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Strength from within: Exploring self-compassion among frontline nurses during the COVID-19 pandemic

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Abstract: Frontline nurses during the COVID-19 pandemic have faced significant psychological and emotional burdens. This study explored how self-compassion supported their resilience in high-stress healthcare settings. Using a qualitative phenomenological design, ten nurses from public and private hospitals in the Philippines were interviewed via Zoom. Participants described their experiences working in COVID-19 units or similarly demanding areas, and how they coped with uncertainty, fear, and fatigue. Thematic analysis revealed four key insights: Fire from Within: A Fuel to Win, Passion to Care: Above and Beyond the Fear, Recreation: A Key to Reset and Reconnect, and Silver Lining: An Effective Coping Mechanism. These themes illustrated how nurses cultivated self-kindness, emotional balance, and purpose amid a crisis. Self-compassion emerged not only as a coping mechanism but also as a sustaining force for professional commitment. The study recommends institutional support through targeted mental health programs and policy reforms. Promoting self-compassion among nurses is essential for protecting their well-being and preparing the workforce for future health emergencies.

Keywords: *COVID-19, Frontline nurses, Healthcare workforce, Nursing well-being, Phenomenology, Psychological resilience, qualitative research, Self-compassion.*

1. Introduction

Compassion lies at the heart of healthcare and is a defining attribute of nursing practice [1]. Nurses are widely regarded as the primary conduits of compassion, as they are trained to deliver people-centered care; prioritizing the dignity, needs, and well-being of patients and their families [2]. At the core of this vocation is the commitment to uphold life and alleviate suffering, values deeply rooted in the Hippocratic tradition [3]. However, this compassionate foundation has been severely tested by the COVID-19 pandemic [4, 5].

The global health crisis has intensified the demands placed on nurses, subjecting them to grueling workloads, psychological distress, and exposure to life-threatening conditions with insufficient support [6, 7]. Frontline nurses have faced increased risks of infection, stigmatization, and burnout, while grappling with limited resources and protective equipment [8, 9]. These prolonged challenges have not only threatened the stability of healthcare systems, but also the emotional resilience of the nursing workforce [10].

In light of this, self-compassion has gained attention as a critical internal resource for nurses navigating unprecedented stress [7]. Defined as the practice of extending kindness, understanding, and mindfulness to oneself in times of struggle [11] self-compassion helps individuals manage difficult emotions, reduce self-criticism, and foster adaptive coping [12]. As emerging research has shown, self-compassion contributes to greater life satisfaction, resilience, and psychological well-being [13, 14];

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qualities urgently needed by healthcare professionals during and beyond the pandemic.

This study is grounded in three complementary theoretical models. Human-to-Human Relationship Model [15-17], which emphasizes the transformative power of compassion and the search for meaning in human suffering, providing a foundation for understanding self-compassion as a tool for emotional resilience. Health as Expanding Consciousness Model [18] supports the notion of personal growth through adversity, asserting that individuals become more connected and purposeful through challenging experiences. Lastly, Health Promotion Model [19] highlights the importance of self-efficacy and external cues in motivating behavior change, relevant to encouraging nurses to adopt self-compassion practices during crises. Together, these frameworks guide the exploration of how nurses navigate adversity by drawing on inner strengths and compassionate self-awareness.

This study addresses a critical gap in understanding how self-compassion operates among nurses working in high-risk, high-stress environments during a global health crisis. By examining the lived experiences of nurses in COVID-19 units and similarly challenging settings, this research contributes insights that can inform mental health strategies, professional training, and policy development. Promoting self-compassion is not only vital to nurses' well-being but also to sustaining an effective and resilient healthcare workforce. The central aim of this study is to explore the self-compassion experiences of frontline nurses in the context of the COVID-19 pandemic. Specifically, the study seeks to understand how nurses cope with stress and adversity in their professional roles, and identify key themes and mechanisms through which self-compassion supports their psychological resilience. The findings inform the development of a model, grounded in lived experiences, that enhances self-compassion among nurses for current and future healthcare challenges.

