Psychiatric nursing in crisis: Lived experiences and coping strategies during the COVID-19 pandemic in the Philippines

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Abstract: Psychiatric nurses play a critical role in managing patients with maladaptive behavioral patterns, yet the COVID-19 pandemic significantly intensified their professional and personal struggles. They faced an increased workload, heightened infection risks, and emotional exhaustion, compounded by uncertainty, fear of transmitting the virus to their families, and difficulties adapting to the 'new normal.' Despite these obstacles, nurses remained committed to their work, relying on institutional protocols, personal resilience, and emotional support from family and peers to sustain their well-being. This study explores the lived experiences of psychiatric nurses in the Philippines during the COVID-19 pandemic using a qualitative phenomenological approach. Six psychiatric nurses working in a designated psychiatric facility in Bacolod City, Philippines, participated in one-on-one Zoom interviews, with data analyzed through thematic analysis. The findings reveal two key themes: (1) the challenges of working in a psychiatric hospital during the pandemic, including increased workload, fear of infection, and difficulties with PPE; and (2) surviving COVID-19 as frontline mental health workers, highlighting resilience, adaptive coping strategies, and a strong sense of professional commitment. Guided by Lazarus and Folkman's (1984) Transactional Model of Stress and Coping, this study highlights how psychiatric nurses navigated the crisis through problem-focused and emotion-focused coping mechanisms. The findings emphasize the psychological toll of the pandemic on psychiatric nurses and underscore the need for institutional mental health interventions, workplace support systems, and improved crisis preparedness to safeguard their well-being in future public health emergencies.

Keywords: COVID-19 pandemic, Coping strategies, Lived experiences, Mental health challenges, Psychiatric nurses, Phenomenological study.

1. Introduction

Nurses played a crucial role in managing COVID-19 patients, and the stressors they experienced significantly impacted the quality of patient care [1]. The unexpected and extensive spread of COVID-19 created numerous challenges across various sectors of society, particularly within the healthcare field [2]. Nurses faced immense physical and emotional burdens, with their mental health being severely affected by the pandemic [3, 4]. Quarantine measures, prolonged exposure to high-risk environments, and the psychological distress caused by the crisis led to increased anxiety, depression, and fear [5]. In reality, the persistent stress experienced by nurses also raised concerns about post-traumatic stress symptoms, reduced service performance, and even suicidal ideation [6].

The World Health Organization [7] highlighted that everyone was at risk of experiencing psychological distress, with frontline healthcare workers being especially vulnerable. In the Philippines,

a national lockdown was implemented to curb the spread of COVID-19, enforcing strict measures such as social distancing, mandatory use of face masks and face shields, and restrictions on movement [8]. These protocols significantly disrupted daily life, impacting not only the general population, but also frontline workers, particularly psychiatric nurses [9]. More important, psychiatric nurses, tasked with caring for mentally challenged patients, faced additional stressors as they navigated the complexities of maintaining patient care while safeguarding their own mental health [10].

To prevent long-term mental health issues among hospital nurses, short-term interventions such as daily huddles and debriefings, as well as long-term support programs including regular mental health check-ins, were deemed necessary [11]. Literature noted that the combination of high-pressure work environments, limited resources, and the emotional toll of caring for psychiatric patients contributed to severe stress, leading to sleep disturbances, depression, and anxiety. Psychiatric nurses, in particular, experienced what is often termed "compassion fatigue"; a form of emotional exhaustion that results from prolonged exposure to distressing situations [12]. Managing infectious diseases in psychiatric settings requires well-planned strategies, emphasizing the importance of safety while ensuring continuity of care. Given the immense burden placed on psychiatric nurses during the pandemic, it is critical to provide them with support systems and a safe environment to express their concerns. Recognizing these challenges, this study aims to explore the lived experiences of six psychiatric nurses during the COVID-19 pandemic, shedding light on their struggles, coping mechanisms, and mental health resilience.

1.1. Research Objective

Considering these issues, the current study aims to explore the lived experiences of psychiatric nurses in maintaining their mental health during the COVID-19 pandemic. Specifically, it seeks to understand the primary challenges they faced, the coping mechanisms they employed, and the impact of these experiences on their well-being and professional responsibilities. As psychiatric nurses were at the forefront of providing specialized care to mentally challenged patients, the pandemic intensified their emotional and psychological burdens. By examining their experiences, this research aims to provide insights into the realities of psychiatric nursing during a global health crisis and identify strategies that can support their mental well-being.

