psychological stress because some mothers take care of their babies to attend to their needs. Some of their family members have comorbidities, immunocompromised and older adults who need to be protected from the dreaded COVID-19 (Zhu et al. 2020).

Birch tree: "Nakikita ko ung ibang staff ko umiiyak kasi ilang araw na silang di umuuwi sa pamilya nila." "I see some of my staff are crying because they cannot go home to be with their family."

A study by Weber et al. (2016) states that nurse managers should be trained in psychological first aid to help the staff nurses boost their morals and change their mindset into a positive one in the workplace. However, the nurse manager may absorb the emotions or draw countertransference between the therapist and the client, either positive or negative, which can remove emotional stress that needs stress debriefing conducted by a colleague trained to do psychological first aid.

Subtheme 1.2 Unanticipated the hospital surge of COVID-19 patient

The COVID-19 surge overwhelmed the healthcare system, especially the healthcare workers that serve as the hospital's frontline. The health workers described the rise of COVID-19 patients in the Emergency Room as a devastating event because of the lack of resources, lack of isolation rooms, and Intensive Care Units to cater to severe COVID-19 patients. It is not only the Philippines' scenario but also the globally devastating effects of the COVID-19 pandemic. One of the main problems faced by the health workers was the lack of Personal Protective Equipment that they needed to recycle for other duties; the scarcity of ventilators, respirators, and facemasks was also a problem during the first three months of the pandemic (Mc Mahon et al., 2020).

Many of our health workers were infected and died of COVID-19 because of more prolonged exposure to the infected patient (Shaukat et al., 2020) which caused understaffing. In Alammery et al.'s (2021) study, health workers are ten times more likely to be infected by the dreaded disease because of long duty hours and exposure to COVID-positive patients. The study's

recommendation is to have stricter infection control among healthcare workers to prevent cross-contamination of the disease. In the current study, some nurse managers did not anticipate the effects of COVID-19 in the hospital as they stayed complacent.

Molave: "The pandemic caused us a chaos situation; we did not anticipate the impact of this covid 19 at first we are complacent because everything is under control but when the surge of patients we feel the stress of the situation."

Participant Molave, currently the head nurse of the COVID ward, has duties to make sure that he plotted the staff nurses' schedules, consider their request for vacation leave, and find a reliever in the other wards. This standard duty of Molave was changed since COVID-19. He needs to stretch his four staff nurses in the COVID ward cyclically to follow the 14 days' duty and 14 days' quarantine; this is supported by the Minnesota Department of Health (2020). During the COVID-19 surge, looking back on his experience, he remembers how they converted the hospital's parking lot to COVID isolation, but the "spirit of Filipino Bayanihan" was felt during that time. When they were in chaos while attending to the patients simultaneously, some hospital staff built an isolation area for the COVID 19 patients. Some nurse managers were instructed to immediately enforce and implement the protocols in their units and convert one of their wards into a COVID ward.

Pine tree "Our immediately informed us that our unit will be converted into a covid ward. We are not prepared and aware of the protocol. I was once assigned to be the head of the ward."

The participant Pine tree was immediately assigned as a head nurse of the COVID ward of the hospital

because of her experience and training in the medical ward. Unlike any other wards, she accepted the challenge; this will hone her knowledge and skills. One of the reasons is understaffing of the hospital because many nurses pursued to go abroad. Aside from this, she also trains neophyte nurses assigned to the COVID ward.

Leaders should hone their mental and physical strength in this time of uncertainty. The strength of character of our participants is undeniable because of their dedication to serving in these times of crisis. They also sacrifice their family time in exchange for their love for service.

Subtheme 1.3 Stretching the hospital personnel to cover the wards with limited staff nurses.

The staffing pattern in a hospital refers to the ideal staff nurses assigned to a specific ward (Malatji et al., 2017). Inadequate staffing ratios can affect the workforce, especially during the COVID-19 pandemic. This can result in a stressful environment, physical exhaustion, and high turnover issues for the staff nurses because of the long shifts with unrealistic workloads (Griffiths et al., 2020).

According to the DOH Issues Long-Awaited Report on Nurse Staffing (2020), the adequate nurse-patient ratio should be 1:12; congress also amended it into law; however, some hospital staff-patient ratio is 1:15. Aside from the nurse-to-patient ratio, another factor that can negatively affect the nursing staff is the long shift duration that negatively impacts the nurses' social and sleeping patterns, leading to mood swings and depression (Caruso, 2019). Due to high absences and emergency leave of the staff nurses, the nurse managers need to pull out some of the nurses to fill the shift of inadequate staff in a particular ward. They should usually plan ahead of time; however, nurses file for emergency or sick leave because of unforeseeable crises. One of the examples that a nurse manager cited is when a staff nurse swab test turns out to be positive;

they need to have a reliever from the other ward of the hospital to ensure a smooth work shift. Nevertheless, the worst-case scenario is when the nurse manager cannot meet the proper staffing of the day. They also tend to stretch the staffing by informing the nurse on scheduled leave or off to have their duty in exchange for compensation (Baucher et al., 2020).

Birch Tree "Because of the understaffing issues in the hospital, I usually call those who are on off duty to have their emergency duty. I'm very sorry for that because sometimes I did not approve some of their vacation leave because of the understaffing."

Participant Cherry tree also expresses her sentiments during the first three months of COVID-19 that they experience understaffing because of the additional opening of wards dialysis and COVID ward. For the additional staffing, they need to submit a contingency plan for these different units to be granted by the heads of the hospital. The need to be justified by the nurse manager is why it is necessary to add staff nurses to prepare the budget and the contract of the required nurses in the units.

Cherry tree: "We always cry because every time (pauses) wala pa ung ibang nurses' noon na hirap nabigla kami nag start kami bigla na sabihin okay create a Covid ward with an isolation facility."

Looking back to their experiences as nurse managers amid pandemics requires a lot of strategizing in the allocation of resources, and adaptability of every leader in the flow of the situation. Their emotions are regulated in the narration of their experiences, and they can solve the problems arising in their hospital and ward. Participant Cherry's tree exclaims that to be an effective leader, they should show that they are strong

enough to handle the situation to gain the respect and loyalty of their people in the field and equip themselves with knowledge and adaptability to changes.

The implication of the first theme to aspiring nursing managers is that they should be ready and equip themselves with leadership and management courses in undergrad or graduate school to be prepared for the ever-changing nature of roles and responsibilities of nurses in the field. The importance of Psychiatric and nursing concepts in undergraduate studies should also be strengthened to have a leader equipped with the necessary tools to solve the psychological issues of the staff nurses, specifically in conducting psychosocial processing or psychological first aid.

Theme 2: Managing the hospital resources and staffing pattern

The second theme shows how the nurse managers, and the hospital heads thoroughly make plans and policies to overcome the challenges and struggles of the pandemic. The theme is supported by three subthemes: policymaking in terms of scheduling the duties of the staff nurses, strategies in understaffing, and distribution of Personal Protective Equipment.

Human resources are the most priority in the healthcare setting because they provide direct care to the patients. The second priority is the personal protective equipment available to the staff nurses to protect themselves from the dreaded disease (Kabene et al., 2020). Nurse managers are also tasked to do administrative roles in policymaking to strategize each unit's understaffing and proper distribution of the PPE.

Subtheme 2.1 Policymaking in terms of scheduling the duties of the staff nurses

Understaffing was the main problem in the first months of the pandemic because staff nurses' dissatisfaction affects their quality of life (Rizany et al., 2019) due to long hours of duties, lack of personal protective equipment in the ward, and unscheduled overtime. Conclusion this is a long-term problem for

both staff nurses and nurse managers on how to solve the schedules of the staff nurse to avoid understaffing and give quality care to the patient. To solve the scheduling of the staff nurses to have massive hiring; however, in hiring additional staff, they need to have a contingency plan and a justification for the additional staff nurses.

The policy of scheduling the duties of the staff nurses is crucial because of the limited number of nurses employed. The nurse managers decided to increase the number of hours of duty to ease the understaffing from eight hours of duty to 12 hours for two days, and they should interchange the shift from the day shift to the night shift. This became a cyclical duty for the staff nurses. After four days of duty, they will have one weekday off to rest (Banks & Dinges. 2017).

Pine tree "We usually make a policy that we adopt to avoid overexposure of the staff nurses to covid 19. One policy is that they are required to have their duties for 12 hours for two days and 4 days' quarantine so that they will observe their general well-being. After two weeks of duty, we require our nurses to have their RTPCR swab test to screen those who have infected that need to have their strict quarantine."

The scheduling policy involves planning, organizing, and controlling the work and shift of the staff nurses (Stassen et al., 2020). The nurse managers should also consider the staff nurse's years of experience and competencies that they will deploy to avoid medication errors in the area (Rizany et al., 2017).

The participant Pine tree was one of the nurse managers who contributed to scheduling staff nurses. They usually based the schedule of the staff nurse on their evaluation and competencies. The five functions

of a nurse manager (planning, organizing, staffing, actuating, and controlling) in scheduling the process correlate with the high satisfaction of nurses (Lin et al., 2014). The nurse manager should establish policies that promote job satisfaction among staff nurses (Hayes et al., 2010). Planning involves planning resources such as the allotment of personal protective equipment and hiring more staff nurses (Armstrong-Stassen et al., 2016). The organizing function of a nurse manager involves the job description of the staff nurses, and command through the organizational structure to fulfill their job satisfaction (Dewi & Handiyani., 2016). In the staffing function, the nurse managers assign the staff nurse according to their competencies which may generate a feeling of satisfaction and fulfillment in one's roles (Hairr et al., 2018). Actuating involves the motivation and communication between the nurse manager and the staff nurses (Elprida et al., 2016). Control should be fulfilled by the nurse managers through continuous supervision of the staff nurses, which may lessen the anxiety of neophyte nurses and increase job satisfaction (Hoboubi et al., 2017).

Subtheme 2.2 Strategies in understaffing

Nursing managers are often faced with challenges in decision-making, especially in nursing workforce management (He et al., 2019). Nurse managers need to manage and assign their human resources efficiently. Undesirable work patterns, overtime, and low satisfaction are the most common issue of staff nurses. Managing the work patterns and improving the staff nurses' work satisfaction can result in a positive outcome of quality care among hospital nurses (Van den Berg et al., 2013).

One of the strategies of the nurse manager is to float the staff nurse from two different wards to ease the understaffing of the hospital. However, this may cause unfamiliarity to the staff nurse which causes anxiety to the patient and threatens patient safety (Health Leaders, 2017). Nevertheless, they need to solve the existing problem of understaffing; that is why they need to float

some nurses to ease the burden of the nursing workforce.

Birch Tree "Sometimes we pull out some of the nurses in other wards to fill the understaffing."

Birch tree verbalizes to solve the current understaffing issue is to have massive hiring of staff nurses to fulfill the human resources. Another participant has a sentiment when her staff nurse goes on emergency leave because of a positive COVID test.

Pine Tree "Ang dami ng nagkakacovid, so we need to make another plan to relieve where we get our reliever from other areas of the hospital."

The increased number of COVID-19-positive healthcare workers causes a shortage of staff, and the nurse manager needs to find relievers to replace the nurse who is on sick leave. Healthcare workers are at high risk of acquiring the dreaded disease of COVID-19 because of exposure to aerosol-generating procedures such as: suctioning, nebulization, extubation, high-flow oxygenation, and intubation (Ng et al., 2020). That needs quarantine for staff nurses exposed for two weeks, and if the condition worsens, they need immediate emergency care. The use of the N95 mask was superior to the surgical mask in preventing influenza and is the recommended protective barrier against the aerosol mode of transmission of COVID-19 to the staff nurses (Radonovich et al. 2019).

The first three months of the COVID-19 pandemic became crucial to nurse managers because of the increased number of health workers infected with the dreaded disease. They need to stretch out the available nurses to cover up for the duties of the infected co-workers. The safety of the health workers should be the priority of the nurse manager by providing them the

proper rest and sleep by equally dividing the available staffing in the hospital, purchasing personal protective equipment, and mass hiring staff nurses to provide safe and quality care to the patient (Cohen & Rodgers. 2020).