2. Literature Review

The COVID-19 Context and its Impact on Healthcare Delivery - The COVID-19 pandemic drastically altered emergency healthcare systems worldwide [20]. It was reported that pre-hospital and hospital-based care protocols were significantly disrupted, resulting in suboptimal care, treatment delays, and preventable exposure to the virus [21]. These procedural shifts, though necessary, introduced unintended consequences that heightened systemic pressure across emergency services [22]. Delays in laboratory testing, inadequate triage, and a lack of timely provider response contributed to preventable morbidity and mortality [23]. Such disruptions exacerbated the emotional and moral burden among healthcare workers, especially nurses, who were often left to manage these downstream effects in real-time [10].

Nurses on the Frontline: Risks and Resilience - Despite overwhelming risks, nurses remained central to the pandemic response. Some described how many nurses continued to serve with commitment and professional dedication, even under severe emotional and physical strain [24]. Similarly, others identified two primary stressors for nurses: workforce shortages and lack of adequate resources, such as personal protective equipment (PPE) [4]. In addition, nurses suffered from prolonged exposure to trauma, separation from family, and the ethical distress of making life-and-death decisions [25]. These challenges underscored the need for supportive systems and personal coping mechanisms to sustain nurses' well-being.

Psychological Challenges and Lived Experiences - Multiple studies confirm the psychological toll borne by nurses during the pandemic. Galehdar et al. [26] found that nurses experienced high levels of psychological distress, linked to patient deaths, work uncertainty, and professional duty. Some also added that emotional distress permeated not only their work life, but also their personal relationships and mental health [10, 27]. Others synthesized nurses' pandemic experiences into three key themes: disruptions in human connection, the emotional weight of caregiving, and varied coping mechanisms, including nature exposure and spiritual reflection [28].

Factors Influencing Self-Compassion - Numerous studies have examined how demographic variables shape self-compassion. Females and older adults typically report lower self-compassion than males and younger individuals [29, 30]. Factors such as educational attainment, marital status, and socioeconomic

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standing also influence self-compassionate behaviors [31]. Lastly, married individuals and those with more professional experience or economic stability tend to demonstrate higher levels of self-compassion and personal self-care [32].

Gendered Emotional Patterns and Socialization - Research also highlights how women are socialized to prioritize the needs of others, often at the expense of their own well-being [33]. This altruistic orientation, while valued in caregiving roles, may inadvertently inhibit self-compassion [34]. Women are more prone to self-criticism and emotional exhaustion, especially in roles requiring emotional labor, such as nursing [35]. Addressing these patterns is essential for promoting sustainable caring practices and emotional resilience.

Self-Compassion and Nurse Well-Being its Physiological and Psychological Benefits- Self-compassion has demonstrated protective effects on both physical and mental health. Sirois [36] found a significant association between self-compassion, positive affect, and better self-rated health. Psychologically, self-compassion is linked to higher emotional intelligence, reduced anxiety, and greater resilience to stress [37]. It mitigates the effects of trauma and burnout and can buffer depressive symptoms, particularly when individuals face social or professional evaluative threats [38, 39].

Sociocultural and Developmental Aspects - Self-compassion is also positively correlated with social connectedness, especially when individuals recognize suffering as a shared human experience [40]. Those with supportive early attachments tend to develop stronger self-compassion as adults. In later life, self-compassion becomes increasingly important as individuals face aging-related losses and existential concerns. While, others demonstrate that older adults with higher self-compassion report lower depression and greater psychological well-being [41].

Spiritual Dimensions - Spiritual well-being has been found to reinforce self-compassion, particularly when combined with mindfulness and life satisfaction [42]. A study on nursing students showed that spiritual health, especially in the domains of transcendence and community, was significantly associated with self-compassion and resilience [43]. These findings support a holistic view of well-being, where physical, emotional, and spiritual domains interact to support adaptive coping and professional sustainability.

Self-Compassion among Healthcare Professionals - Hashem and Zeinoun [44] found that self-compassion significantly inversely correlated with burnout among healthcare workers. High emotional exhaustion was often accompanied by low self-compassion. Importantly, self-compassion appeared to interrupt the progression of burnout by fostering emotional regulation, realistic self-assessment, and psychological balance [35, 45]. This finding affirms that promoting self-compassion is not only protective but may be essential for long-term professional functioning in high-stress care environments.