1.2. Significance of the Study

The findings of this study are significant in highlighting the stressors encountered by psychiatric nurses, shedding light on their resilience, and identifying areas where institutional support is needed. By documenting their experiences, this research contributes to the development of policies and mental health interventions that prioritize the well-being of psychiatric nurses. Understanding these challenges is crucial for ensuring that healthcare facilities implement sustainable support systems, both during crises and in routine professional practice, to enhance the overall quality of psychiatric care. The results of this study may also serve as a foundation for future research on improving workplace mental health initiatives for healthcare professionals.

1.3. Scope and Limitations of the Study

This current study is focused on exploring the lived experiences of six psychiatric nurses—three males and three females—who were employed at a selected mental institution in Bacolod City, Philippines. It specifically examined the challenges they faced and the coping strategies they employed to manage and improve their mental health during the COVID-19 pandemic. The study was limited to psychiatric nurses aged 25 to 50 who actively managed psychiatric patients during the pandemic. While emerging adults generally experience good physical health, their psychological well-being can be significantly affected, making this age group particularly relevant to the study. As a qualitative study, the research required extensive interviews and in-depth data collection, limiting the number of participants to six to ensure the study's completion within the designated timeframe. The varied work schedules of the participants further contributed to the extended duration of data gathering.

Additionally, conducting interviews via Zoom posed challenges, including unstable internet connections, which occasionally disrupted the discussions. Lastly, the interviews were conducted months after the peak of COVID-19 cases in Bacolod City. The findings might have differed if data had been collected during the initial outbreak or at the height of the pandemic, as the nurses' experiences and coping mechanisms could have evolved over time. Despite these limitations, the study provides valuable insights into the mental health experiences of psychiatric nurses during a global health crisis.

2. Literature Review

2.1. Theoretical Framework of the Study

The current study is grounded in the Transactional Model of Stress and Coping, which is developed by Lazarus and Folkman [13]. This model explains how individuals evaluate and respond to stressors that exceed their perceived coping resources. Coping, as defined in this framework, consists of both cognitive and behavioral responses that individuals use to manage internal and external pressures [14]. Accordingly psychological stress is a specific interaction between an individual and their environment, wherein the situation is perceived as exceeding one's resources and endangering well-being [15]. This process involves two critical phases: cognitive appraisal and coping.

Cognitive appraisal refers to the process of assessing an event in terms of its significance to one's well-being. Before an individual engages in coping behaviors, they must first determine whether a situation is stressful [16]. This appraisal consists of two components: *primary appraisal*, where individuals evaluate what is at stake, and *secondary appraisal*, where they assess their available coping resources [15]. Within seminal literature, coping can be noted as the *cognitive and behavioral efforts to master, reduce, or tolerate the internal and/or external demands that arise from stressful transactions* [17]. There were later further identified into two broad categories of coping strategies that influence how individuals respond to stress: problem-focused coping and emotion-focused coping [15].

Problem-focused coping involves direct action to eliminate or reduce the source of stress. In the context of psychiatric nurses, this could include implementing structured routines, seeking institutional support, or advocating for workplace improvements. While, *emotion-focused coping* aims to manage the emotional distress caused by a stressful situation. This may involve strategies such as seeking social support, practicing mindfulness, or engaging in self-care activities to mitigate the psychological impact of stress [13, 15]. These coping mechanisms are interconnected and work together throughout the stress management process [18]. Studies have shown that problem-focused coping is associated with improved well-being, reduced anxiety, and lower psychological distress [19-21]. Hence, by applying the *Transactional Model of Stress and Coping*, this study seeks to understand how psychiatric nurses maintained their mental health during the COVID-19 pandemic, identifying the cognitive and behavioral strategies they employed to navigate the challenges of their profession during this unprecedented crisis.

2.2. Psychological Impact of the Pandemic on Healthcare Workers

Frontline healthcare workers are among the most vulnerable populations at risk of mental health disorders as they battle the COVID-19 pandemic [2, 22]. The challenges they face are multifaceted, yet there is a limited understanding of the various threats to their well-being [23, 24]. Additionally, there is a noticeable gap in the literature on how to effectively prevent psychological distress among healthcare workers and what interventions are necessary to mitigate the negative impact on their mental health [25, 26].

In reality, the COVID-19 pandemic has posed a significant psychological risk, similar to previous infectious disease outbreaks [27]. Historical data show that during past epidemics, even individuals who were not infected experienced considerable psychiatric morbidities, negative emotions, and poor psychosocial responses, largely driven by fear of contracting the disease [28]. However, the scarcity of data on the psychological impact of pandemics on various groups, including the general population,

confirmed and suspected cases, medical personnel, and law enforcement agents [29]. These uncertainty and unpredictability of the COVID-19 pandemic, particularly its unprecedented scale and severity, have exacerbated mental health challenges. Moreover, misinformation, conspiracy theories, and disinformation, such as claims that the coronavirus is "unbreakable, unstoppable, and unbeatable", have actually further heightened public anxiety [30]. Misinformation has fueled fear and uncertainty, negatively influencing the public's perception of the virus and contributing to widespread psychological distress.