1.3 Distribution of Personal Protective Equipment

COVID-19 possesses a significant health risk for health workers because of exposure to aerosol-generating procedures (Mantelakis et al., 2021). Spreading mainly via respiratory droplets, COVID-19 is also transmissible through symptomatic or no symptomatic individuals, and it is also difficult to classify or identify the infected individuals (Kolifarhood et al. 2020). Moreover, proper personal protective equipment in the COVID-19 ward is paramount to protect the health workers from sustaining a satisfactory level of staffing in the hospital and reducing the transmission of COVID-19 to the patient, staff, and family.

The hospital administration acknowledges this issue and established a PPE plan throughout the hospital wards to sustain the availability of PPE to the health workers. COVID wards can use the PPE level 4 with a respirator to fully protect the nurses from aerosol-procedure. In contrast, in the regular wards, the nurses can use PPE level 2 or 3 to avoid cross-contamination of infectious diseases. All patients will undergo the triage area and present their RTPCR negative results upon admission. Personnel in the triage area must also follow the proper protocol for PPE use. They must wear the level 4 PPE, and adequate inventory and requisitions of PPE use must be observed all the time in the hospital wards.

Cherry Tree "We the superiors and senior nurses request for PPE beforehand in preparation for the nurses to use during our shift and do the inventory of used and unused PPE."

The shortage of PPE during the first months of the COVID-19 pandemic back in 2020 was devastating to the healthcare sector. Some healthcare workers use a garbage bag as an improvised protective barrier when taking care of COVID-19 patients. Most private and public hospitals relied on a donation drive for their protective gear N95 mask, isolation gowns, and overhaul to protect the staff nurses (Livingston et al. 2020).

Policy and guidelines help the nurse manager control and organize the hospital amidst the pandemic. The implication of managing the hospital and staffing pattern is crucial for the nurse leaders because of the prioritization of the number of staff needed in the unit, personal protective equipment, and scheduling of nurses. The nurse manager is guided with their functions in management utilizing planning, organizing, staffing, actuating, and controlling. The performance of the nurse managers plays a vital role in the successful operation of the hospital (Patarru et al. 2020).

Theme 3: Overcoming the challenges during COVID-19.

Controlling the infection rate of COVID-19 disease is a joint management of staff nurses and hospital leaders by abiding by the policies and guidelines set by the nurse managers and infection control nurses. Overcoming the challenges is also the fear of every person in the hospital facing uncertainty because of the COVID-19 pandemic. In addition, the COVID staff nurses can go home to their families by following the health protocols of handwashing and proper hygiene use of level 4 PPE. This theme is supported by two subthemes hiring additional staff nurses and adequate training of the hospital personnel on wearing level 4 PPE to decrease the transmission of COVID-19.

3.1 Hiring additional staff nurses

Maintaining adequate healthcare workers in the facilities is essential to provide a safe work

environment and prioritize patient safety (Healthcare Workers, 2020). As the pandemic progresses, staffing inadequacy will likely occur due to exposure of healthcare personnel, critical illness, or the need to care for family members at home. Nurse managers and the administration should mitigate the possible staff shortage by hiring additional staff nurses to ease the negative effect of the COVID-19 pandemic. Before the crises, nurse managers should have contingency plans and execute the contingency strategies by understanding the staffing needs, the minimum number of nurses to be deployed, and hiring personnel to provide safe and quality nursing care. If needed, communicate with government health coalitions in local and private institutions to identify additional health workers (hiring additional nurses, recruiting retired nurses, using nursing and medical students or volunteers).

Cherry Tree:

“Nadagdagan na yun another stretching naman ng staffing namin thankful kami na nag hire din ang province para sa dialysis but then the fact madami ung na yung staff namin that is why the regular wards na di tulad noon na tig dalawa dalawa sila ngayon tig iisa isa nalang sila. Ang pair niya nursing attendant lalo nanaman na nadagdagan na yung no watcher policy.”

Hiring additional staff nurses for a Cherry tree is a big help for the hospital units. This can ease the burden of healthcare personnel on a double shift and give opportunity for long periods of rest and days off. In addition, nurse managers can also prioritize the available physiological, psychological, and spiritual nourishment services for the staff nurses to help them cope with job and life stressors to maintain a healthy working environment (Cho et al., 2021).

3.2 Proper training of the hospital personnel on wearing level 4 PPE to decrease the transmission of COVID-19.

The preventive measures to decrease the transmission of COVID-19 is through the proper wearing of level 4 PPE which serves as a barrier to the patient who is positive for the dreaded disease. The past months of the COVID-19 pandemic brought a lot of anxiety and uncertainties to the staff nurses. Our nurse manager needs to provide the support available for them to ease the stress because of the transmission of the disease. Most of the staff nurses were infected because of the substandard PPE provided. They also improvised the use of plastic PPE to protect themselves, but this is not the recommended suit for the COVID ward; there are standards that they should follow in using the level 4 PPE. These are the recommended Personal protective equipment to be used by the COVID nurse when providing care to COVID-19-positive patients, N95 mask, medical facemask, hazmat, and eye protection (WHO, 2020).

Birch tree "To prevent the transmission of the disease, we plan to train them on how to don and doff a level 4 PPE."

Donning and doffing are crucial skills that healthcare providers must perform to prevent cross-contamination and being infected with COVID-19. Participant birch tree assesses how the staff nurses perform the donning and doffing of PPE because of the increasing number of infected staff nurses. Thadathilangkal-Jess et al. (2020) recommended donning must be done with prior precaution and safety to be fully protected in giving direct care to the COVID-19 patient. There must be another person to observe while removing the PPE to alert the person of any possibility of contamination in doffing.

The lessons that pandemics brought to the healthcare system, especially in hospitals, whether public or

private, must ensure the safety of their staff nurses by providing proper PPE training for them to prevent further cross-contamination and decrease anxiety of the staff nurses.

Theme 4: Psychological intervention among staff nurses during the COVID-19 pandemic.

Healthcare providers have carried a heavy burden during the COVID-19 pandemic (De Kock et al., 2021). They faced challenges in controlling the virus while observing the health protocols in their institution. Supporting their psychological well-being must be prioritized and continuous to avoid burnout and anxiety. Nurse managers have an enormous role in the mental health of their staff nurses. They must possess the needed skills for conducting psychosocial processing to decrease their staff's psychological burden. Active listening is the most important in counseling, where the mental health advocate listens and sympathizes with the client.

4.1 Counselling that aides' catharsis of the staff nurses.

The process of "letting go" of the repressed emotional burden can help the person move on with the dire situation. Acknowledging emotion is the key to the healing process of psychological problems. One of the primary functions of the nurse manager is to provide psychological support for the staff nurses to avoid burnout in the workplace (Mudallal et al., 2017).

Pine Tree "Minsan nadedepress ang mga tao ko, what do I do is to comfort them sometimes we close the door and let the person cry I was trained on counseling kasi na train ako sa counseling."

The participant Pine tree is trained to do psychosocial processing that he gained from his master's degree; he also conducts sessions of Counselling for his staff nurses. He said that it is best to let an individual's emotions voice out because it can help the individual

cope quickly with the dire situation if they are aware of the existing problem. Debriefing sessions are essential in the processing of psychological issues; it aids in the decrease of tension and anxiety of staff nurses. In the study Davis (2019), they conducted a debriefing session to decrease the stress and uncertainty where the remote memories of an individual are being explored when they are repressed in an individual's subconscious.

4.2 Encouragement and uplifting the morals of the staff nurses.

As the pandemic continues, uncertainties also escalate; both staff and leaders are dire because of factors that affect staff nurses' productivity. Stress can also affect the morale of the subordinates that need to have a prompt intervention to increase the team's productivity. As team leaders of the hospital, managers should also need to explore and improve the nurses' morale. Open communication and a genuine relationship with the subordinate are essential to ease the uncertainty and anxiety of an individual; continuous engagement of the nurse manager in communication with the nurses is necessary to boost nurses' morale (Jankelova & Joniakova. 2020).

Cherry Tree "If my staff feel that they are burned out, I let them talk about it and compromise the schedule for my staff to have a recreational activity. One of the distressing activities that we plan for our staff is for them to have a stress debriefing."

The Cherry tree also emphasizes the importance of letting her staff nurses verbalize their feelings on issues that may impact their psychological well-being. She is open to suggestions for improving hospital operations, and open communication was also an excellent strategy to increase the morale of her staff nurses. According to Drake (2021), communication should often occur

between the leaders and staff nurses, especially during higher stress and anxiety. Nurse managers must also ask the nurses how things are going and suggestions to improve them.

Molave "I do not humiliate my staff if they made a mistake in the ward. I always does one-on-one counseling and uplifts them to do a good job."

Participant Molave often does close-door communication with staff nurses, especially if the case is sensitive. She handled the situation professionally, and she also kept it confidential if the issue was sensitive. She also commends his staff nurses when they are serving beyond their limits. In the study of Regan (2021), timely acknowledgment and recognition should also be reinforced to increase the staff nurses' morale and productivity when the work is done.

4.3 Positive reinforcement for staff nurses.

Staff nurses are praised for their work delivering output quality and increasing job satisfaction. Positive reinforcement can be rewarding to both nurse managers and staff nurses because they fulfill the job description and pride as an employee. Today's employees expect guidance, mentoring, and feedback from their superiors regarding their performance. This is crucial to improve the staff's performance and to have smooth operations in the hospital (Vainieri et al., 2017).

Narra "I always uplift my staff nurses who are sad during their duty. Sometimes after their duty, I order food for them for us to have an exchange of ideas and share stories about their anxiety in the workplace, and I praise them when they do a good job."

Participant Narra believes that empowering his staff nurses is a strategy to improve their performance. Open

communication between the leader and the staff nurses is essential for building a good relationship, and also acknowledging the excellent behavior of the staff nurses may eliminate corrective counseling (Salmore, 2020). It is necessary to provide feedback and praise from the superior to improve the staff nurses' quality of care.

Providing psychological intervention to avoid burnout and job dissatisfaction is essential to managing the staff nurses. Nurse managers should also be trained to do psychosocial counseling to provide the optimum mental health of their subordinates. It is not just asking them how they are coping with the situation, but they must know how to listen to the verbalization of their staff nurses and give solutions to the present problem that raises tension in the area. Praise is essential in gaining the staff nurses' confidence and job satisfaction in their roles. Lastly, open communication is also necessary for building a good relationship with subordinates to decrease anxiety and tension in the workforce (Bhui et al., 2016).

Theme 5: Cause of the mental breakdown of the staff nurses

Health workers are usually faced with challenges and struggles that cause mental health imbalance and compromise the full potential of each employee because of the psychological issues in their surroundings (Vasconcelos et al., 2018). This can cause anxiety, fear, and isolation that results in the staff nurses' mental breakdown that needs prompt intervention from the nurse manager. The two subthemes of the feeling of isolation support the theme causes of the staff nurses' mental health because of the positive result of the Covid 19 test and discrimination from the community.

5.1 Feeling of isolation because of the positive result of the COVID-19 test.

Nurses and health care providers have been exposed to the dreaded disease because they are the ones who

provide direct care to the patient. This causes the staff nurses to be exposed to the dreaded disease and become infected. They usually improvise their protective equipment, which generates a disastrous staffing pattern in the hospital. In conclusion, this event of positive results of the COVID-19 test the staff nurses causes isolation and fear. That is why the nurse manager needs to deal with the psychological effects of isolation on their quarantine staff.

Cherry tree "I always call my staff who are on quarantine for me to know their situation inside the isolation facility and they said that they feel loneliness and some of them have babies that they need to leave to serve."

Participant Cherry tree provides psychological comfort for her staff on quarantine because she knows the effect of isolation on mental health that causes depression. As a leader, she also needs to investigate the causes and etiology of how her staff nurses acquired the positive result of the COVID-19 test.