Synthesis and Conceptual Alignment - The reviewed literature underscores that self-compassion plays a vital role in maintaining nurses' mental, emotional, and physical well-being; especially under the extreme stress of a global pandemic. Despite varied demographic predictors, the consistent benefit of self-compassion across physiological, psychological, and spiritual domains makes it a crucial construct in health and caregiving professions. Integrating these findings with the study's theoretical framework, three perspectives emerge: Human-to-Human Relationship Model [15-17] emphasizes the meaning of suffering and compassionate connections, both of which underpin self-compassion as a healing and humanizing force in clinical contexts. Health as Expanding Consciousness [18] affirms that adversity, such as the COVID-19 pandemic, which can serve as a transformative experience through which nurses deepen their sense of purpose, connection, and inner growth. Lastly, Health Promotion Model [19], which supports the idea that cultivating self-compassion requires both internal belief (self-efficacy) and external prompts (organizational support) to initiate and sustain behavior change. These theories collectively highlight that self-compassion is not merely a personal trait, but a dynamic, teachable, and context-dependent resource. Thus, this study seeks to build a grounded model to enhance nurses' self-compassion—providing both theoretical insight and practical implications for healthcare systems preparing for future crises.

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3. Methodology

3.1. Study Design

This study employed a qualitative research design, specifically using a phenomenological approach [46] to explore the self-compassion experiences of nurses in the context of the COVID-19 pandemic. Phenomenology focuses on capturing the essence of lived experiences shared by individuals within a specific group [47]. As Creswell and Creswell [48] explains, this approach enables researchers to understand the depth and meaning of participants' perspectives through their narratives. Given the study's objective of exploring nurses' emotional resilience and inner coping mechanisms, phenomenology was deemed the most appropriate design. In-depth, one-on-one interviews, conducted with the use of Zoom platform, were used as the primary data collection method to gain rich, authentic insights into participants' experiences.

3.2. Participants

Ten nurses were purposively selected [49] based on predefined inclusion criteria. Eligible participants: (a) were either male or female; (b) belonged to any adult age group (young, middle-aged, or older adults); (c) were actively working during the COVID-19 pandemic; (d) were affiliated with public or private hospitals admitting COVID-19 patients; (e) had direct experience caring for COVID-19 positive patients; (f) were assigned to high-adversity units such as COVID-19 wards, operating rooms, or infectious disease facilities; and (g) were residents of Negros Occidental or Bacolod City (Bacolod City; a highly urbanized city and the capital of Negros Occidental in the Philippines). Nurses assigned to community or school-based settings, or those without first-hand COVID-19 patient care experience, were excluded.

Table 1 shows the participants' basic background demographics. Overall, the study involved ten nurses, which assigned pseudonyms to ensure confidentiality. Among them were four are male and six female nurse participants, with ages ranging from early twenties to late forties. Most were in their thirties, reflecting a blend of early-career and mid-career nursing professionals. In terms of educational attainment, the group included both bachelor's and master's degree holders in nursing, with a majority having completed graduate-level studies in nursing. Marital status varied: while most participants were single, a few were married and balancing professional responsibilities with family life. Socioeconomic backgrounds (SES) were largely classified as lower-middle or middle-income. Participants were evenly split between those working in public and private hospital settings. This balance provided a comparative perspective on institutional support and workplace culture during the pandemic.

In addition, the nurses were deployed across several high-risk areas, including COVID-19 isolation units, operating rooms, and an infectious disease unit. While most worked standard eight-hour shifts, a couple of participants reported working extended twelve-hour shifts, reflecting the intensity of healthcare service demands. The majority were employed on a permanent basis, although two of the nurses were contractual employees, both of whom were working in public hospitals. This diversity in age, gender, institutional affiliation, area of assignment, and employment status enriched the dataset, offering a nuanced understanding of how nurses experienced and responded to the emotional and physical challenges of the COVID-19 pandemic.

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Table 1.
Background demographics of the participants.

Participant (pseudonyms)	Gender	Age	Education	Marital Status	SES	Hospital Type	Area Unit	Work Shift	Employment Status
P1: Andres	Male	35	Master	Single	Lower-Middle	Private	COVID-19	8-hours	Permanent
P2: Gabriela	Female	39	Bachelor	Married	Middle	Private	COVID-19	8-hours	Permanent
P3: Gregoria	Female	33	Master	Single	Lower-Middle	Private	COVID-19	8-hours	Permanent
P4: Josefa	Female	47	Master	Married	Middle	Private	COVID-19	8-hours	Permanent
P5: Melchora	Female	35	Master	Single	Middle	Private	COVID-19	8-hours	Permanent
P6: Apolinario	Male	33	Master	Single	Lower-Middle	Public	Operating Room	8-hours	Contractual
P7: Emilio	Male	25	Master	Single	Lower-Middle	Public	Operating Room	8-hours	Contractual
P8: Jose	Male	30	Master	Single	Lower-Middle	Public	Operating Room	12-hours	Permanent
P9: Teresa	Female	23	Bachelor	Single	Lower-Middle	Public	COVID-19	12-hours	Permanent
P10: Trinidad	Female	45	Bachelor	Married	Middle	Public	Infectious Diseases	8-hours	Permanent