The psychological burden of COVID-19 extends beyond the risk of infection, impacting the daily lives of individuals [31]. Quarantine measures, travel restrictions, and the cancellation of major social, religious, cultural, and entertainment events have led to heightened feelings of anger, loneliness, boredom, and anxiety [27]. Physical symptoms such as cough, fever, muscle pain, and fatigue may also trigger emotional distress and an increased fear of contracting the virus [32]. While health professionals, scientists, and international organizations work to address the many uncertainties surrounding the outbreak, the global media and public discourse have reacted based on incomplete or unverified information [33]. This has amplified the psychological impact of COVID-19, prompting a surge in research on mental health implications. However, the full extent of the psychological burden associated with infectious disease outbreaks remains insufficiently recognized, posing challenges for both patients and the broader public.

Several studies also highlighted the significant mental health toll on healthcare workers during past and present pandemics. A study on the SARS outbreak found that almost half of the healthcare workers exposed to the virus experienced severe distress, with nurses showing a higher prevalence than doctors [34]. Similarly, during the Ebola pandemic, nearly two-thirds of healthcare workers reported emotional exhaustion, as measured by the Maslach Burnout Inventory [35]. More recent data from COVID-19 surveys indicate that up to more than 70% of healthcare workers have experienced some form of psychological distress, as measured by the Physical Health Questionnaire-9 [30]. All together these findings underscore the urgent need for psychological support mechanisms to safeguard the mental well-being of healthcare workers as they continue to serve on the frontlines of the pandemic (or future medical emergencies).

2.3. Psychological Consequences of Disease Outbreaks among Nurses

As reported by many lived experiences studies on healthcare workers, particularly nurses, have experienced significant psychological distress during the COVID-19 pandemic [1, 2, 23, 24, 36]. Among the most commonly reported symptoms were stress and anxiety in studies that specifically assessed these mental health issues [37]. Similar with past medical emergencies, during the SARS outbreak, nurses reported depressive symptoms at a prevalence to almost more than half of the staff to up to almost 80% [38, 39]. Across all outbreaks, work-related stressors were identified as the primary cause of these psychological consequences [40].

One of the most significant stressors among healthcare workers was the fear of infection and transmission to family members [2]. Some reported that more than 75% of healthcare workers were concerned about spreading the virus to others, including their family members, and many felt responsible for their loved ones' social isolation as a result of their exposure [41]. To minimize the risk, many of the healthcare workers chose not to return home after work, opting instead to self-isolate. However, this isolation contributed to increased loneliness and feelings of sadness [2, 42]. In sum, these psychological toll of disease outbreaks on nurses highlights the urgent need for comprehensive mental health support, clear communication from hospital administrations, and strong peer and community support systems [43]. Addressing these concerns is essential to ensuring the well-being of frontline healthcare workers, particularly during global health crises.

Overall, the reviewed literature highlights the profound psychological impact of pandemics on healthcare workers, particularly nurses, who experience significant stress, anxiety, and emotional exhaustion due to increased workload, fear of infection, and lack of institutional support. Previous

studies on SARS, Ebola, and COVID-19 indicate that nurses face heightened mental health challenges, exacerbated by workplace pressures, misinformation, and social stigma. These findings align with Lazarus and Folkman's [15] Transactional Model of Stress and Coping, which explains how individuals appraise stressors and employ coping mechanisms to manage psychological distress. The model underscores the importance of problem-focused and emotion-focused coping in mitigating mental health burdens, which is critical for psychiatric nurses managing both their well-being and their patients' care during crises. Given these challenges, this study aims to explore the lived experiences of psychiatric nurses during the COVID-19 pandemic, particularly their coping strategies and the impact of stress on their professional and personal lives. By bridging existing research with real-life experiences, this study seeks to contribute to a deeper understanding of the mental health needs of frontline nurses and inform future institutional support and policy interventions.

3. Materials and Method

3.1. Study Design

This study employed a qualitative phenomenological approach [44] to explore the shared lived experiences of psychiatric nurses in maintaining their mental health during the COVID-19 pandemic. It specifically examined the challenges they faced and the coping strategies they utilized to manage psychological distress and enhance their well-being. Phenomenological research is grounded in a paradigm that values personal knowledge and subjectivity, emphasizing the significance of individual perspectives and interpretations [45]. This approach is particularly effective in capturing subjective experiences, uncovering motivations, and providing deeper insights into human behavior by challenging taken-for-granted assumptions and conventional wisdom [46].