5.2 Discrimination from the community

The stigma and discrimination against healthcare workers became an issue where they experienced societal disapproval because of the nature of their work. Further, community people have been discriminating towards healthcare providers through behaviors, such as refusal to talk. They often displease them to reside in their homes because of fear of contaminating the community. Unfortunately, healthcare providers are being labeled and faced discrimination because of the stigma attached to COVID-19 disease (Bhanot et al., 2021).

Narra, "some of the staff, told me that they were asked where they are working if they know that they are working in the hospital, people will say to stay away from them."

Participant Narra was the head nurse of the COVID ward; they usually experienced discrimination because of the nature of their work. He usually comforted his staff nurses, who experienced indifference and disapproval from society. People typically avoid them because of the stigma that sticks with COVID-19. He usually advises his colleagues to wear street clothes and not to be identified as hospital staff.

"I always remind them to wear their street clothes and change their uniform inside the hospital so they are not discriminated."

In 2020, discrimination was rampant among healthcare workers (Bhattacharya et al. 2020). They usually experience indifference and disapproval from other people, which causes the nurses resignation from the hospital because of mental breakdown. The nurse managers strategize on retaining the staff nurses by providing adequate knowledge on proper usage of PPE to avoid cross-contamination and boost their confidence during their duty. By providing public awareness through advertisements, left lets, infographics, and Facebook posts about COVID-19 and how to avoid them through handwashing, proper wearing of facemasks, and face shield to avoid discrimination among health care providers.

Theme 6. Mentoring the new generation of nurses.

The sixth theme shows how nurse managers mentor new nurses. Mentoring became a part of the nurse manager's responsibility, especially for new nurses. They need to be nurtured and trained as competent as their senior nurses. Job satisfaction can be achieved through immediate feedback and mentoring because learning new strategies that were not taught in books can increase staff productivity. Mentoring the new generation of nurses is supported by the three subthemes of learning from a mentor's experiences, accepting the criticism of your senior nurse, and

bridging the theory into practice (Mbakaya et al. 2020).

6.1 Learning from the experiences of a mentor.

Mentoring is not only done in the classroom but also for the professional development of new employees. Learning is a continuous and lifelong phenomenon, irrespective of the age, position, and socioeconomic status of an individual they are involved in the process of learning (Braumoh, 2018). Nurse mentorship is necessary for beginning practicing nurses because it encourages mutual professional growth between the senior nurse and the neophyte nurses through dynamic and supportive relationships (Nowell. 2018).

Cherry Tree "I always remind the neophyte nurses not to be ashamed to ask questions if they are in doubt of the procedure because there is no room for mistake in giving care to the patient."

Participant cherry tree is one of the pillars of the hospital, her excellent experience in the field of nursing gives inspiration to the neophyte nurses. She set her experience as an example to her subordinates to follow in her footsteps for a successful career. She also emphasizes "respect" as neophyte nurses; they must track the Doctors order and never do an independent action without notifying the senior nurse or doctor.

"When I'm making my welcome remarks to the students, I always taught them not to do an independent action that the physician does not order; they can suggest to the doctor their ideas in a respectful manner, but they are not allowed to decide; on their own."

These are the wisdom of participant cherry tree to the next generation of nurses. Her experience starts from

being a staff nurse climbing the ladder of success. She became a head nurse with her excellent performance and working ethic she was promoted to supervisor. After years of passion for providing care in the nursing profession, she achieved her Ph.D. degree in nursing and was promoted to hospital chief nurse. She said that being humble and knowing your roots are successful ingredients. Never fight or answer back your seniors because they are the ones who are molding your professional development.

Molding the nurses to be excellent in their jobs is a primary function of a mentor. One of the best pieces of advice of participant Narra, a head nurse of the coronary ward for 15 years.

Narra "I remind them to go back to the basics of nursing they "must" know how to compute drugs and the right to medication are essential in nursing practice."

Mentoring them to be the best nurse is to stick with the basics of nursing practice. Remembering by heart the fundamentals that will serve as a foundation in rendering care for the patient. Participant Narra also trained his staff to be more practical by demonstrating the best practices for rendering special skills, such as NGT feeding, suctioning, and preparing medications (Blumenstein, 2018).

6.2 Learn to accept the feedback of your senior nurse.

A skillful manager can give constructive criticism to their subordinates. Dealing with constructive criticism can adversely affect the relationship between the staff nurse and the manager. However, constructive criticism can improve one's performance and professional development. On the other hand, an individual who is open to criticism has a positive outcome in their professional and personal growth because of the new knowledge that they learned from their superior (Darling-Hammond et al., 2019).

Molave "if my staff commit a mistake, they must admit it and never hide the mistake because if that mistake causes the life of the patient at least, we have done something or reverse the death of the patient and this mistake can serve as a lesson for us."

Participant Molave's professional years of experience molded him into a nurse manager for thirteen years. He never forgets his mentors who set him to become an efficient nurse. There is no room for mistakes for him; he wants to emphasize to his subordinates to ask questions if they doubt any procedures or skills they will carry out. According to Hardavella et al. (2017), nurse managers should always acknowledge the mistake and listen carefully to the explanation to create a shared understanding that will not compromise the excellent relationship between the manager and the nurse.

Creating a no-blame culture in the workplace will enhance open communication between the nurse manager and staff nurse. Continuous improvement is a working model to have unity and guide the hospital personnel in achieving the shared mission and goals. In addition, both parties should not dwell on the mistakes; instead, they should solve the present problem (Metcalf, 2017).

6.3 Bridging the theory into practice.

The gap between clinical practice and education has always been a challenge to beginning nurses because of the adjustments to clinical practice (Shoghi et al., 2019). Inspiring neophyte nurses through their extensive clinical experience can also bridge the gap between theory into practice.

Cherry tree "As a veteran in nursing, I always inspire my nurses to my experience and achievements, and I remind them to

ask questions because that is how we can bridge the theory into practice."

Through her extensive experience as a nurse, she always guides new nurses to excel in their work. She always uses her expertise to motivate new nurses to follow in her footsteps to succeed in their endeavors. She admits that there are gaps between education and practice. She always emphasizes to her supervisors and head nurses to supervise the new nurses to correct some misconception that does not apply to the nursing practice.

Narra "Before we deploy the new nurses in the ward, they need to have orientation, and for the first week of their duty, they need to observe or shadow the senior staff nurses on the duties of a nurse. We usually expose them to the different wards, and shifts for they to know their roles and responsibilities. After a week of the observation, we assigned them to their units."

Participant Narra needs to orient the new staff nurses before they are assigned to their respective areas. This covers the basic nursing concepts, such as NGT insertion, intravenous therapy, pharmacology, and nursing skills needed in the clinical area. They also have pretest and posttest in the introductory nursing course before being hired as full-pledged staff nurses in the hospital. After the introductory nursing course, they will have their assignment in the area where they observed and shadowed the staff nurses in their duties; however, they are given patient assignments to attend.

Basic nursing skills should be given priority to bridge the gap between education and nursing practice. This will serve as the foundation of the beginning nurses because they are supported with their knowledge and skills in executing nursing skills. The nurse

managers and senior staff nurses should support the neophyte nurses in their endeavors in a non-threatening manner as well can promote the retention of the neophyte nurses (Mao et al. 2020).

Nurse managers should be flexible and adaptable to dire situations. They should be decisive and straightforward in giving solutions to the identified issues such as understaffing, unequal distribution of PPE in the units, and staffing patterns. A pandemic is a test of personality for both nurse managers and their subordinates. They must possess a regulated emotion because their lower colleagues trust that they can handle difficult situations.

Nurse managers should also possess the five functions of management (planning, organizing, staffing, actuating, and controlling) in managing the scheduling, staffing patterns, and especially controlling the situation in the hospital (Aquila et al. 2020). The journey of the nurse managers in the workforce is to develop resiliency towards a prepared hospital in the next phase of the COVID-19 disease that until now they are still in the fight to combat this dreaded disease.

Conclusion and Recommendations

Based on the analysis of the experiences of the participants in managing the workforce, the researchers came up with the following conclusions:

1. A nurse manager requires a lot of strategizing in the allocation of resources, and the adaptability of every leader in the flow of a dire situation. They should show their subordinates that they can handle the situation to gain the respect and loyalty of their personnel, and they should equip themselves with knowledge and easy adaptability to changes.
2. Policy and guidelines help the nurse manager control and organize the hospital staffing, scheduling, and staffing pattern amidst the pandemic.

3. The lessons that pandemics brought to the healthcare system, especially in hospitals, whether public or private, must ensure the safety of their staff nurses by providing proper PPE training for them to prevent further cross-contamination and decrease anxiety of the staff nurses.
4. Providing psychological intervention to staff nurses to avoid burnout and job dissatisfaction is essential in managing the nursing workforce.
5. Creating a no-blame culture in the workplace will enhance open communication between the nurse manager and staff nurse. Continuous improvement is a working model to have unity and guide the hospital personnel in achieving the shared mission and goals.

Based on the analysis of the participants' experiences in managing the workforce amid the pandemic. The researchers came up with the following recommendations:

1. Career and educational advancement should be a qualification to become a hospital nurse manager. Educational advancement of knowledge is a good indicator of leadership roles because of the adaptation of evidence practice, especially research that can be integrated into nursing practice. Hospital experience is also a key factor for the nurse manager to solve the operational problem. They have encountered the same experience in the previous so that they can adapt to the present situation.
2. In policymaking, the nurse manager should also consult the middle managers to smooth hospital operations. Through collaboration and good working ethics, the managers of the hospital can optimize the staffing organization, scheduling, and staffing pattern of the hospital.
3. Proper distribution of Personal Protective Equipment in the hospital is the primary

function of the nurse manager. The researcher recommends giving priority to the covid ward nurses the appropriate level 4 PPE to avoid cross-contamination and to be prioritized providing psychological first aid to prevent burnout in the area.

4. Nurse managers should also be trained to do psychological first aid to provide the optimum mental health of their subordinates.
5. Providing public awareness through advertisements, infographics, and Facebook posts about COVID-19 and how to avoid them through handwashing, proper wearing of facemasks, and face shield to avoid discrimination among health care providers.
6. The researcher recommends to the future researcher explore possible research designs of Grounded theory to develop a concept/theory of the journey of the nurse manager in managing the nursing workforce.

References

- Adalja AA, Toner E, Inglesby TV. (2020). Priorities for the US health community responding to COVID-19. *JAMA*. (14):1343.
- Ahern, K. J. (1999). Ten tips for reflexive bracketing. *Qualitative Health Research*, <https://doi.org/10.1177/104973239900900309>
- Alammary, A., Alshaikh, M., & Alhogail, A. (2021). The impact of the COVID-19 pandemic on the adoption of e-learning among academics in Saudi Arabia. *Behaviour & Information Technology*, 1–23. <https://doi.org/10.1080/0144929x.2021.1973106>
- Althobaity A, Alamri S, Plummer V, Williams B. (2019). Exploring the necessary disaster plan components in Saudi Arabian hospitals. *Int J Disaster Risk Reduct.*;41:101316.