3.3. Instrument

A semi-structured interview guide served as the primary research instrument. It consisted of two parts: demographic profiling (e.g., age, gender, education, marital status, hospital type, work area, shift length, and service duration), and open-ended questions addressing the participants' lived experiences. Initial questions such as "*What is it like to be assigned to a stressful working unit?*" were followed by probes like "*What did you do or tell yourself after your experience of adversity?*" and "*What kinds of things run through your mind when facing difficulty?*" The interview guide was content-validated [50] by a certified Guidance Counselor to ensure cultural relevance and appropriateness for the target population.

3.4. Data-Gathering Procedure

Ethical clearance was obtained from the appropriate institutional review board prior to participant recruitment. A snowball sampling technique [49] was employed, beginning with one eligible nurse who referred additional participants. Participants were contacted using social media and informed about the study's objectives, confidentiality terms, and voluntary participation. Informed consent was obtained electronically. Interviews were scheduled based on participants' availability and conducted using Zoom in private, well-lit, and quiet locations. Each session lasted approximately one hour. Interviews were audio and video-recorded with password-protected storage to ensure data security. Transcripts were created immediately after each session to ensure accuracy and data completeness.

3.5. Data Analysis Procedure

The data were analyzed using Colaizzi [46] seven-step method for phenomenological research. First, transcripts were read repeatedly to establish a holistic understanding. Next, significant statements related to self-compassion and pandemic experiences were extracted and labeled sequentially (e.g., SS1, SS2). Meanings were formulated from these statements, which were then grouped into thematic clusters. The researcher synthesized these into exhaustive thematic descriptions that captured the essence of the phenomenon. Finally, findings were returned to participants for validation (member-checking), and all respondents confirmed that the descriptions accurately reflected their experiences.

In addition, to ensure trustworthiness, the study followed Lincoln and Guba [51] criteria: Credibility was achieved through prolonged engagement and participant validation. While, dependability was established via an audit trail, with an experienced qualitative researcher reviewing coding and theme development. Transferability was ensured by selecting a diverse sample across demographics and hospital types. Lastly, confirmability was supported by maintaining transparent documentation of the analytic process and researcher reflexivity.

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3.6. Ethical Considerations

The study adhered to rigorous ethical standards throughout its conduct. Informed consent forms included details about study objectives, confidentiality, voluntary participation, and potential risks and benefits. Rapport-building was prioritized, with the researcher using clear communication, respectful tone, and nonverbal cues to foster openness. Participants were anonymized through pseudonyms, and all identifiable details (names, institutions) were removed from transcripts. Transcripts were returned to participants for approval and correction. To acknowledge their contribution, each participant received a modest token (Php 500.00 gift certificate; approximately 9 US dollar as of 15 May 2025). Data were securely stored on a password-protected digital drive, accessible only to the researcher, and will be permanently deleted after two years.

4. Results and Discussions

Four major themes were identified based on the statements of ten participants: (1) *Fire from Within: A Fuel to Win*; (2) *Passion to Care: Above and Beyond the Fear*; (3) *Recreation: A Key to Reset and Reconnect*; (4) *Silver Lining: An Effective Coping*. The sub-themes uncovered for the theme "Fire from Within: A Fuel to Win" are (1a) tapping one's personal resources; (1b) acquiring new knowledge. The following sub-themes were identified for "Passion to Care: Above and Beyond the Fear": (2a) finding sense of purpose; (2b) keeping the commitment to the profession. For the theme "Recreation: A Key to Reset and Reconnect", the following are the subthemes, (3a) taking a break; (3b) spending time with family and colleagues. The fourth theme which is the "Silver Lining: An Effective Coping" has the following subthemes, (4a) cognitive reframing strategies; (4b) drawing various support.