To facilitate data collection, an interview guide was developed as part of the study design [47]. This guide served as a structured tool containing a series of questions designed to help the researcher gather relevant information from participants. The study utilized semi-structured, in-depth interviews, which are commonly employed in qualitative health research [48]. This method involves a guided yet flexible conversation between the researcher and participants, allowing for follow-up questions, probing, and clarifications [49]. Such an approach enables the collection of rich, open-ended data, allowing participants to express their thoughts, emotions, and perspectives freely [47]. In this study, the primary objective of these interviews was to explore the lived experiences of psychiatric nurses, focusing on how they navigated the mental health challenges of the pandemic and the coping strategies they employed to maintain their well-being.

3.2. Participants and Recruitment Criteria

The current study used purposive sampling and specific inclusion criteria to select three (3) males and three (3) females psychiatric nurses [50, 51]. Purposive sampling was selected for its widely used method in qualitative research, more specifically studies such as lived experiences in order to identify and select participants who would be able to provide an in-depth and meaningful insights into the issues under study [52]. The participants were recruited from a local hospital in Bacolod City; a major urban center in the Western Visayas region of the Philippines and serves as the capital of Negros Occidental province.

Altogether, the study involved six psychiatric nurses working in the same mental hospital in Bacolod City, each with varying years of clinical experience. As shown in Table 1 (all participants names used are pseudonyms), Roger (P1) is a 42-year-old, married male who has been working as a psychiatric nurse for five years. He is described as shy, athletic, and highly focused on completing tasks efficiently. Similarly, Rey (P2) is a 39-year-old, single male with five years of clinical experience. He is known to be friendly and content with his job, expressing a sense of satisfaction with his role. While, Peter (P3) is a 29-year-old, married male with four years of experience. He is recognized for his strong personality, though he is often vocal about his concerns and challenges in the workplace.

On the other hand, Maria (P4) is a 32-year-old, single female who has been a psychiatric nurse for five years. She maintains a positive outlook on life and takes care of her nephews, balancing both family responsibilities and professional duties. Tina (P5) is a 46-year-old, married female with six years of experience. She is characterized as friendly and highly optimistic, demonstrating a very positive disposition both in her personal life and work environment. Lastly, Tess (P6) is a 49-year-old, married female with eight years of experience. She is highly family-oriented and has expressed her intention to move abroad after the pandemic in pursuit of better career opportunities. Despite the diverse personalities and backgrounds of the participants, they all share a common commitment to their roles as psychiatric nurses. Each has faced unique challenges in the profession, particularly during the COVID-19 pandemic, yet their dedication to providing mental healthcare remains evident.

Table 1.
Background demographics of the participants.

Participant (pseudonyms)	Gender	Status	Age	Clinical Work (years)
P1: Roger	Male	Single	42	5
P2: Rey	Male	Single	39	5
P3: Peter	Male	Married	29	4
P4: Maria	Female	Single	32	5
P5: Tina	Female	Married	46	6
P6: Tess	Female	Married	49	8

3.3. Interview Protocol and Procedure

A researcher-developed, semi-structured interview guide was designed to collect in-depth insights into the lived experiences of psychiatric nurses working in a mental health facility during the COVID-19 pandemic. The interview guide focused on the challenges they faced, their coping mechanisms, and the impact of the pandemic on their professional and personal well-being. To ensure face and content validity, the guide was reviewed by a practicing guidance counselor and a psychology professor, ensuring its clarity, relevance, and alignment with the study's objectives [53]. The semi-structured interview format allowed for both structure and flexibility, enabling the interviewer to explore key themes while adapting, rephrasing, or probing deeper based on participants' responses [54]. This approach facilitated a natural and dynamic conversation, capturing the depth and complexity of the psychiatric nurses' experiences [55]. The interview protocol included background questions to establish rapport and create a comfortable, low-anxiety environment for participants. To ensure accuracy and credibility, audio recordings and note-taking were employed during the interviews. Transcriptions were later reviewed for reflection and thematic analysis. Additionally, participants were given the option to schedule follow-up discussions; either online or face-to-face, based on their availability and preference. This flexible approach ensured comprehensive data collection while accommodating the busy schedules and well-being of psychiatric nurses.

To explore the lived experiences of psychiatric nurses during the COVID-19 pandemic, the interview began with general background questions to establish rapport and understand their professional roles. Participants were asked to describe their typical work responsibilities before and during the pandemic, providing insight into how their duties evolved in response to the crisis. Simple probes such as *"Can you share how your daily routine changed?"* or *"What adjustments did you have to make in your role?"* helped clarify their experiences.

