

Challenges and Coping Strategies of Nurses During the COVID-19 Pandemic

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Abstract- *This study entitled “Challenges and Coping Strategies of Nurses During the Covid-19 Pandemic” described the challenges and strategies faced by the nurses in home health setting during the pandemic. The study aimed to test the significant relationship and significant differences between the challenges level encountered by the respondents and their profile variables as well as to propose programs based on the results of the study. The researcher used descriptive method of research. The subjects of the study are 30 nurses who were working in home health across Western and Central Pangasinan. The primary instrument used in this study was a checklist questionnaire and used various methods such as frequency and percentage, average weighted mean, Pearson correlational, t-test and ANOVA in analyzing data. Based on the findings, majority of the participants are aged thirty-one to thirty-five, female, married, BSN graduate, has a highest paid salary, works more than a year and has training. Additionally, the study shows that nurses encountered physical, mental, emotional, social, and spiritual challenges while caring for patients in a home health setting during the pandemic. The researcher recommended a program that may benefit nurses in handling challenges and coping strategies to prepare them.*

Indexed Terms- *Challenges, COVID-19, Home Health, Nurses, Strategies*

I. INTRODUCTION

The COVID-19 pandemic has strained many national healthcare systems, prioritizing illness screening and hospitalization for severe illnesses, and the pandemic has also increased the need for home care services (Chan et al., 2022). Home health setting is a term used to describe providing medical treatments,

procedures, and interventions to patients in their homes. This means that it can be achieved through various means, including telehealth, eHealth, or in-person visits. It also aims to bring healthcare services to patients who are incapable of traveling to a hospital (Verdeprado et al., 2023).

Furthermore, the home health setting offers technical and supportive services to people after hospitalization. Consequently, home healthcare has several benefits, including reducing social isolation and optimizing public health expenditure. Its primary objectives are to keep elderly and disabled individuals at home, prevent hospital readmissions, and meet their daily needs. Before receiving home healthcare, patients visit a pharmacy, a group of patients, and a laboratory to verify treatments and update health records (Lofti Fatemi et al., 2019).

Meanwhile, Sterling et al. (2020) described home healthcare workers who provide essential support to individuals residing in the community and are tasked with caring for those who have confirmed or suspected coronavirus disease 2019 (COVID-19) and are confined to their residences. These workers, who earn low wages on average, are predominantly middle-aged women and members of racial and ethnic minorities. Despite their critical role in patient care, home health care workers are overlooked by the medical community and society. Therefore, to construct a healthcare system that can effectively tackle the COVID-19 crisis and subsequent pandemics, it is imperative to enhance our comprehension of the challenges faced by these professionals.

However, the provision and demand for home care face several technological and societal challenges. Caregiving concerns, nursing capacity, management,

infrastructure, cultural barriers, payment methods, coordination, inter-professional cooperation, and job satisfaction hinder home care. Employment dissatisfaction has also driven nurses away from home care. Additionally, home healthcare providers face challenges such as patients' time constraints (Fathollahi-Fard et al., 2022). Also, the informal home care providers have received little attention, and during public health crises, low-income and resource-constrained people may require care at home. Indeed, the COVID-19 pandemic significantly impacted home health settings, putting residents and staff at risk. Home health nurses were isolated and underappreciated, while the lack of treatment options increased staff shortages. Supporting the recovery of home care nurses from the pandemic is crucial and tailored to their unique experiences (Birt, 2024).

According to Nasol and Francisco-Menchavez (2021), Filipino homecare workers assist in residential and assisted living facilities for seniors while being on the front lines despite the fact that their work is largely invisible. The neoliberal response to the COVID-19 crisis exacerbates the dangers faced by home care workers using racial inequities. However, with the growing number of seniors receiving care at home, optimizing home health care is crucial (Wachtler, 2024; Kunz & Minder, 2020). Hamano et al. (2022) emphasized that depression and anxiety related to COVID-19 infection were considerably more prevalent among nurses, medical office personnel, and other occupations, when compared to physicians.

Even with the inherent worth of home health settings during the COVID-19 pandemic, care delivery also presented distinctive challenges. Despite directly caring for vulnerable individuals in their homes during the pandemic, home care aides are consistently excluded from healthcare worker protection policies. It is critical to comprehend these obstacles and devise approaches to surmount them to sustain ongoing assistance for medical practices and patients in the face of the pandemic and the potential emergence of new ones (Ritchie et al., 2021; Bandini et al., 2021).

Furthermore, the challenges brought to light by the pandemic include the exclusion of nurses from

policy-making processes, the scarcity of epidemiological data about home care, the lack of vaccine prescribing authority for nurses, the absence of education for users and their families, the absence of guidance on infection control and prevention specific to home care, and the inadequate preparedness of the home care setting to handle acutely ill patients (Fisher, 2023). In the long run, these obstacles will likely contribute to increased fatigue, employee attrition, and staff shortages, as they burden the strained and vulnerable workforce (White et al., 2021).

During the COVID-19 pandemic in Iran, home healthcare (HHC) faced challenges related to Personal Protective Equipment (PPE) shortages for staff directly involved in patient care. This study raised concerns about potential cross-infections among staff and patients. HHC in Iran also needed more information and data about the healthcare system, as well as insufficient surveillance and poor supervision. The pandemic further exacerbated these challenges. Policymakers require more data to make timely, evidence-based decisions about the disease (Atashi & Nejatian, 2020).