- Al Thobaity A.a · Alshammari F.b. (2020). Nurses on the Frontline against the COVID-19 Pandemic: An Integrative Review. *Dubai Med J.* <https://doi.org/10.1159/000509361>.
- Armstrong-Stassen, M., Freeman, M., Cameron, S., Rajacich, D. (2015). Nurse managers' role in older nurses' intention to stay. *Journal of Health Organization and Management*, 29(1), 55-74. doi:10.1108/JHOM-02-2013-0028.
- Aquila, A., Grimley, K., Jacobs, B., Kosturko, M., Mansfield, J., Mathers, C., Parniawski, P., Wood, L., & Niederhauser, V. (2020). Nursing leadership during COVID-19: Enhancing patient, family, and workforce experience. *Patient Experience Journal*, 7(2), 136–143. <https://doi.org/10.35680/2372-0247.1482>
- Balls, P. (2009). An outline of how to carry out phenomenological research, with advice for novice nurse researchers on using this approach. *Nursing Times*. Retrieved from <https://www.nursingtimes.net>.
- Banks, S., & Dinges, D. F. (2017). Behavioral and physiological consequences of sleep restriction. *Journal of clinical sleep medicine: JCSM: official publication of the American Academy of Sleep Medicine*, 3(5), 519–528.
- Bhanot, D., Singh, T., Verma, S. K., & Sharad, S. (2021). Stigma and Discrimination During COVID-19 Pandemic. *Frontiers in Public Health*, 8. <https://doi.org/10.3389/fpubh.2020.577018>.
- Bhattacharya, P., Banerjee, D., & Rao, T. S. (2020). The “Untold” Side of COVID-19: Social Stigma and Its Consequences in India. *Indian Journal of Psychological Medicine*, 42(4), 382–386. <https://doi.org/10.1177/0253717620935578>
- Bhui, K., Dinos, S., Galant-Miecznikowska, M., de Jongh, B., & Stansfeld, S. (2016). Perceptions of work stress causes and effective interventions in employees working in public, private and non-governmental organizations: a qualitative study. *BJPsych Bulletin*, 40(6), 318–325. <https://doi.org/10.1192/pb.bp.115.050823>
- Bauchner, H., Fontanarosa, P. B., & Livingston, E. H. (2020). Conserving Supply of Personal Protective Equipment—A Call for Ideas. *JAMA*, 323(19), 1911. <https://doi.org/10.1001/jama.2020.4770>.
- Blumenstein, I. (2014). Gastroenteric tube feeding: Techniques, problems, and solutions. *World Journal of Gastroenterology*, 20(26), 8505. <https://doi.org/10.3748/wjg.v20.i26.8505>
- Broom'e, E. (2011). Descriptive phenomenological psychological method: an example of a methodology section from a doctoral dissertation. *Saybrook University*.
- Braimoh. (2018). Lifelong learning through the mentoring process and its operational dimensions in society. *Turkish Online Journal of Distance Education-TOJDE* ISSN 1302-6488 Volume: 9 Number: 2 Notes for Editor-2
- Caruso C. C. (2014). Negative impacts of shiftwork and long work hours. *Rehabilitation nursing: the official journal of the Association of Rehabilitation Nurses*, 39(1), 16–25. <https://doi.org/10.1002/rnj.107>
- Cho, H., Sagherian, K., & Steege, L. M. (2021). Hospital Nursing Staff Perceptions of Resources Provided by Their Organizations During the COVID-19 Pandemic. *Workplace Health & Safety*, 69(4), 174–181. <https://doi.org/10.1177/2165079920987543>

- CNN Philippines Staff. (2020, June 27). *CNN Philippines*. Understaffed Cebu nurses appeal for PPE, hazard pay amid surge in COVID-19 cases.
- Cohen, J., & Rodgers, Y. V. D. M. (2020). Contributing factors to personal protective equipment shortages during the COVID-19 pandemic. *Preventive Medicine*, 141, 106263. <https://doi.org/10.1016/j.ypmed.2020.106263>
- Dami F, Yersin B, Hirzel AH, Hugli O. (2014). Hospital disaster preparedness in Switzerland. *Swiss Med Wkly*. 2014 Oct;144: w14032.
- Davis. (2018). Physiological and subjective effects of Catharsis: A case report. Pages 19-28 | Received 22 Sep 1987, Published online: 07 Jan 2018 *Download citation* <https://doi.org/10.1080/026999388415226>.
- Darling-Hammond, L., Flook, L., Cook-Harvey, C., Barron, B., & Osher, D. (2019). Implications for the educational practice of the science of learning and development. *Applied Developmental Science*, 24(2), 97–140. <https://doi.org/10.1080/10888691.2018.1537791>
- Dewi, F., Handiyani, H. (2016). Memutus rantai infeksi melalui fungsi pengorganisasian [Reduced infection chain with organization functions]. *Jurnal Keperawatan Indonesia*, 19, 107-115.
- De Kock, J.H., Latham, H.A., Leslie, S.J. 2021. A rapid review of the impact of COVID-19 on healthcare workers' mental health: implications for supporting psychological well-being. *BMC Public Health* 21, 104 (2021). <https://doi.org/10.1186/s12889-020-10070-3>
- Dominique, P. (2015). Model of interactive clinical supervision in acute care environments: balancing patient care and teaching. *Annals of the American thoracic society*, 498. DOI:
- DOH Issues Long-Awaited Report on Nurse Staffing. (2020, August 20). *LeadingAge New York*. Retrieved November 18, 2021, from <https://www.leadingageny.org10.1513/AnnalsATS.201412-565OC>.
- Drake, Kirsten. (2021). The moral of morale, Nursing Management (*Springhouse*): - Volume 52 - Issue 3 - p 56 DOI: 10.1097/01.NUMA.0000733652.27670.8a
- Dudovskiy, J. (2017). Convenience sampling. *Research Methodology. Encyclopedia of Survey Research Methods*. DOI: <https://dx.doi.org/10.4135/9781412963947.n105>.
- Englander, M. (2012). The Interview: Data Collection in Descriptive Phenomenological Human Scientific Research. *Journal of Phenomenological Psychology*. Doi: 90123/213.1
- Elprida, S., Pertiwiwati, E., Herawati, H. (2016). Faktorfaktor yang mempengaruhi kepuasan kerja perawat di ruang rawat inap RSUD Haji Boejasin Pelaihari [Factors disposition of nurse satisfaction in in-patient ward Haji Boejasin Pelaihari Hospital]. *Jurnal Dunia Keperawatan*, 4(1), 14-20.
- Guest, G., Bunce, A., & Johnson, L. (2006). How many interviews are enough? An experiment with data saturation and variability. *Field Methods*.
- Griffiths, P., Saville, C., Ball, J., Jones, J., Pattison, N., & Monks, T. (2020). Nursing workload, nurse staffing methodologies, and tools: A systematic scoping review and discussion. *International Journal of Nursing Studies*, 103, 103487. <https://doi.org/10.1016/j.ijnurstu.2019.103487>
- Grasselli G, Pesenti A, Cecconi M. (2020). Critical care utilization for the COVID-19 outbreak in

- Lombardy, Italy: early experience and forecast during an emergency response. *JAMA*.;323(16):1545.
- Hayes, B., Bonner, A., Pryor, J. (2010). Factors contributing to nurse job satisfaction in the acute hospital setting: Recent literature review. *Journal of Nursing Management*, 18, 804-814. doi:10.1111/j.1365-2834.2010.01131.x
- Hardavella, G., Aamli-Gagnat, A., Saad, N., Rousalova, I., & Sreter, K. B. (2017). How to give and receive [SEP]feedback effectively. *Breathe* (Sheffield, England), 13(4), 327–333. <https://doi.org/10.1183/20734735.009917>
- Hairr, D. C., Salisbury, H., Johannsson, M., Redfern-Vance, N. (2014). Nurse Staffing and the Relationship to Job Satisfaction And Retention. *Nursing Economy*, 32, 142-148.
- Heath & Cowley (2002). Developing a Grounded Theory Approach: A Comparison of Glaser and Strauss. *International Journal of Nursing Studies* 41(2):141-50
- He, F., Chausalet, T., & Qu, R. (2019b). Controlling understaffing with conditional Value-at-Risk constraint for an integrated nurse scheduling problem under patient demand uncertainty. *Operations Research Perspectives*, 6, 100119. <https://doi.org/10.1016/j.orp.2019.100119>
- Health Care Radius. (2020, May 31). *Health care radius*. Retrieved May 12, 2021, from Health care radius website: <https://www.healthcareradius.in/emagazine/26117>
- Healthcare Workers. (2020, February 11). *Centers for Disease Control and Prevention*. Retrieved November 21, 2021, from <https://www.cdc.gov/coronavirus/2019-ncov/hcp/mitigating-staff-shortages.html>
- HealthLeaders. (2017, December 16). 5 Reasons Nurses Want to Leave Your Hospital. *HealthLeaders Media*. Retrieved November 19, 2021, from <https://www.healthleadersmedia.com/nursing/5-reasons-nurses-want-leave-your-hospital>
- Hoboubi, N., Choobineh, A., Ghanavati, F. K., Keshavarzi, S., Hosseini, A. A. (2017). The impact of job stress and job satisfaction on workforce productivity in an Iranian Petrochemical Industry. *Safety and Health at Work*, 8(1), 67-71. doi:10.1016/j.shaw.2016.07.002
- Huang, L., Lin, G., Tang, L., Yu, L., Zhou, Z. (2020). Special attention to nurses' protection during the COVID-19 epidemic. *Critical Care*, 24, 120. <https://doi.org/10.1186/s13054-020-2841-7>
- Jankelová, N., & Joniaková, Z. (2021). Communication Skills and Transformational Leadership Style of First-Line Nurse Managers concerning Job Satisfaction of Nurses and Moderators of This Relationship. *Healthcare*, 9(3), 346. <https://doi.org/10.3390/healthcare9030346>
- Kabene, S.M., Orchard, C., Howard, J.M. (2020). The importance of human resources management in health care: a global context. *Hum Resour Health* 4, 20. <https://doi.org/10.1186/1478-4491-4-20>
- Kackin, O., Ciydem, E., Aci, O. S., & Kutlu, F. Y. (2021). Experiences and psychosocial problems of nurses caring for patients diagnosed with COVID-19 in Turkey: A qualitative study. *International Journal of Social Psychiatry*, 67(2), 158–167. <https://doi.org/10.1177/0020764020942788>
- Kolifarhood G, Aghaali M, Mozafar Saadati H, Taherpour N, Rahimi S, Izadi N, Hashemi Nazari SS. (2020). Epidemiological and

- Clinical Aspects of COVID-19; a Narrative Review. *Arch Acad Emerg Med*
- Lasater, K., Aiken, L., Sloane, D., French, R., & Martin, B. (2020, August 2). *BMJ Quality and Safety*. Chronic hospital nurse understaffing meets COVID-19: an observational study. doi:10.1136/bmjqs-2020-01151.
- Letigio, D. (2020). Reports of nurses quitting in Cebu City over pandemic worries group. *Cebu review*. <https://cebudailynews.inquirer.net/327327/reports-of-nurses-quitting-in-cebu-city-over-pandemic-worries-group#ixzz6wp8tEjqP>.
- Lester PE, Holahan T, Siskind D, Healy E (2020). Policy recommendations regarding skilled nursing facility management of coronavirus 19 (COVID-19): lessons from New York state. *J Am Med Dir Assoc*. 2020;21(7):888–92. <https://doi.org/10.1016/j.jamda.2020.05.058>.
- Lincoln, YS. & Guba, EG. (1985). *Naturalistic Inquiry*. Newbury Park, CA: Sage Publications
- Lin, P. S., Viscardi, M. K., McHugh, M. D. (2014). Factors influencing job satisfaction of new graduate nurses participating in nurse residency programs: A systematic review. *Journal of Continuing Education in Nursing*, 45, 439-450. doi:10.3928/00220124-20140925-15.
- Livingston, E., Desai, A., & Berkwits, M. (2020). Sourcing Personal Protective Equipment During the COVID-19 Pandemic. *JAMA*, 323(19), 1912. <https://doi.org/10.1001/jama.2020.5317>.
- Neubauer, B. E., Witkop, C. T., & Varpio, L. (2019). How phenomenology can help us learn from the experiences of others. *Perspectives on medical education*, 8(2), 90–97. <https://doi.org/10.1007/s40037-019-0509-2>.
- Newby, J. C., Mabry, M. C., Carlisle, B. A., Olson, D. M., Lane, B. E. (2020). Reflections on nursing ingenuity during the COVID-19 pandemic. *The Journal of Neuroscience Nursing*. Advance online publication. <https://doi.org/10.1097/JNN.0000000000000525>
- Nowell, L. (2018). The lived experience of neophyte nursing instructors: mentorship and its role in their development. *Nursing: Research and Reviews*, 117. <https://doi.org/10.2147/nrr.s70216>
- Ng, K., Poon, B. H., Kiat Puar, T. H., Shan Quah, J. L., Loh, W. J., Wong, Y. J., Tan, T. Y., & Raghuram, J. (2020). COVID-19 and the Risk to Health Care Workers: A Case Report. *Annals of Internal Medicine*, 172(11), 766–767. <https://doi.org/10.7326/120-0175>.
- Nurmeksela, A., Mikkonen, S., Kinnunen, J.(2021). Relationships between nurse managers' work activities, nurses' job satisfaction, patient satisfaction, and medication errors at the unit level: a correlational study. *BMC Health Serv Res* 21, 296. <https://doi.org/10.1186/s12913-021-06288-5>.
- Manila Times. (2020, July 20). *Manila Times Philippines*. Covid ward Understaff. Retrieved May 20, 2021. <https://www.manilatimes.net/2020/07/20/news/headlines/covid-wards-understaffed/743574>.
- Mantelakis, A., Spiers, H., Lee, C. W., Chambers, A., & Joshi, A. (2021). Availability of Personal Protective Equipment in NHS Hospitals During COVID-19: A National Survey. *Annals of work exposures and health*, 65(1), 136–140. <https://doi.org/10.1093/annweh/wxaa087>
- Malatji, M., Ally, H., & Makhene, A. (2017). Nurses' experiences regarding staffing patterns in the surgical wards of a private hospital in Gauteng,