As the discussion progressed, questions focused on the challenges they faced in the workplace. Participants were encouraged to reflect on the most difficult aspects of their job, with follow-up questions like *"What specific challenges did you encounter while caring for psychiatric patients during the pandemic?"* or *"Can you recall a particularly stressful moment and how you handled it?"* These questions aimed to capture both the emotional and practical difficulties they experienced, such as increased workload, fear of infection, or changes in patient care protocols.

To gain deeper insight into their mental and emotional well-being, participants were asked how the pandemic affected their personal and professional lives. Questions such as *"What were your biggest fears during this period?"* and *"How did you manage stress and emotional exhaustion?"* provided opportunities for them to share their coping mechanisms. Simple probes like *"Did you feel supported by your colleagues and institution?"* or *"Were there moments when you felt isolated or overwhelmed?"* helped uncover additional layers of their experiences.

Finally, participants reflected on their coping strategies and lessons learned. They were asked about the practices that helped them manage stress, whether through personal habits, peer support, or institutional programs. Probing questions such as *"What support systems were most helpful to you?"* and *"If another pandemic occurred, what changes would you like to see in psychiatric hospitals to better support nurses?"* encouraged them to consider both personal resilience and systemic improvements. This allowed for a comprehensive understanding of how psychiatric nurses navigated the crisis and what measures could be taken to improve their well-being in future public health emergencies.

3.4. Data Analysis Method

Data analysis followed Creswell's [46] Six Steps in Qualitative Research, ensuring a systematic and structured approach to interpreting the participants' experiences. The process began with organizing and preparing the data, which involved transcribing the interviews, reviewing materials, and compiling any relevant visual content. Next, the researcher read and reflected on the data to gain an overall understanding of the responses and determine data saturation. In the third step, significant statements were identified, and coding was conducted to categorize key insights into major themes. The fourth phase involved developing detailed descriptions of the participants, their work environment, and the emerging themes and subthemes. In the final steps, the researcher interpreted the data, drawing conclusions that accurately represented the psychiatric nurses' lived experiences during the COVID-19 pandemic.

To ensure trustworthiness, the study adhered to Lincoln and Guba's [55] criteria. Credibility was established by allowing participants to review their transcribed interviews, ensuring their perspectives were accurately captured. Transferability was supported by providing rich, thick descriptions, allowing readers to relate the findings to other contexts. Dependability was maintained by ensuring consistency in data collection and analysis, while Confirmability minimized researcher bias by grounding the findings solely in the participants' responses. These measures reinforced the reliability and authenticity of the study's interpretations.

3.5. Ethical Guidelines

This study adhered to strict ethical standards to ensure the privacy, confidentiality, and voluntary participation of all psychiatric nurses involved. Ethical approval was obtained from the *University Research Ethics Review Office*, with all procedures aligned with the principles of respect for persons, confidentiality, and informed consent. Given that the study explored the lived experiences of psychiatric nurses during the COVID-19 pandemic, ethical sensitivity was maintained, recognizing the emotional and psychological impact of the topic on participants.

Formal permission to conduct the research was requested through an official letter addressed to the Director of the local psychiatric hospital, where the participants were employed. Necessary follow-ups were conducted via phone calls or in-person visits to ensure compliance with institutional guidelines. Before data collection, informed consent was obtained from all participants, ensuring they fully understood the purpose, scope, and voluntary nature of their participation. Given the sensitive nature of the study, participants were assured that they could withdraw at any time without consequences.

To maintain confidentiality, pseudonyms were assigned to each psychiatric nurse, and all personally identifiable information was securely protected. The collected interview data were stored in a password-protected system, accessible only to the researcher, and used exclusively for academic purposes. Additionally, recognizing the emotional strain psychiatric nurses faced during the pandemic, measures

were taken to protect their psychological well-being, such as allowing participants to skip any questions or take breaks during the interview process. To further safeguard privacy, all records and transcripts will be permanently deleted two years after the study's completion.

4. Results and Discussion

The succeeding section shows the results of the thematic analysis [56]. In total two major themes emerge: a) *the challenges of working in a psychiatric hospital during the pandemic*, and b) *surviving COVID-19 as frontline mental health workers.*

4.1. Challenges of Working in a Psychiatric Hospital During the COVID-19 Pandemic

The COVID-19 pandemic presented unprecedented challenges for psychiatric nurses, affecting both their professional responsibilities and personal well-being. Given the virus's widespread impact and unpredictability, healthcare workers found themselves at the forefront of an overwhelming crisis. The World Health Organization [7] predicted a surge in mental health issues due to the pandemic, including anxiety, depression, substance abuse, and suicidal behaviors. Frontline workers, particularly psychiatric nurses, became highly vulnerable, facing not only physiological risks but also emotional distress, professional stress, and fear of infection [57]. Participants in this study had never experienced working during a pandemic, making the abrupt transition to new protocols and work environments particularly stressful [58]. Their experiences highlighted several major challenges, which are categorized into five subthemes: (1) *working in a new context and environment*, (2) *workload exhaustion*, (3) *difficulties with personal protective equipment*, (4) *fear of COVID-19*, and (5) *witnessing patient suffering*.