4.1. Theme 1: Fire from Within: A Fuel to Win

The first major theme that surfaced from participants' narratives highlights how frontline nurses relied on their internal strength to confront the pressures of the COVID-19 pandemic. This theme, *Fire from Within: A Fuel to Win*, reflects the process of emotionally preparing oneself to face persistent adversity, trauma, and exhaustion. Nurses described how resilience was not only required, but cultivated through mental conditioning and inner resolve. Rather than succumbing to fear or despair, participants found ways to anchor themselves internally. Andres, a 35-year-old COVID-19 medical unit nurse, mentioned, "*With all the challenges at work, I comfort myself by recalling that I was able to survive Libya where there was bombing. Like working in the COVID-19 isolation unit now is just a piece of cake.*" For many, this mental reframing of their current hardship as survivable became their psychological fuel. This overarching theme is composed of two interrelated subthemes: (1a) tapping one's personal resources and (1b) acquiring new knowledge.

4.1.1. Subtheme 1a: Tapping One's Personal Resources

In the face of unpredictable work conditions, emotional exhaustion, and physical fatigue, nurses tapped into personal reserves of strength and past experiences to sustain themselves. Emilio, a 25-year-old OR nurse, shared, "*With everything I experienced in this pandemic—testing positive three times already—I no longer entertain negative thoughts. I have the antibodies already if I become positive again.*" Rather than letting fear dominate their mindset, participants focused on what they had overcome or endured previously as a foundation for facing current stressors. Another nurse, Apolinario, described enduring long hours in full PPE: "*You just have to give all your energy, and you'll be amazed that you made it through, even though it was tiring, difficult, and hot inside.*" These reflections illustrate how self-conditioning and mental fortitude helped nurses preserve their functionality and composure in extreme conditions. This aligns with Human-to-Human Relationship Model [15-17], which emphasizes the search for meaning in suffering as a basis for emotional resilience, and with Pender, et al. [19] notion of self-efficacy, wherein the belief that one has the internal capacity to take action in the face of adversity.

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4.1.2. Subtheme 1b: Acquiring New Knowledge

In addition to drawing on internal strength, many nurses spoke of how their experiences became opportunities for growth. Gabriela, a 39-year-old COVID-19 medical unit nurse, reflected, *"At the beginning of the pandemic, we had zero knowledge on how to handle COVID-19 patients or protect ourselves. But eventually, we learned how to deal with it… now I'm a more prepared and stronger nurse."* This perspective illustrates how confronting uncertainty led to skill acquisition and emotional maturity. While, Gregoria, another COVID-19 nurse, explained how technical challenges forced her to adapt quickly: *"Inserting an IV line is a challenge …dim lights, triple gloves, but you really have to learn to do it."* Likewise, Josefa noted the exhaustion caused by rapidly changing hospital policies, but emphasized her sense of responsibility to stay updated. These statements reflect Margaret [18] theory of expanding consciousness, in which individuals evolve by confronting and integrating difficult experiences into their professional and personal growth. By acquiring new knowledge under pressure, these nurses transformed crisis into competence; demonstrating a powerful, active form of self-compassion. Instead of being overwhelmed by the magnitude of change, they chose to grow through it.

4.2. Theme 2: Passion to Care: Above and Beyond the Fear

The second theme, *Passion to Care: Above and Beyond the Fear*, reflects how nurses continued to uphold their duty to care for patients despite the omnipresent fear, exhaustion, and personal health risks during the COVID-19 pandemic. While the realities of infection risk, stigma, and limited resources created an atmosphere of uncertainty and physical vulnerability [35] participants described how their professional calling and deep-seated sense of purpose helped them persevere. Even as clinical demands intensified, nurses leaned on their altruistic identity and inner conviction that their presence and care mattered. This unwavering commitment to care reflects not only professional duty but also the moral core of nursing, where compassion and responsibility coalesce. Two interrelated subthemes emerged under this major theme: (2a) finding a sense of purpose, and (2b) keeping the commitment to the profession.