- South Africa. *Health SA Gesondheid*, 22, 325–332.
<https://doi.org/10.1016/j.hsag.2017.04.002>
- Mao, A., Wang, J., Zhang, Y., Cheong, P. L., Van, I. K., & Tam, H. L. (2020). Factors influencing recruitment and retention of male nurses in Macau and mainland China: a collaborative, qualitative study. *BMC Nursing*, 19(1). <https://doi.org/10.1186/s12912-020-00497-9>
- Mbakaya, B. C., Kalembo, F. W., Zgambo, M., Konyani, A., Lungu, F., Tveit, B., Kaasen, A., Simango, M., & Bvumbwe, T. (2020). Nursing and midwifery students' experiences and perception of their clinical learning environment in Malawi: a mixed-method study. *BMC Nursing*, 19(1). <https://doi.org/10.1186/s12912-020-00480-4>
- McMahon, D. E., Peters, G. A., Ivers, L. C., & Freeman, E. E. (2020). Global resource shortages during COVID-19: Bad news for low-income countries. *PLOS Neglected Tropical Diseases*, 14(7), e0008412. <https://doi.org/10.1371/journal.pntd.0008412>.
- Metcalf, J. (2017). Learning from Errors. *Annual Review of Psychology*, 68(1), 465–489. <https://doi.org/10.1146/annurev-psych-010416-044022>
- Minnesota Department of Health. (2020, April 3). *Health*. Retrieved November 16, 2021, from <https://www.health.state.mn.us>
- Mudallal, R. H., Othman, W. M., & al Hassan, N. F. (2017). Nurses' Burnout: The Influence of Leader Empowering Behaviors, Work Conditions, and Demographic Traits. *INQUIRY: The Journal of Health Care Organization, Provision, and Financing*, 54, 004695801772494. <https://doi.org/10.1177/0046958017724944>
- O'Reilly, M., & Parker, N. (2012). Unsatisfactory saturation: A critical exploration of the notion of saturated sample sizes in qualitative research. *Qualitative Research Journal*.
- Patarru', F., Weu, B. Y., Handini, F. S., & Heryyanoor, H. (2020). The Role of the Nurse Unit Manager Function on Nursing Work Performance: A Systematic Review. *Jurnal Ners*, 14(3), 231. <https://doi.org/10.20473/jn.v14i3.17108>
- Polit, D.F. and Beck, C.T. (2014) *Essentials of Nursing Research: Appraising Evidence for Nursing Practice. 8th Edition, Lippincott Williams & Wilkins*, Philadelphia.
- Polit, D.F. and Beck, C.T. (2012). *Essentials of Nursing Research: Appraising Evidence for Nursing Practice. 8th Edition, Lippincott Williams & Wilkins, Philadelphia*. Retrieved from <http://opac.fkik.uin-alauddin.ac.id>
- Poortaghi, S., Shahmari, M. & Ghobadi, A (2021). Exploring nursing managers' perceptions of nursing workforce management during the outbreak of COVID-19: a content analysis study. *BMC Nurs* 20, 27 (2021). <https://doi.org/10.1186/s12912-021-00546-x>
- Radonovich LJ Jr, Simberkoff MS, Bessesen MT; ResPECT investigators (2019). N95 respirators vs. medical masks for preventing influenza among health care personnel: a randomized clinical trial. *JAMA*. 2019; 322:824-833. [PMID: 31479137] doi:10.1001/jama.2019.11645
- Rascado Sedes, P., Ballesteros Sanz, M., Bodí Saera, M., Carrasco Rodríguez-Rey, L., Castellanos Ortega, A., Catalán González, M., de Haro López, C., Díaz Santos, E., Escriba Barcena, A., Frade Mera, M., Igeño Cano, J., Martín Delgado, M., Martínez Estalella, G., Raimondi, N., Roca I Gas, O., Rodríguez Oviedo, A., Romero San Pío, E., & Trenado

- Álvarez, J. (2020). Contingency plan for the intensive care services for the COVID-19 pandemic. *Medicina Intensiva* (English Edition), 44(6), 363–370. <https://doi.org/10.1016/j.medine.2020.03.003>
- Research Paradigm. (2016, August 15). Research Paradigms: Interpretivism. *Publishing and the Mentoring Network Journal*. <https://www.intgrty.co.za/2016/08/15/>
- Regan R.(2021). 11 ways to boost employee morale in 2021. *Connect Team*. 2020. <https://connecteam.com/boost-employee-morale>
- Rizany, I., Hariyati, R. T. S., & Afifah, E. (2019). The Impact of Nurse Scheduling Management on Nurses' Job Satisfaction in Army Hospital: A Cross-Sectional Research. *SAGE Open*. <https://doi.org/10.1177/2158244019856189>
- Rizany, I., Hariyati, R. T. S., Purwaningsih, S. (2017). Optimalisasi fungsi kepala ruangan dalam penetapan jadwal dinas perawat berbasis kompetensi: Pilot study [Head nurse function Optimization on scheduling based on nurse competencies]. *Jurnal Persatuan Perawat Nasional Indonesia*, 1, 244-256.
- Salmore R. (2020) Praise as a means to increase job satisfaction. *Gastroenterol Nurs*. 1990 Fall;13(2):98-100. doi: 10.1097/00001610-199001320-00010. PMID: 2288965
- Scotland, J. (2012). Exploring the philosophical underpinnings of research: relating ontology and epistemology to the methodology and methods of the scientific, interpretive, and critical research paradigms. *Canadian Center of Science and Education*. Doi. 1245/0452.
- Shaukat, N., Ali, D. M., & Razzak, J. (2020). Physical and mental health impacts of COVID-19 on healthcare workers: a scoping review. *International Journal of Emergency Medicine*, 13(1). <https://doi.org/10.1186/s12245-020-00299-5>
- Shoghi, M., Sajadi, M., Oskuie, F., Dehnad, A., & Borimnejad, L. (2019). Strategies for bridging the theory-practice gap from the perspective of nursing experts. *Heliyon*, 5(9), e02503. <https://doi.org/10.1016/j.heliyon.2019.e02503>
- Stassen, G., Grieben, C., Froböse, I., & Schaller, A. (2020). Engagement with a Web-Based Health Promotion Intervention among Vocational School Students: A Secondary User and Usage Analysis. *International Journal of Environmental Research and Public Health*, 17(7), 2180. <https://doi.org/10.3390/ijerph17072180>.
- Streubert, H., Carpenter, D. (2011). *Qualitative Research in Nursing: Advancing the humanistic imperative*, five the Edition. *Lippincott Williams & Wilkins*.
- Thadathilankal-Jess John, MBChB, DipHIV Man (SA), MMed (Int Med), MRCP (UK), FCP (SA), Karim Hassan, MBChB, MMed (Int Med), FCP(SA), Hellmuth Weich, MBChB, MRCP (UK), MMed(Stell), Cert Cardiol (SA).(2020)., Donning and doffing of personal protective equipment (PPE) for angiography during the COVID-19 crisis, *European Heart Journal*, Volume 41, Issue 19, 14 May 2020, Pages 1786–1787, <https://doi.org/10.1093/eurheartj/ehaa283>
- Vainieri, M., Ferrè, F., Giacomelli, G., & Nuti, S. (2017). Explaining performance in health care: How and when top management competencies make the difference. *Health Care Management Review*, 44(4), 306–317. <https://doi.org/10.1097/hmr.0000000000000164>

- Vasconcelos, S. C., Lopes de Souza, S., Botelho Sougey, E., de Oliveira Ribeiro, E. C., Costa do Nascimento, J. J., Formiga, M. B., Batista de Souza Ventura, L., Duarte da Costa Lima, M., & Silva, A. O. (2016). Nursing Staff Members Mental's Health and Factors Associated with the Work Process: An Integrative Review. *Clinical practice and epidemiology in mental health: CP & EMH*, 12, 167–176. <https://doi.org/10.2174/1745017901612010167>
- Van den Bergh, J., Beliën, J., de Bruecker, P., Demeulemeester, E., & de Boeck, L. (2013). Personnel scheduling: A literature review. *European Journal of Operational Research*, 226(3), 367–385. <https://doi.org/10.1016/j.ejor.2012.11.029>
- Wunderlich GS, Sloan F, Davis CK. (2019). Nursing Staff in Hospitals and Nursing Homes: Is It Adequate? Washington (DC): *National Academies Press* (US); 5, Staffing and Quality of Care in Hospitals.
- Weber DJ, Rutala WA, Fischer WA, Kanamori H, Sickbert-Bennett EE. (2016). Emerging infectious diseases: focus on infection control issues for novel coronaviruses (severe acute respiratory syndrome-CoV and Middle East respiratory syndrome-CoV), hemorrhagic fever viruses (Lassa and Ebola), and highly pathogenic avian influenza viruses, and (H5N1) and an (H7N9). *Am J Infect Control*. 2016;44(5):e91–e100. <https://doi.org/10.1016/j.ajic.2015.11.018>.
- Weber DJ, Rutala WA, Fischer WA, Kanamori H, Sickbert-Bennett EE (2016). Emerging infectious diseases: focus on infection control issues for novel coronaviruses (severe acute respiratory syndrome-CoV and Middle East respiratory syndrome-CoV), hemorrhagic fever viruses (Lassa and Ebola), and highly pathogenic avian influenza viruses, and (H5N1) and an (H7N9). *Am J Infect Control*. 2016;44(5):e91–e100. <https://doi.org/10.1016/j.ajic.2015.11.018>.
- World Health Organization. (2020, May 23). WHO. Retrieved from WHO website: <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/advice-for-public/myth-buster>.
- World Health Organization (2020, March 19). WHO. Rational use of personal protective equipment (PPE) for coronavirus disease (COVID-19).
- Zhu, Z., Lian, X., Su, X., Wu, W., Marraro, G. A., & Zeng, Y. (2020). From SARS and MERS to COVID-19: a summary comparing severe acute respiratory infections caused by three highly pathogenic human coronaviruses. *Respiratory Research*, 21(1). <https://doi.org/10.1186/s12931-020-01479-w>

APPENDIX A

Informed Consent Letter and Form for In-Depth-Interview

Date _____

Dear _____

Good day participants. We are Roniefhel N. Apsay, RN, and Dean Helen D. Alaglag, MAN, RN, a Faculty

of the University of Baguio, School of Nursing. We are the principal investigator of the study titled **Lived Experiences of University of Baguio Nursing Alumni Nurse Managers on Nursing Workforce Management During the Covid-19 Pandemic**. The study's main objective is to understand and explore the experiences of nurse managers in managing the nurse workforce during the COVID-19 Pandemic. The study's findings will be used as a basis for creating a model that will serve as a guide for health workers in managing nursing staff in the hospital.

- What is your participation in our study?

The procedures in this study are primarily intended for research purposes only.

You are requested to be part of a study where you can share your ideas regarding questions related to lived experiences of nurse managers on nursing workforce management during the COVID-19 Pandemic. The discussion is expected to last about 45 mins to 1 hour, and after one month, another interview will be done with the same question will be asked. I am attaching to this letter the discussion guide for your review. Your participation in this research is entirely voluntary. It is your choice whether to participate or not. If you choose not to participate, your decision will be respected.