4.1.1 Subtheme 1: Working in a New Context and Environment

The shift in policies and work responsibilities required psychiatric nurses to quickly adapt to an unfamiliar healthcare landscape. Many struggled with adjusting to new patient care protocols, isolation procedures, and safety regulations that were continuously evolving [58]. The lack of clarity regarding the virus, combined with frequent policy changes, created anxiety and frustration among the nurses. Roger shared how overwhelming the atmosphere became: "… *it was a scary atmosphere, and when you're at work, there was a feeling of agitation, but we needed to appear strong in front of our colleagues and patients.*" This sentiment was echoed by Maria, who described the situation as "*very alarming, fearing the unknown.*" The constant adjustments to new protocols, along with uncertainty about the virus, placed an additional emotional burden on psychiatric nurses, making their jobs even more demanding than before.

4.1.2. Subtheme 2: Workload Exhaustion

The influx of patients during the pandemic and staffing shortages led to excessive workloads, forcing nurses to work longer shifts with minimal rest [59]. With limited personnel, psychiatric nurses often had to care for more patients than usual, leading to severe exhaustion. Tess described the overwhelming workload: "… *I almost suffered an anxiety attack because of the excessive workload. Our nurse-patient ratio was 1:10. We sometimes had no time to eat.*" Similarly, **Tina** expressed the physical and emotional toll of the increased workload: "… *very exhausting! Excessive workload! The more when the patient's result is positive after the swab test.*" The heightened demands not only drained their energy but also intensified feelings of frustration and burnout.

4.1.3. Subtheme 3: Difficulties with Personal Protective Equipment (PPE)

Although PPE was a critical safeguard against infection, nurses found wearing full protective gear uncomfortable and restrictive [60]. The airtight N95 masks and bulky gowns made movement difficult and caused discomfort during long shifts. Rey voiced his frustration: "… *it was very hot! And I had to change every shift. I couldn't move very well. It slowed me down.*" Peter similarly described the inconvenience: "… *very uncomfortable and time-consuming, but necessary for protection.*" Beyond the physical discomfort, the

limited availability and inconsistent quality of PPEs added to their stress, further complicating their already demanding work environment.

4.1.4. Subtheme 4: Fear of COVID-19

The fear of contracting and transmitting the virus was a major source of anxiety among psychiatric nurses [61]. Many were deeply concerned about becoming carriers of the virus and putting their families at risk. Roger admitted, *"… that I'll be a carrier and spread the virus to my loved ones."* The uncertainty surrounding the virus's mutations also heightened distress, as Rey shared: *"… there will be no end to this. The fear of having new variants, and it seems it's getting stronger every time."* Maria, echoing a similar sense of helplessness, stated: *"… the disease will just linger and can't be contained anymore. It seems like the end of humanity."* The ongoing crisis left nurses mentally and emotionally strained, making it difficult to focus on their responsibilities while coping with their own anxieties.

4.1.5. Subtheme 5: Witnessing Patient Suffering

One of the most emotionally challenging aspects of the pandemic was watching patients suffer in isolation, particularly when their conditions deteriorated [2, 62]. Nurses often had to care for patients who were completely alone, as strict hospital protocols prevented families from visiting. Tina shared the emotional weight of seeing patients suffer alone: *"… emotionally draining, mental stress, and heartbreaking. Our patients with COVID couldn't see their family, and it made the situation even worse."* Rey, describing the difficulty of witnessing patients struggle, said: *"… very hard watching someone gasp for air. No matter how you try to be strong, it affects you physically and mentally."* The feeling of helplessness was a recurring theme, with some nurses questioning the fairness of the situation. Tess reflected on her personal struggle: *"… seeing them suffer is very upsetting, sometimes questioning God why He allowed this disease to destroy humanity. I experienced it myself—my patient died, and I saw him really suffer and pass away… very helpless."* The inability to comfort or provide adequate emotional support to patients due to strict infection control measures added to the psychological burden experienced by psychiatric nurses.