4.2.1. Subtheme 2a: Finding a Sense of Purpose

For many participants, the pandemic reawakened or reaffirmed their vocation. Several nurses expressed that, despite the dangers and the temptation to quit, their perceived value to patients gave them the motivation to stay. Teresa shared, *"I feel that I am most needed as a nurse during this pandemic. It is one of the reasons why I did not quit."* Trinidad echoed this conviction: *"Being acknowledged and thanked by patients and their families can make you understand your purpose… I told myself I should not quit because it is part of my job."* While, Emilio powerfully articulated this moral drive when recounting an emergency in the operating room: *"Our patient was COVID-19 positive. He arrested while we were operating. I helped perform CPR, although it is not allowed to do CPR on a COVID-19 positive patient. What for that I am a nurse if I will do nothing to help him survive?"* Such accounts reveal how self-compassion, in the form of self-affirmation and alignment with one's life mission, empowered nurses to act courageously in the face of fear. This subtheme aligns with Joyce Travelbee's [15-17] emphasis on purpose-driven care and human-to-human connections in the nursing profession. The sense of being "called" reinforces a resilient self-concept, enabling nurses to find meaning in hardship and remain anchored amid uncertainty.

4.2.2. Subtheme 2b: Keeping the Commitment to the Profession

While purpose gave nurses the motivation to stay, it was their enduring commitment to the nursing profession that sustained their action. Participants repeatedly emphasized that, despite fear and exhaustion, they continued showing up because they believed it was their ethical and professional duty. Andres remarked, *"I have to stay and be with my patient because, as a nurse, it is my responsibility to give my patient the care that he needs."* Similarly, Gregoria explained, *"Despite the exhaustion and fear, I am still here on duty because it is my calling. Even with difficulty, I should face it."* In addition, Josefa, a nurse leader,

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described her efforts to maintain morale within her team: "*We are assigned to work in an unfamiliar unit, full of fear and uncertainty. But as the head of the team, I should have the courage and strength to convince other nurses to take the challenge. I have tested positive many times, cried many times, but because I love my work as a nurse, I hold on.*" This dedication, despite personal cost, illustrates an identity deeply tied to caring for others; an identity that enables nurses to transcend fear through commitment. This subtheme reflects both [17] focus on empathy and commitment and [19] concept of behavioral motivation through internal beliefs. Nurses' resilience was grounded in a belief that their role was vital, not just to individual patients but to the healthcare system at large. Their self-compassion manifested in honoring their values and reinforcing their professional identity amid crisis.

4.3. Theme 3: Recreation: A Key to Reset and Reconnect

As the pandemic wore on, the prolonged strain on nurses' emotional and physical well-being became increasingly evident. Participants in this study described the unrelenting demands of their profession as akin to "*running in a marathon with no finish line in sight.*" To mitigate the accumulating stress, many turned to recreational activities as intentional coping strategies. This theme, *Recreation: A Key to Reset and Reconnect*, underscores the role of leisure and social engagement in helping nurses preserve their psychological health and re-energize for their duties. Recreation allowed nurses to momentarily detach from work-related pressures, regulate their emotions, and maintain clarity and focus in their caregiving roles. The theme includes two subthemes: (3a) taking a break and (3b) spending time with friends and colleagues.

4.3.1. Subtheme 3a: Taking a Break

Participants shared how engaging in personal leisure activities during their days off or quiet moments at home provided much-needed mental rest and rejuvenation. Apolinario explained, "*Taking breaks to calm yourself and clear your mind is necessary for this very stressful work. That's why on my day off, I ride the bike or play football. It makes me breathe and feel good.*" Similarly, Emilio emphasized the role of digital entertainment: "*I think it is really important to give yourself a break… Like me, I really enjoy doing Tiktok or watching videos on Tiktok, and it helps me feel okay.*" Furthermore, Melchora acknowledged the difficulty of truly detaching from work, but still valued quiet personal moments: "*Although I'm at home trying to find time for myself, I feel I still have the responsibility to look after the people on duty. So, when there's a quiet time, I take advantage of it; to relax, to sleep, to watch Netflix. It helps me recondition myself again for work.*" These narratives illustrate that taking time to reset, even briefly, helped nurses manage their emotional reserves and regain control over their well-being. Such practices reflect one aspect of self-compassion; treating oneself with kindness through restorative action. From a theoretical lens, this aligns with Margaret [18] Health as Expanding Consciousness, where periods of renewal help individuals integrate intense experiences into personal growth and resilience.