- What was the basis for your selection?

The selection of participants considered your knowledge and personal experience in managing the nursing workforce during the COVID-19 pandemic. I believe you are one of the best people who can provide information related to this study.

- Where and when will the interview be conducted?

The discussion will be conducted on a schedule and place convenient to you.

- Will you be able to withdraw from participating in the study?

You can withdraw from studying anytime you wish. You may inform the researcher about the reason for the withdrawal from the research and assure you that you will involve no penalty or loss of benefit from the study. The data that I will be collecting for you will not be included in the study's findings. Audio recordings, videos, and field notes will immediately be deleted from all data storage sources.

- Will there be a risk for you if you participate?

With your participation, I don't generally foresee any significant risk for you. However, along the process of asking you to share some personal and confidential information, you may feel uncomfortable about some topics. You do not have to answer the question if you don't wish to do so, and that is fine. Any unpleasant experiences that may arise while explaining the issue, such as the surfacing of emotional and psychological concerns, will be addressed by allowing you to ventilate your emotions, and active listening, as needed, after the data gathering.

- Will there be benefits to your participation?

While I cannot provide material benefits for you, nor will you be provided any monetary incentive to take part in this research, sharing your thoughts and feelings about your status as a nurse manager, however, can be a venue for emotional healing and can make you more aware of yourself. Self-awareness can increase self-understanding, which can help you deal better with concerns you might be facing. Your ideas might even help the younger generation be empowered as they learn from their experiences.

- How will the study results be used?

During the discussion, anything that you tell us will not be shared with anybody outside the research circle, and nothing will be attributed to you by name. The knowledge and understanding that we get from this research will be treated as corporate data before it is widely available. The researcher will use the study results as the basis for developing a care model for nurse managers.

- Will we record the interview?

I will audio record the discussion only if you consent to this. The audio file will be transcribed verbatim by my research assistant, trained in the ethical handling of documents and data, and me. The transcription will be coded for qualitative data analysis. Only the researcher and the transcriber will have access to the audiotapes. The audiotapes will be destroyed following the national ethics guidelines (PHREB, 2017) but not later than two years after this study is completed.

- How will I protect your identity?

Personal identifiers will be removed from all documents; each participant will be assigned a code name that is only known to the researcher. Any publication or public dissemination of our findings will not identify you personally and your organization.

- How will I respect your autonomy?

I am providing you with the information in this letter that allows you to decide to participate. There will be no adverse consequences if you choose not to participate. Even if you had consented to participate, if at any time during the discussion you want to stop participating, or you do not want to answer any question or make any comment, you are entirely free to do so. There is no need for you to explain your decision, which I will fully respect

Written Consent Form

I (please print name): _____ agree to participate in an in-depth interview for the study: **Lived Experiences of Nurse Managers on Nursing Workforce Management During covid-19 Pandemic**

I understand that participation in the study is entirely voluntary and that I am free to stop at any time. I do not have to give a reason for doing this, and any information I provide will be destroyed.

I understand that by completing and submitting this form, I may be contacted by the researcher, _____, to arrange a time and location (convenient and appropriate) for the discussion.

I understand that I do not have to answer any question I do not wish to answer for any reason.

I have retained a copy of this Consent Form for my records:

(Your signature on this form indicates that you have understood to your satisfaction the information regarding your participation in the research project and agree to participate as a participant. In no way does this waive your legal rights nor release the investigators or involved institutions from their legal and professional responsibilities.)

Participant's signature: _____ Date: _____

Participant's contact information: _____

Researcher's signature: _____ Date: _____

Appendix B

I. Interview guide questions:

1. What are your challenges when planning your unit's preparedness during the Covid 19 Pandemic?

2. How do you manage the hospital resources example: Personal Protective Equipment to be distributed in the different areas of the hospital?
3. How do you manage the staffing of each unit during the pandemic?
4. What are prepared programs or activities for your staff nurses and allied medical personnel to avoid physiological and psychological burnout?
5. What will you advise neophyte nurses in joining the workforce?

I. Work Plan

May/3rd week of the month – upon approval from the different departments

and Research Development Center for Ethics, the researchers will have a census of its alumni who are currently working as nurse managers in the the hospital here and abroad.

May/4th week of the month – establishing rapport with the identified participants that were referred from the UB School of Nursing.

June/1st week of the month - the start of data gathering procedure each week, the researchers will interview 1 to 2 participants until data saturation are identified based on the study's objective.

After each participant interview, the researchers will immediately transcribe the verbatim of the participant, and in each interview, the researchers will disclose their reflections upon each interview to avoid bias. Field notes will be included. The researchers will do initial coding.

June/ 2nd week of the month – data gathering, interview via google meet, and another platform.

June/3rd week of the month – data gathering

June/ 4th week of the month – data gathering

July 1st week to 4th week of the month – Data analysis/ Data immersion were exhaustive coding, data analysis, and data immersion from the verbatim of

the different participants.

August 1st week to 4th week – Data validation and follow-up interview for each participant. Presentation of each interview transcript to each participant and emerging themes that the researchers identified.

September 1st week to 2nd week – transcribing the second interview from the participant and data analysis will be done.

September 3rd week to 4th week – exhaustive review of the transcript files and themes if there is a need to add participants for the data analysis to achieve data saturation.

October 1st week to 4th week – writing of the findings and discussion of the study where the researcher will present their conceptual map that represents the whole context of the experiences of our nurse managers.

November 1st week to 4th week – writing a qualitative study is an exhaustive, rigorous method and iterative process that the researcher needs to review the transcript files, codes, subthemes, and themes from the study participants.

December 1st week to 4th week – revisions of the output.

January 2022 – submission of the final output.

II. Budgetary Outlay

III. 1. Research Honorarium

Departmental: P25, 000 _____

2. **Research Load** (3 units, 6 units, 1.5 units) _____

(Indicate semestral salary equivalent to the approved research load)

3. **Applicable semester(s)** (1st sem, 2nd semester, short term)

(2 terms only) _____

Name of Researcher/s	Status	Approved Research Load	
	(To be Filled up by the RDC)		
Roniefhel N. Apsay, RN.		Semester or Short Term	Semester
Dean Helen D. Alalag MAN, RN.			

4. Data gathering expenses:

(Subject to liquidation and maybe for budget hearing)

A. For all types of research

4.1 Photocopy of questionnaire/data gathering materials In-depth Interview _____

(no. of page(s) x amount per page)

TOTAL

None

(Note: final research honorarium will be given only upon submission of liquidation report and journal copy of the research)

IV. Expected Outputs and Derivations (Describe in this section the outputs of the study that will be addressed by the research area mentioned in the CRP)

Aside from publication, the researchers will target national and international conferences to disseminate the research study. The study will serve as an extension program for the participants from their perspective nursing field example, the Covid ward, emergency room, and triage area of the hospital.

Appendix C

Sample Transcript File**PARTICIPANT: Cherry Tree****Interview Date:** August 28, 2021, at 3 pm

Participant Description: Cherry Tree years old, a Chief Nurse of a certain hospital for many years. Her experience and expertise in planning, management, and implementation help her hospital ease the pandemic's impact. Aside from her expertise in this nursing field, she also advocates for the mental health of her staff nurses to ensure that it will not compromise the smooth operation of the different units. Whereas she conducts psychosocial counseling for her staff nurses, who are burnt out from the cyclical duties, she also uplifts the morals of her staff. She resolves conflict through a confrontation of the issues in the hospital.

Color code	Verbatim	Reductions
	<p>Researcher: Hello po mam, Good Afternoon po, I just want to ask you what are your experiences in managing the hospital workforce during the Covid-19 pandemic?</p> <p>Carnation Pink: Since the start? Since the start. Actually, it was so devastating in our part as manager. As leaders in this hospital and especially in nursing, Why. Did I say was devastating cause even me, if I think. I'll go back from the very start. I always cry, why did I say that was so depressing. I always say that even like the interview conducted from Manila. We always cry because every time (pauses) wala pa ung ibang nurses' noon na hiran nabigla kami nag start kami bigla na sabihin okay create a Covid ward with an isolation facility. Ang dami ng unit tapos sinong iexpect mon a pupunta dun. So be the nurses because they are one manning the area. So ung mga nurses no choice but to say Yes! To go there, so what happen to the nurses. They did not go home; they did not go home they are provided a a home that Provided by BSU but the feeling especially for those who have babies. The feeling of I won't be going home, I wont be going home. For the fear the I will be kasi nga noon is baka exposed nga ako dun dadalhin ko ung virus sa bahay ung fear na ganun ay hindi mo. You can not, you cannot describe the feeling actually until now I remembered Im teary eyed. It because of that ah no, and then the fact that we are the one to be exposed to stay there. Pero eh due to the. thank you for the protocols of the DOH from protocols from infection control. Ay hindi masyadong pupunta yung pasyente then ang ano natin kasi noon. Once na critical ang pasyente anong time mong imonitor ang pasyente pupunta sa pasyente. Basta na anon a rin na revised na din na punta ka dun sa anong oras so yun na medyo na lessen ta nasa n na ba ung mga nurses natin we have to let them stay downstairs sa baba ng covid may ano dun. May consultant room dun na nag stay ang mga nurse's kung yun ang ano ko noon you consider them as a family parang yung feeling na why why yes we are serving other people why we cannot serve our own family. We do not know what will happen to our family pag un or what is happening at patients. Yun din kasi ang ginagawa ko sa a leader na maging strong yeah you have to show to them that you can stand despite the pandemic ngayon nangyari then stand then yun lang naman ah, lalao na nung nadagdagan kami na uplift na din kami na madagdagan kami imagine that 4 nurses lang assign in an area covid ward. Ano ung 4 nurses nayun tig iisa per shift walang ng to extent kulang na ang mga nursing attendant namin. Wala na rin kaming nurses' attendant so who will do the work it will be the nurse though limited ang exposure nila pero sila ang andun pero ung feeling na you need to be with</p>	<p>Emotionally devastating</p> <p>The unpreparedness of the hospital No choice To protect their family from the dreaded disease. The fear of being infected. Relief of sigh because of the existing protocols Limited exposure to the patient Feeling of isolation Strong leadership and sharp mind. To maximize human resources. Concrete planning Policy making and maximizing the human resources in the hospital.</p>