The experiences of psychiatric nurses during the pandemic reveal the intense physical, emotional, and psychological challenges they endured while caring for their patients. Their fear of infection, overwhelming workload, discomfort with PPE, and emotional distress from patient suffering all contributed to heightened stress and anxiety. These findings align with Lazarus and Folkman's [15] Transactional Model of Stress and Coping, which explains how individuals assess and respond to stressors. Psychiatric nurses appraised their situation as overwhelming and threatening, leading them to adopt various coping mechanisms to navigate these difficulties. While some nurses engaged in problem-focused coping strategies, such as following strict safety protocols and adjusting to new workplace procedures, others relied on emotion-focused coping, including suppressing fear, seeking social support, or accepting the reality of their situation. Despite their exhaustion and distress, psychiatric nurses demonstrated resilience by continuing to care for their patients while managing their own mental and emotional health. Their lived experiences underscore the critical need for institutional support systems, such as workload management, access to high-quality PPE, and mental health interventions, to safeguard the well-being of psychiatric nurses in future public health crises.

4.2. Surviving COVID-19 as Frontline Mental Health Workers

Psychiatric nurses faced unprecedented stress and challenges during the COVID-19 pandemic, requiring them to develop coping strategies to maintain their well-being while continuing to provide care for their patients. The uncertainty of the virus, fear of infection, and changes in work dynamics placed immense pressure on them, leading to significant emotional, psychological, and physical strain [63]. However, despite these adversities, the participants in this study demonstrated resilience by employing various behavioral strategies and sources of motivation that helped them navigate the crisis. Their experiences were categorized into two major subthemes: (1) effective behavioral strategies and (2) motivation to survive.

4.2.1. Subtheme 1: Effective Behavioral Strategies

To reduce their risk of infection and ease their anxiety, psychiatric nurses adopted heightened personal hygiene measures and developed new habits that helped them feel more in control of their situation [64, 65]. Many engaged in frequent handwashing, disinfecting their belongings, and wearing extra layers of protective equipment beyond what was required by protocol. Roger shared, *"… very conscious on frequent hand washing. Eating more nutritious food. Making colleagues feel emotional support and teamwork to ease workloads."* Similarly, Peter mentioned his additional protective measures: *"… hand washing often and disinfecting the workplace. Taking herbal drinks and vegan. Be understanding with coworkers and be more cooperative."*

Aside from infection control measures, participants also made deliberate efforts to strengthen their immunity through dietary choices. Some ate more as a way of coping with stress, while others shifted toward healthier diets rich in vitamins and herbal drinks to boost their immune systems. Maria stated, *"… avoiding crowds. Trying herbal drinks and more vitamins. Lessen tensions at work and help in disseminating health programs of the government."* These adaptations highlight both problem-focused and emotion-focused coping mechanisms, as nurses sought to protect themselves physically while also ensuring emotional stability in a demanding environment.

Psychiatric nurses also found support in their social networks, even when physical interactions were limited. They relied on colleagues, friends, and family members for encouragement and guidance, reinforcing the sense of camaraderie and teamwork that helped them push through difficult shifts. Tina described this experience: *"… wearing PPE especially at work, maintaining social distancing. Teamwork, helping each other, and looking after each other like a humble servant for one another."* Tess emphasized the importance of workplace solidarity, stating: *"… be conscious and focused. Always wear PPE, especially at work. Bringing own utensils. Support each other in the workplace like family."* These statements reflect how strong interpersonal connections played a crucial role in helping psychiatric nurses endure the pandemic's difficulties.

4.2.2. Subtheme 2: Motivation to Survive

Despite the hardships they faced, psychiatric nurses remained motivated by their sense of duty and dedication to their profession [66]. Many participants described their work as a calling rather than just a job, finding purpose and fulfillment in their ability to provide care during a crisis. Roger shared, *"… my desire and love to help people in distress and the willingness to help inspires me to be available for my psychiatric patients. This is my vocation to be of service to the less fortunate."* Similarly, Rey found meaning in his role: *"… seeing my patients motivates me to just love my work. After all, this is what I was called for."*

For many psychiatric nurses (including other healthcare workers), the vulnerability of their patients heightened their sense of responsibility [67]. Some nurses recognized that their patients had already been abandoned or lacked family support, reinforcing their commitment to providing compassionate care. Peter stated, *"… my work is very important, especially for my patients. They have already lost their families. I can't accept that they will also lose me."* This sense of duty was echoed by Tina, who remarked, *"… they are not ordinary patients. They are special. This is my profession to serve them 100%."*

Despite fearing for their own lives and the safety of their families, psychiatric nurses persevered through the crisis. Similar to previous related studies, nurses viewed their ability to continue working as a testament to their resilience, adaptability, and professional dedication [28, 39, 68]. Tess admitted her fears but remained steadfast in her duty: *"… I fear for my life… I fear for the virus I will bring home… but this is my work, and I feel I serve my purpose by just being with my patients, caring for them."* This highlights how a strong sense of purpose and professional identity became a powerful motivator for psychiatric nurses, helping them endure the pandemic's mental and emotional toll.