4.3.2. Subtheme 3b: Spending Time with Friends and Colleagues

In addition to solitary activities, participants described how connecting with friends and colleagues provided emotional support and reminded them of life beyond their clinical roles. Josefa shared, "*During the height of the pandemic, my mind was really bothered. So together with my colleagues, we'd go out for coffee and unwind. Once a month, we set time to have a break.*" Trinidad reflected on how social bonding offered a sense of normalcy: "*I'm glad I have many friends at work. They are the same people I bond with after work. We play Mobile Legends and it helps us feel good. You're reminded that you're still a normal person—that there is still life outside work.*" These social interactions not only helped reduce feelings of isolation but also reinforced a sense of shared humanity; one of the core elements of self-compassion, as defined by Neff and Dahm [11] and [37]. This is further supported by Travelbee [15]; Travelbee [16] and Travelbee [17] theory, which emphasizes interpersonal connection and empathy as key to emotional healing. By choosing to connect with others, nurses found strength in solidarity, laughter, and belonging.

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4.4. Theme 4: Silver Lining: An Effective Coping

The fourth and final theme, *Silver Lining: An Effective Coping*, highlights how nurses navigated the overwhelming emotional and professional burden of the COVID-19 pandemic by consciously adopting an optimistic mindset and seeking meaningful support. Despite the extreme demands of their roles, nurses demonstrated a capacity for resilience by reframing their experiences and focusing on the positives that remained. This mindset served as a psychological buffer, enabling them to function effectively and maintain their emotional equilibrium amid adversity. Rather than succumbing to despair, many participants developed adaptive cognitive strategies and leaned on personal and professional support systems to maintain balance. In other words, coping as a dynamic process involving thoughts and behaviors that help individuals regulate stress [12]. The theme includes two key subthemes: (4a) cognitive reframing strategies and (4b) drawing various support.

4.4.1. Subtheme 4a: Cognitive Reframing Strategies

Participants reported that consciously changing the way they viewed stressful events helped them remain calm and optimistic. Teresa shared that she and her colleagues would often say to themselves, "*Tomorrow this pandemic will be gone and everything will revert to normal, and we will still stand strong.*" Gregoria echoed this sentiment, noting that she coped by believing "*this COVID-19 will not last forever… if you dwell too much on the stress, it won't help you maintain your sanity.*" While, Gabriela described how emotional release played a role in recovery: "*There was a time when I reached home, I suddenly cried… But after I closed my eyes and said to myself, 'It's okay to pause but don't you ever quit,' I felt better.*" These reframing strategies demonstrate how self-talk, forward-looking hope, and acceptance helped mitigate emotional overload. In addition, Trinidad added a practical shift in perspective, stating, "*Yes, PPE is very hot… but I do not complain because it is protection for us… Actually, it is more advantageous for us.*" Instead of viewing physical discomfort as purely negative, she interpreted it as a sign of safety. Similarly, Melchora found emotional solace in community appreciation: "*There are also people who have so much appreciation for nurses. I think more of this so I won't be sad.*" These narratives illustrate the intentional restructuring of thoughts to foster hope—a psychological process deeply aligned with Neff and Dahm [11] and Neff and McGehee [37] self-compassion framework and Travelbee [17] emphasis on finding meaning in suffering. By choosing to perceive hardship as temporary, purposeful, or even protective, nurses preserved their mental well-being.

4.4.2. Subtheme 4b: Drawing Various Support

Another prominent coping mechanism involved seeking and receiving tangible and emotional support from family, friends, colleagues, and the healthcare system. The overwhelming message was clear: having others to lean on was indispensable. Apolinario shared that "*the support my loved ones have given was enormous, they even set up a shower and changing area for me at home.*" Similarly, Teresa noted, "*My parents had a separate room constructed for me. When supplies were low, they found a way to send me food to the hospital… Their prayers, messages, and daily check-ins gave me courage.*" While, Jose described a touching routine: "*Every day for three months that I stayed in a boarding house, my mother would cook for me and leave the food outside the gate… She brings light in the darkest moment of my life.*" Others emphasized peer-based support at work. Gregoria appreciated that doctors included nurses in COVID-19 team forums, saying, "*It was our venue to discuss interventions, and it made us feel involved.*" This subtheme reflects [19] notion of external cues and social influence in promoting health behavior, as well as Newman [18] view of interconnectedness in achieving wellness. The emotional reassurance and practical help provided by others acted as scaffolding, enabling nurses to endure their challenges with greater fortitude. Andres aptly summarized the essence of this theme: "*The support of your family, friends, and your colleagues actually plays a big role in maintaining your sanity.*"