patient noon pero now na lessen because with the help of the government may na hian na taga province because I made a contingency plan. Contingency plan where in inano ko na ung staffing namin diniscribe ko will became nagging 18 units kami ngayon compared to the 12 units san mo aano hin un kunin mo sa ibang area at na stretch talaga staffing namin hanggang dumating na ung na hire ng DOH from the province. Atleast na eased na ang burden samin dun din from the contingency plan that was ginagawa naming yun every 6 month so lahat ng mga heads lahat ng mga heads from the contingency plan from there nakita nila ang need staffing at un din ginamit ng head naming to ask for more staffing. Nadagdagan ang staffing namin atleast for now dumami but then naging 20 units kasi nanaman dagdagan naman thank for lord for that. Nadagdagan nayun another stretching naman ng staffing naman thankful kami na nag hire din ang province para sa dialysis but then the fact madami ung na stretch yung staffing namin that is why the regular wards na di tulad noon na tig dalawa dalawa sila ngayon tig iisa isa nalang sila. Ang pair niya nursing attendant lalo nanaman na nadagdagan na yung no watcher policy. Kailangan na magdagdagka nanaman ng staff those are things na concerns naming it was brought to from the plan from staffing pattern naming na nakita ng head namin at least nadagdagan as of now it's for me, ah the staffing is now okay the ano now lang is kasi ang dami ng nagkakacovid so we need to make another plan who will relieve where do we get our reliever is from other areas. Wherein di naman masyadong pasente na asymptomatic kasi may dalawa kaming pasyente na hindi naman covid sila pero di naman masyadong critical like ung ginawa ng BSU dyan na di naman for critical patient. 16 beds din parang kung kulang ang staffing naming kukuha na kami sa COVID hindi pwede ang clean to COVID dapat clean to clean then COVID to COVID. Isolation to isolation kasi ang implication dun you need to swab swab swab. Yan ang pandemic ang pinaka mahirap dun is ung staffing when it comes to care naman what you heard to other people that are very sad samin despite the fact na doing our ano naming ung best namin to care for the patient but you cannot please everybody there are still complains that comes out and especially for those people who did not see the patient and did not go to the hospital. Did not see what the structure of the covid ward if you heard yun ang news sa Bomboo may isa dun sa sinabi samin na ang beds namin na dikitdikit nakita mo naman ung beds namin na di naman dikit dikit. **Yung covid ward namin cohort ang ginagawa nmin sa isang cubicle cohort sila. Dun ang isang pasyente at dun ang isang pasyente tapos kung mag salita sila di nila gusto ang Benguet gen kaya sabi ko sana n im not praying that one of them. But they should see the physical appearance of the area para di magsasalita un din ang inaano ano ung ginagawa kasi minsan nadedepress ang mga tao ko what do I do is to comfort them sometimes we close the door let the person cry ang kwan ko kasi I was trained on counselling kasi na train ako sa counseling un din ang advantage kaya nakukuha ko ang loob ng tao ko usually ang un ang ginagawa ko am we do not ah. kung minsan may nagsusulat but sometimes we cannot deny in every area na meron ganun may mga shortcomings din ang mga nurses like ung giving medication nakakalimutan kung minsan through telecom sila nag cocommunicate kahit nasa ward sila. Tapos sa ward telecommunication kung minsa na sinasabi na u can take now your medicine tapos ung patient ayaw mag take ng medication tapos sasabihin ng watcher "ah di binigay ng nurse ung medication ganun ung ginagawa nung dati. Na nurses so saan ko nakukua un is thru nakikicomunicate ako sa kanila, inaano ko kaya lumalabas un pero meron din nag ah umaamin yes mam I forgot ano ginagawa ko dun is another counselling inaano ko nga na what will happened inaano ko na sa mga nurses natin na ang Oath natin nag oath ka noon to let the patient live but if you let the**

Easing the burden of the personnel and staff nurses through protocols Stretching the hospital personnel to cover the wards. Additional staffing should undergo the process of black and white. Strategies in short staffing. Criticizing the process and structure of the hospital by the outsiders.

The structural facility of the Covid ward.

Psychological intervention to aid catharsis.

Managing the shortcomings of the wards. Using technology in giving care.

Counseling and ethical consideration.

Incident report Investigation

Started from root grass to fruits.

<p>patient die maconsenya ka ina ano ko sila na may hindi sila nagawa for the patient and I do not deny na may mga nurses na di na tinitignan ang dextrose ng patient for the whole stay ng patient hindi tinignan ng nurses. So how did I know that I have may secret ano ako na kinucontact na mga nurses din this is not to bring down another one to make an investigation if this is true or if there are incidence happened I let them do the incident report. And if from the incident report dun kana maintindihan kung totoo ung na may nangyari to be submitted to the chief of hospital wherein times na malalaman mo kasi eh kung totoo or not thru your own investigation. For counselling the nurses kasi di maganda ung ano ung ganun inaano ko na ung mga nurses you are supposed to do that care yun ang kwan ng leader pag kanurse ka ang kagandahan nun naggaling ako dun from the start of nursing staff nurse nag head nurse then supervisor at assistant chiefnurse kaya kung anong sabihin nila they know that because I have been there. Kahit na sabihin nila na noon un but you need to learn from us. Because there are also hmm parang may hindi rin kayong alam na mga bata na alam namin so from our experience we are sharing these for you to learn also learning experience from you to learn from a mistake and never repeat them. As nurses we are not supposed to make mistake when it comes to giving a nursing care to your patient to do your nursing procedure we are not allowed to make a mistake because a single mistake will might lead to the death of your patient so, ganun ang true experience so, yun ang mga pero nga sabio ko from the very start as of now ang inaano naming bakit na dedeppress ung iba because of repeated positive, nagpopositive sila so kung minsan din nagmamake investigation din ako bakit baa ng nurse na ito repeat repat na nagpopoistive kasi because of the negligence of the nurses na di nila sinusuot ung proper PPE nila kaya nagkakaroon ng contamination. Kaya nagpopositive kung minsan hindi hindi ung proper wearing of PPEs tinitake for granted may mga ganyan na mga nurses mga nurses attendant na ganyan pero if you are comparing it to the other hospital when you compared it to our hospital it is lesser ang nagpopositive na staff nurses. Lesser why because ung effective ung proper wearing of PPE namin ung infection control namin. Yun ang nagiging proud ako from the very first na nangyari na ito we are supported by the government un ang ano sa government eh we are supportive by the government we are supportive di na kami bibili ng mask or whatever kasi we are supportive by the Government. It is given free to us that is why we give it away to our patients we let them wear a mask. Ah watcher should wear mask tapos ung swabbing din we do not let watchers in unless they are going to make a waiver to let them in the hospital you follow the order of the doctor donot make a decision that is not given by the doctor ung mga iba kasi mga bata ah may mga iba nalang nagdedecide we are supposed yan kasi is to carry out the doctors order di naman tayo kasi nag oorder we have the right to suggest but we do not have the right to do an order ako nga noon eh nagsasuggest ako sa doctor pero in a way na para di siya ma offend I made a suggestion na makikita niya na okay na tama ang sinasabi ng nurse na ito ah. Parang ganun din it's how do you talk converse with the doctor para hindi may offend siya or para maoffend ka. But for you to be unit to one vision un ang inaano ko ngay kailangan usually is kailangan dito is to talk to the person wag kang ganyan ganyan.</p> <p>If I hear something na ginawa ng isang nurse, I donot put just I make an investigation and I call that person ikasi minsan may gumagawa lang eh just to destroy that person that is why I make an investigation. I asked di nila alam kaya ina ask ko un kaya to make an investigation to make to see it kung ung tao nagkasala ba or hindi.</p> <p>Kung wala siyang ginawa I need to call him for uplifting.</p>	<p>Learning from the experiences of the mentors.</p> <p>. Cause of mental breakdown of the staff nurses in the Covid ward.</p> <p>External support from the government.</p> <p>Advice to the next generation of nurses</p> <p>Conflict resolution</p> <p>Positive reinforcement</p> <p>Planning and preparation in the midst of the pandemic.</p> <p>Futuristic plans for unexpected happenings.</p> <p>Prioritization of the supplies and staffing needs of the hospital</p> <p>Staffing needs</p>
---	---

<p>(Interruption by a staff nurse who needs the signature of the Chief Nurse) Researcher: As you said po a while ago po mam na ah Ano po ung contingency plan na sinasabi niyo po? Carnation Pink: ung contingency plan na sinasabi ko for that 6 months what is your plan for that for example we are going to create another ward another Covid ward what is your contingency plan you need to think of the staffing when you are creating an ICU kailangan mo din ng contingency plan dun. So, para sa kinang sino ung mga staff you need to plan for them sino ung mga staff na dadalhin in order to manage the area ano ung mga instruments na kailangan dun alam ba nila kung paano gamitin un ung kailangan niyo is a plan for that area so qang daming contingency plan ung opening ng isolation facility ang tawag naming sa budget isolation ward pero mga covid ward namin yan. na ano ko din ung contingency plan dun ung plan mo for that nag project ka parang nag imagine kung ano bang kailangan dun but a kung ang sasabihin sayo you make a one-year contingency plan for one year. Kasi kung nagkulang ka ng plan dun kasalanan mo un ang contingency plan since nag start ung pandemic madami na kami every six months na kami madaming creation dyan na unit naming gumagawa kami ng contingency plan I made for the nursing from the contingency plan dun tinitignan ng head namin and oo for the need of supplies for the need of the house keeping mga ganun for the need ng mga like ventilator sa ICU ganun ang contingency plan naming iyou need to see to it na dapat un lang naman ung sinabi mo sa contingency plan ikaw na magproject magproject kana ano kailangan for 6 month because that will work for 6 months atleast naman wala naman nagging hadlang sa mga nagawa sa plan it should be implemented hindi ung nag imbento kalang youZ90-ake an contingency plan that is feasible and foreseeable lalo na ung sa dialysis namin ilan ang nurses ang ialalagay natin ilang nurses dapat mag plan ka dapat 4 kasi 10 ang mag didialysis per shift kaya na ano namain ang staffing kaya dun na ako nag gawa ng staffing kaya dumami kami because of that contingency plan kaya dun nakita nila ung kailangan naming tapos ung sa may mga ganyan kami kasi nakalagay sa contingency plan nagpapaconsenya pa ako minsan kasi minsan the nurses were does not given this one they need it for reporting even if it is second hand we need it mag request ka ilagay mo wala ganun ang contingency plan namin nakasave ang contingency plan namin dyan dapat palitan ko kasi di masyadong nagwork out naka save dyan nung implementation ay maganda icarry mo parang ganun tapos kulang ng ganun dun ngay makikita atleast makikita mo na nag work ba ito nag projection mo ba dito is okay na impletment or na approve ba ito mga ganun kaya sinisave ko kaya every now and then nirereview ko rin kaya kung meron ano dun ako nag rerequest kapag atleast complete na so where did I based especially on my staffing it was answered they based it on DOH requirement so, dun din ako gumawa dun din ako nag reasoning according to the DOH sabi ko the ratio of nurse to a patient to award is 1 is to 5 di sila makaangal di sila maka hindi kasi andun ung bases di masyadong maganda na wala kang basis kasi minsan ung DOH pumupunta ditto stapos tatanongin ka na how did you get that you should be prepared to answer what is in your contingency plan. Researcher: ano po ung ma aadvise niyo po lalo na po sa mga bagong mga nurses po? Bagong license Carnation Pink: mga neophyte ngayon na graduate. Ahhm yun nga eh kaya nga dun sa ano ko pag nagtaltalk ako sa welcome just put in mind kasi ang nursing naman ay just not memorizing what will you do kasi di na nila masyadong napractice actual so sabi ko sa mga neophyte starter ung parang mga graduate</p>	<p>Survival plan for the Covid 19 pandemic</p> <p>Bridging the theory to praxis</p> <p>Learn not to commit the same mistake, and learn to accept criticism.</p> <p>From a novice nurse to a covid nurse.</p> <p>Mentoring the novice nurses</p> <p>Uplifting the morale and work of novice nurses</p> <p>For greener pasture</p> <p>Encouraging the new nurses. Finding what you want and passion.</p>
--	--