The experiences of psychiatric nurses during the COVID-19 pandemic demonstrate how resilience, coping strategies, and professional commitment played key roles in their survival. While they faced immense stress, fear, and exhaustion, they found ways to adapt through protective measures, social

support, and mental reframing. Their use of problem-focused coping (e.g., infection control practices, dietary adjustments, teamwork) and emotion-focused coping (e.g., finding purpose, relying on social support) aligns with Lazarus and Folkman's [15] Transactional Model of Stress and Coping. This model explains how individuals assess and respond to stress, demonstrating how psychiatric nurses appraised their environment, identified threats, and employed adaptive behaviors to maintain their well-being. The study underscores the critical importance of institutional support systems in helping psychiatric nurses navigate high-risk, high-stress work environments. While they demonstrated remarkable resilience, continuous mental health interventions, workplace assistance, and adequate resources are essential in ensuring their long-term well-being. Their experiences highlight the need for better crisis preparedness in psychiatric institutions, ensuring that frontline nurses receive the support, protection, and recognition they deserve in future public health emergencies.

5. Conclusion and Recommendations

The COVID-19 pandemic posed significant challenges for psychiatric nurses, affecting their physical, emotional, and psychological well-being. Caring for patients with pre-existing maladaptive behaviors while simultaneously navigating the risks of viral exposure placed immense pressure on these frontline workers. Many psychiatric nurses struggled with fears of infection, concerns about job security, and anxiety about exposing their families to the virus. Despite these challenges, their dedication to their profession and commitment to their patients remained unwavering. However, the stress induced by the uncertainty surrounding COVID-19, the adaptation to the "new normal," and the insufficient knowledge about the disease exacerbated their mental and emotional burdens. While these nurses were eager to fulfill their roles, the pandemic intensified their already demanding work environment, requiring greater resilience and adaptive coping mechanisms.

The Transactional Model of Stress and Coping provides a useful framework for understanding how psychiatric nurses navigated these challenges. Their experiences highlight the dynamic interaction between stress appraisal and coping responses, where nurses assessed the threats posed by the pandemic and engaged in various coping strategies to manage their well-being. Problem-focused coping strategies, such as staying informed about the disease and adhering to safety protocols, allowed them to maintain control over their circumstances. At the same time, emotion-focused coping mechanisms, such as seeking support from family and friends, played a crucial role in mitigating the psychological distress caused by the crisis. The two major themes that emerged from the study—the increased difficulty of working in a psychiatric institution during the pandemic and the resilience required to endure anxiety and stress—reflect how psychiatric nurses employed coping strategies to adapt and persist in their roles.

Considering these findings, several recommendations are proposed. The *Department of Health* (DOH) should consider using this study to develop policies and programs that specifically address the needs of psychiatric nurses. Initiatives that focus on mental health support, adequate protective measures, and proper remuneration should be prioritized to safeguard their well-being. Additionally, *local government units* (LGUs) and the *Inter-Agency Task Force* (IATF) should work alongside healthcare officials to create structured interventions that mitigate the psychological strain on frontline workers. Policies should be designed to anticipate and manage stressors associated with pandemic response, ensuring that psychiatric nurses receive the necessary support to perform their duties effectively.

Psychiatric institutions should also take proactive measures to enhance workplace support systems for their nursing staff. Providing mental health services, stress management programs, and institutional assistance can help alleviate the difficulties psychiatric nurses face while on duty. Meanwhile, *psychiatric nurses* themselves can benefit from recognizing the importance of coping strategies and fostering a sense of solidarity within their profession. The study also underscores the role of familial support, emphasizing the need for families to understand and reinforce the psychological well-being of psychiatric nurses. Lastly, *future researchers* may build on this study by further exploring the long-term

mental health impact of pandemics on psychiatric nurses and assessing the effectiveness of institutional interventions in reducing stress and burnout among frontline healthcare workers.

These recommendations highlight the need for a multi-level response to address the challenges faced by psychiatric nurses. By prioritizing their well-being, healthcare institutions, policymakers, and communities can ensure that these essential workers remain resilient, supported, and prepared for future public health crises.

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This study was conducted in accordance with the ethical principles outlined in the Declaration of Helsinki. The research protocols underwent review and received approval from the University of St. La Salle Research Ethics Review Office.

Transparency:
The authors confirm that the manuscript is an honest, accurate and transparent account of the study that no vital features of the study have been omitted and that any discrepancies from the study as planned have been explained. This study followed all ethical practices during writing.

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The authors declare that they have no competing interests.

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