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5. Conclusions and Recommendations

This study explored the lived experiences of nurses during the COVID-19 pandemic, with a particular focus on how they exercised self-compassion to cope with intense professional and emotional stress. Through phenomenological inquiry, four major themes emerged: *Fire from Within: A Fuel to Win*, *Passion to Care: Above and Beyond the Fear*, *Recreation: A Key to Reset and Reconnect*, and *Silver Lining: An Effective Coping*. These themes revealed how self-compassion manifested through resilience, purposeful caregiving, restorative activities, cognitive reframing, and strong support systems. The findings are deeply rooted in the study's theoretical framework. Human-to-Human Relationship Model, which emphasizes the search for meaning in suffering and the healing power of human connection; elements that clearly reflected nurses' dedication to patient care and peer support. Health as Expanding Consciousness Model, which was echoed within the narratives of growth through adversity, where nurses emerged stronger, more reflective, and better prepared through their pandemic experiences. Finally, Health Promotion Model, which supports the role of internal self-efficacy and external support cues in sustaining nurses' adaptive behaviors, such as emotional regulation, social bonding, and self-care practices. Overall, self-compassion was not a passive disposition, but rather an active, sustaining force that allowed nurses to continue performing their roles with strength, empathy, and professionalism in the face of sustained crisis. Understanding this lived reality is crucial for designing responsive systems that prioritize nurse well-being during and beyond pandemics.

Based on the study's findings, the following recommendations are proposed:

- Institutionalize Mental Health and Resilience Programs - Hospital administrators and healthcare policymakers should implement structured psychological support programs focusing on mindfulness, emotional resilience, and self-compassion training for nurses.
- Foster Peer and Interdisciplinary Collaboration - Facilitate inclusive forums where nurses, doctors, and healthcare staff can share insights and concerns, promoting a collaborative and psychologically safe work environment.
- Provide Protected Time for Rest and Recreation - Ensure that nurses are given adequate time off, flexible scheduling, and access to wellness spaces where they can engage in recreational and stress-reducing activities.
- Strengthen Family and Social Support Linkages - Develop policies that recognize and integrate family support as part of a nurse's coping network, such as designated communication hubs, family liaison services, or sponsored accommodation during outbreaks.
- Integrate Theoretical Training into Nursing Education - Incorporate discussions on self-compassion, reflective practice, and the humanistic dimensions of nursing into training programs, aligned with the Human-to-Human Relationship Model, Health as Expanding Consciousness Model, and Health Promotion Model.

While this study offers valuable insights, several limitations should be noted:

- Geographic Scope: All participants were based in Negros Occidental or Bacolod City, Philippines, limiting generalizability to other regions or healthcare contexts.
- Sample Size: With only ten participants, the study captures depth but not breadth. Larger or comparative samples may reveal additional perspectives.
- Online Interviews: The reliance on using Zoom may have constrained nonverbal expression and the intimacy of face-to-face interactions.
- Self-Selection Bias: Participants who agreed to share their experiences may be those more comfortable discussing emotional matters, possibly omitting voices of those less expressive or more severely affected.

Future research could explore longitudinal changes in nurses' self-compassion post-pandemic, or compare coping strategies across healthcare roles and cultural contexts.

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Institutional Review Board Statement:

The study was conducted in accordance with the Declaration of Helsinki. Study protocols were evaluated and approved by the panel of evaluators of the University of St. La Salle Graduate Program.

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.

Author Contributions:

Conceptualization, K.A.C., T.-A.B.L., and S.M.T.; methodology, K.A.C., T.-A.B.L., and S.M.T.; software, G.S.C.; validation, K.A.C., T.-A.B.L., S.M.T., and G.S.C.; formal analysis, K.A.C.; investigation, K.A.C., T.-A.B.L., S.M.T., and G.S.C.; resources, K.A.C., T.-A.B.L., S.M.T., and G.S.C.; data curation, K.A.C.; writing—original draft preparation, K.A.C.; writing—review and editing, K.A.C., T.-A.B.L., S.M.T., and G.S.C.; visualization, G.S.C.; supervision, T.-A.B.L. and S.M.T.; project administration, K.A.C., T.-A.B.L., and S.M.T.; funding acquisition, K.A.C., T.-A.B.L., S.M.T., and G.S.C. All authors have read and agreed to the published version of the manuscript.

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