<p>ngayon from pupunta kayo dun lalo na mga iyun lalo na ung pumasok na iba so from there is do not be ashme to ask do not be ashamed to ask to old ung mga old ung mga nagduty na nag experience na nag experience it is also to them you can get your experience parang andun ka na nagtratabaho ka habang nattuto you learn from those person kasi ung iba kasi na bagong bago nga may mga ibang nurses na ang theory niya is nag babase lang sa theory. You have to do this if your theory is nag jive sa ginagawa mo from there you will conclude kung tama kung bakit ginagawa but if you have a mistake do not commit a mistake but in case you have made a mistake then accept it wag mong itago once na itago mo un yan ang cause na ikakamatay ng patient mo you have to refer it to the doctor from there you must learn from your mistake kasi kulang din kami actually because thsesse pandemic ang mga nakukuha kasi mga bago parang you need to get that and you may start tomorrow parang ang nangyayri ay papasok na ang bagong nurse at isasalpak nalang sa ward.</p> <p>Though ako is to distribute them kahit na sinabi nila you put them to the covid ward I need to orient them to a regular ward from the regular ward after that is either 15 days and 1-month orientation to a regular ward and tapos nun I bring them to covid ward dun na matutuo lalo na ung mga alam ko na walang ka experience</p> <p>I always emphasize sa mga head nurses and supervisors na ang mga yan ay mga bago. This is helping one another hindi porket walang alam yan eh wag naman papahiyain. Oo wag mong papahiyain ung tao kasi sa 1 st experience mo then may bad experience na pahiya ka ung iba madown na dahil sa pahiya, ung iba kasi talagang wala pala kaong alam wala na silang sarili na I need to do my best kung kaya niya kaya ko rin ganun ganun ang ginagawa ko sa mga bago may roon na may mga bago na kahit na encourage them, yung pina uplift mo sila wala pa din pero nung minsan may nag resesign sabi ko what is the reason because of thie because I did these the patient sabi ko dapat dun ka nan a tutu from their sana natutu kana pero sabi niya parang hindi.. depression naman pero sabi ko maybe is not for you kasi ngay may mmga talaga talaga meron mga napupunta ditto na di nursing ang gusto ay oo nga sakin sana nursing the erlier na ano nila na di pala sakin ang nursing pero kung graduate ka ng nursing is just go to abroad it depends on kung hindi ung ano ung heart mo sa nursing so, encouragement lang pero meron din talaga meron talaga mam nakahanap kasi ako ng trabaho na mas maganda baka dun ka ma aapprove moa ng sarili mo at yan ang linya lalo na kami ganito mag bibusiness ako may mga nurses na nag business may mga nag oonline mas Malaki pa nga eh.</p> <p>So jthat is just I do talagang hindi ko actually im not that person who humiliates siguro to siguro is to be trained them sa family planning kasi you have to be a person na mag encourage hindi ung mag inject ng paniniwala mo maybe I grow up na wag mong ano hin ung kasama mo I do not humiliate people I really encourage push them kung saan sila na babagay ganun. May mga nurses dun na ano.</p> <p>Researcher: thank you po very fruitful anf meaningful po ung paguusap po natin. Na answeran niyo naman po lahat from the staffing then feeling po ninyo na super depressing ung unang nangyari po ang pandemic.</p> <p>Carnation Pink: Until now we have people sometimes, they are depress but then ano naman may isa kaming na nadepress but I encourage her if the reason why</p>	<p>Words of encouragement, uplift the moral of the staff nurses.</p> <p>Venture</p> <p>Encourage them to pursue their dreams. Finding meaning in life</p> <p>Learning from the experiences to become an expert in a particular field.</p> <p>Listening to the seniors to become successful.</p>
---	---

kung bakit di na tuloy venture to another kasi di niya talaga kaya so wag mong pilitin ung talagang ayaw.

Mam kasi triny ko lang di talaga para skain ang nursing and I encourage nurses pag sina binila na mag abroad sila go try

kasi ina no ko ung expeienr ko the reason why I become a nurse in demand kasi ung nursing sa US mas inaano ko na ah ung ngayon ah may ano ako may sabi ko n asana nag abroad na ako pero sabi ko meron tlaaga sigurong reason bakit di ka pumunta kasi mas maganda ang pupuntahan mo ditto that is already the divine intervention if you believe in that so but you pray for it you really believe that you need to venture you go you fly your wings and go to other countries

di ako ung wag kang mag abroad you need to fulfill why not rather than that saying di kao nag abroad ah ganun pala kaya pala di kao nag abroad kasi ganito pala ang assess ko ung anak kop ala ang mag aabroad kaya makakapunta ganun.

Researcher: very fulfilling naman po ung experience niyo po

CarnationI love ung mga experience ko sa nursing from them na nakakaencourage sa iba kasi from my experience nakaka encourage it more on the performance

Im not bragging ot not since I work in this hospital wala ka mana makikita na may ginawa ako or what a satisfactory peroformance why because it shows from my awards nakikita naman di ako nag brag it also pofor me to encourage to do the same thing sabi ko sa kanila gawin niyo yun na para maachieve niyo di ang achievement ko. Learn from your mistake bakit ganito ang nangyari sa area ko so ano mag revised ka wag yan or yun ang deretso mo kasi di yan nag work sa area mo. Ganun ako.

Researcher: thank you po mam madami po akong tutunan po mam. Maraming salamat po.

APPENDIX D

Sample Themes, Subthemes, Codes, and Quotations

Themes	Sub-themes	Codes	Quotations
Looking back: the devastating events of the Covid 19	1. Emotionally Devastating	Depressed, crying, and in chaos.	<p>Nurse 1: “As a leader in this hospital especially in nursing I say it was devastating because if I think I’ll go back from the very start I always cry, that was so depressing.”</p> <p>Nurse 2: “Mahirap ung una sobrang kulang kami sa Unit kung sino, sino ung nilalagay namin sa COVID ward dahil di pa na aaccept ung request naming sa pag hire ng bagong staff meron ngang bago pero after one-week mag aawol or mag reresign na ung nurse dahil sa takot”</p> <p>Nurse 3: “Nakikita ko ung ibang staff ko umiiyak kasi ilang araw na silang di umuuwi sa pamilya nila.”</p>
	2. Unpreparedness of the hospital during the surge of covid 19	No established protocol, and no prepared plans before the announcement of a national emergency.	<p>Nurse 2: “The pandemic caused us a chaos situation; we did not anticipate the impact of this covid 19 at first we are complacent because everything is under control but when the surge of patients we feel the stress of the situation”</p> <p>Nurse 5: “There was no protocol, No PPE the policy swift us away during the pandemic. We need to revisit the emergency plan for the hospital immediately and make a protocol.”</p> <p>Nurse 3: “Our Chief Nurse immediately informed us that our unit will be converted into a covid ward. We are not prepared and aware of the protocol. I was one assigned to be the head of the ward.”</p>
	3. Stretching the hospital personnel to cover the wards with limited staff nurses	Understaffing, unscheduled duties of the staff nurses.	<p>Nurse 1: “Because of the understaffing issues in the hospital, I usually call those who are on off duty to have their emergency duty. I’m very sorry for that because sometimes I did not approve some of their vacation leave because of the understaffing.”</p> <p>Nurse 2: “We always cry because every time (pauses) wala pa ung ibang nurses’ noon na hirap nabigla kami nag start kami bigla na sabihin okay create a Covid ward with an isolation facility.”</p>

Managing the hospital resources and staffing	1. Policy making in terms of scheduling the duties of the staff nurses.	Policy, planning, futuristic planning, contingency planning.	<p>Nurse 2: “We usually make a policy that we adopt to avoid over-exposure of the staff nurses to covid 19, One of the policies is they are required to have their duties for 2 weeks and 2 weeks’ quarantine that they are going to observe their general well-being. After 2 weeks of duty, we require our nurses to have their RTPCR swab test to screen those who have infected that need to have their strict quarantine.”</p> <p>Nurse 3: “We do not have enough nurses and nursing aides in our covid ward and our hospital, but we have implemented a policy that can lessen the exposure of the staff nurse to the covid patient. Through telephone and messenger communication to limit the exposure most of our patients who were admitted in the isolation are stable and able to do their activities of daily living.</p>
	2. Strategies in understaffing.	Overtime 12 hours of duty to 16 hours of duty.	<p>Nurse 5: “Sometimes we pull out some of the nurses in other wards to fill the understaffing.”</p> <p>Nurse 3: “Ang dami ng nagkakacovid so we need to make another plan who will relieve where do we get our reliever from other areas.</p>
	• Distribution of Personal Protective Equipment.	Lack of PPE to render quality care to the patient. Inadequate equipment.	<p>Nurse 2: “Due to the surge of patients coming in, we lack the equipment needed to render care or give intervention to patients.”</p> <p>Nurse 3: “We the superiors and seniors’ nurses request for ppe beforehand in preparation for the nurses to use during our shift and do the inventory of used and unused PPE.”</p>
Overcoming the challenges during COVID-19.	1. Hiring additional staff nurses.	Hiring, Additional staff, covering the shift, and relievers.	<p>Nurse 4: “Nadagdagan na yun another stretching naman ng staffing namin thankful kami na nag hire din ang province para sa dialysis but then the fact madami ung na yung staff namin that is why the regular wards na di tulad noon na tig dalawa dalawa sila ngayon tig iisa isa nalang sila. Ang pair niya nursing attendant lalo nanaman na nadagdagan na yung no watcher policy.”</p>
	2. Proper training of the hospital personnel on wearing level 4 PPE to	Training of staff nurses on level 4 PPE, donning, doffing, and gowning.	<p>Nurse 2: bakit na dedepress ung iba because of repeated positive, nagpopositive sila so kung minsan din nagmamake investigation din ako bakit baa ng nurse na ito repeat repeat na nagpopositive kasi because of the negligence of the nurses na di nila sinusuat ung proper PPE nila kaya nagkakaroon ng contamination.</p>

	decrease the transmission of Covid 19		
Psychological intervention among staff nurses during the COVID-19 pandemic.	1. Counseling aides' catharsis of the staff nurses.	Exploring the feelings of staff nurses, burn out, stress, and feeling of being worthless.	Nurse 1: "Minsan nadedepress ang mga tao ko, what do I do is to comfort them sometimes we close the door and let the person cry I was trained on counseling kasi na train ako sa counseling."
	2. Encouragement and uplifting the morals of the staff nurses.	Distressing activities, unloading the negative emotion, encouraging.	Nurse 2: "If my staff feel that they are burned out, I let them talk about it and compromise the schedule for my staff to have a recreational activity, one of the distressing activities that we plan for our staff is for them to have a stress debriefing" Nurse 4: "I do not humiliate my staff if they made a mistake in the ward. I always does a one-on-one counseling and uplifts them to do a good job"
	3. Positive reinforcement for staff nurses who are doing the extra miles in their duties.	Motivation, encouragement, uplifting, respecting others.	Nurse 5: "I always uplift my staff nurses who are sad during their duty. Sometimes after their duty, I order food for them for us to have an exchange of ideas and share stories about their anxiety in the workplace."
Causes of the mental breakdown of the staff nurses	1. Feeling of isolation because of repeated Positive results of Covid 19 test.	Isolation, stress, psychosocial problem, sadness, alone, away from the family and loved ones.	Nurse 1: "Some of the staff are repeatedly exposed to COVID because of their negligence to wear their PPE, I made an investigation and find out that they are not abiding to wear their PPE which is why some of them are on quarantine and feel isolated and away from their family." Nurse 2: "I always call my staff who are on quarantine for me to know their situation inside the isolation facility and they said that they feel loneliness and some of them have babies that they need to leave to serve."

	<p>2. Discrimination from the community.</p>	<p>Fear, anxiety, repeated exposure, sadness, isolation, recovery.</p>	<p>Nurse 1: “some of the staff told me that they were asked where they are working, if they know that they are working in the hospital people will say to them to stay away from them.”</p> <p>Nurse 2: “I always remind them to wear their street clothes and change their uniform inside the hospital, so they do not be discriminated.”</p>
<p>Mentoring the new generation of nurses</p>	<p>1. Learning from the experiences of a mentor</p>	<p>Advices, senior nurses, listening, mentoring, lecturing.</p>	<p>Nurse 1: “I always remind the neophyte nurses not to be ashamed to ask a question if they are in doubt of the procedure because there is no room for mistake in giving care to the patient.”</p> <p>Nurse 3: “When I’m doing my welcome remarks to the students always taught them not to do an independent action that is not ordered by the physician, they can suggest to the doctor their ideas in a respectful manner, but they are not allowed to decide on their own.”</p> <p>Nurse 4: “I remind them to go back to the basics of nursing they “must” know how to compute drugs and the right to medication are essential in nursing practice.”</p>
	<p>2. Learn to accept the criticism of your senior nurse.</p>	<p>Learning, criticism, acceptance, mentoring.</p>	<p>Nurse 1: “if my staff commit a mistake, they must admit it and never hide the mistake because if that mistake causes the life of the patient at least we have done something or reverse the death of the patient and this mistake can be served as a lesson for us.”</p>
	<p>3. Bridging the theory into practice.</p>	<p>Practice, theory, lecture, nursing skills, learning the basics.</p>	<p>Nurse 1: “As a veteran in nursing I always inspire my nurses to my experience and achievements, and I remind them to ask questions because that is how we can bridge the theory into practice.”</p> <p>Nurse 2: “Before we deploy the new nurses in the ward, they need to have orientation and for the first week of their duty they need to observe or shadow the senior staff nurses on the duties of a nurse. We usually expose them to the different wards, and shifts for them to know what will be their roles and responsibility. After a week of the observation, we assigned them to their units.”</p>