Gaining a better understanding of nurses' challenges in home health settings can help develop policies and interventions that promote safety and awareness, not just for them but for all healthcare workers. This study aims to fill the research gap regarding nurses' challenges while on duty and help them be more resilient in such events.

II. RESEARCH METHODOLOGY

This study utilizes a quantitative approach and was conducted using the descriptive correlational research method. The subjects in this study were nurses working in a home health setting during the pandemic. The participants are above the age of twenty (20) and are working as registered nurses assigned in Western and Central Pangasinan, regardless of the time of the scheduled working shift. The researcher utilized convenience sampling method wherein the respondents were chosen based on their availability. Nurses were chosen as subjects as they represent one of the most significant workforces, being highly exposed to various types of infections,

and were targeted to gather the necessary data on the challenges they encountered. The researcher identified thirty (30) respondents working in a home healthcare setting during the pandemic.

Statistical Range	Descriptive Equivalent	Transmuted Equivalent
4.50 - 5.00	Always	Very Useful(VU)
3.50 - 4.49	Often	Useful(U)
2.50 - 3.49	Sometimes	Moderately Useful (MU)
1.50 - 2.49	Rarely	Slightly Useful(SU)
1.00 - 1.49	Never	Not Useful(NU)

Moreover, the primary research tool was a checklist questionnaire which was designed based on the problem statement to gather necessary data. The questionnaire aimed to determine the challenges the nurses encountered as perceived by the respondents and their profile variables. It is composed of three parts. The first part of the questionnaire comprises the respondent's demographic profile which includes age, sex, civil status, highest educational attainment, highest salary paid, religion, number of hours at work, and training attended. The second part includes five problems with sub-questions for each category. Lastly, the third part explores how the nurses coped with the challenges they encountered working in a home health setting. Furthermore, the following statistical tools were used for data analysis. In Part I, the frequency distribution was utilized to measure the profile of the respondents. The Average Weighted Mean (AWM) was utilized to measure the challenges of nurses and how they cope with the challenges while working and caring for their patients as presented in Part II and Part III. To identify the significant relationship between the respondent's profile and the challenges they encountered, the Pearson correlation was used. Meanwhile, the t-Test and ANOVA method was used to identify the significant difference of the respondent's profile and the challenges they encountered while working in the home health setting.

III. RESULTS AND DISCUSSIONS

A. Demographic Profile of the Nurses

Age. As presented in Table 1, out of thirty respondents, twelve of them (40%) belonged to ranges 31 to 35 years old, with seven respondents (23.3%) belonging to the age bracket of 36 to 40 years old, six (20%) respondents belonged to the age above 41 years old, and five (16.7%) are in the bracket of 26 to 35 years old. Based on the findings, most nurses in home health settings are in their thirties. Older nurses are a highly competent and experienced workforce component. Their loss, if prevented or mitigated, would not only enhance nurse retention but also establish a continuous cadre of skilled nurses to provide support, coaching, and mentoring to the upcoming generations of nurses (Markowski et al., 2020).

The following arbitrary value was assigned for the degree of challenges encountered by nurses during the pandemic:

Sex. The table shows that the majority are female (60%), with only 12 (4.%) males out of 30. Nursing is widely recognized as one of the professions in which the female workforce predominates across all nations.

Statistical Range	Descriptive Equivalent	Transmuted Equivalent
4.50 - 5.00	Always	Highly Challenging (HC)
3.50 - 4.49	Often	Challenging (C)
2.50 - 3.49	Sometimes	Moderately Challenging (MC)
1.50 - 2.49	Rarely	Slightly Challenging(SC)
1.00 - 1.49	Never	Not Challenging(NC)

Civil Status. It was revealed that eighteen respondents (18%) are married, whereas ten (10%) are single, and only 2 (2%) are annulled. As the health care profession that spends the most time with patients compared to others, and where patient outcomes are contingent on the quality of nursing care provided, the nursing profession demands a more remarkable dedication and accountability.

As to the strategies used by the nurses to cope with the challenges being encountered, the following table was used:

Highest Educational Attainment. The significant proportion of the participants (50%) possess a Bachelor of Science in Nursing (BSN) degree. There are 13 (43.3%) participants who pursued and obtained a master's degree, and two out of thirty respondents (6.7%) have master's units.

Religion. In terms of religion, 23 (76.7 %) are Roman Catholic, whereas 6 (20%) are Christian, and 1 (3.3 %) is from Iglesia Ni Cristo. As shown from the

table, 22 (90 %) out of 30 respondents work 8 hours, while 3 (10%) work 12 hours.

Highest Salary Paid. As shown in Table 1, 28 (93.3%) of the participants' wages range from P21,914 to P43,828. Only 2 (6.7%) have a salary or monthly income of P10,957 to P21,914.

Years in Service in Home Health Settings. There are 14 (46.7%) out of 30 who have worked in home health for two years and below, while 13 (43.3%) are above and equal to six years in service. Only 3 (10%) respondents have stayed in home health care for three to five years.

Relevant Training or Seminars. Only 10 (33.3%) nurses have attended training. Continuing education has had a substantial influence on the expansion of expertise among healthcare professionals, with particular emphasis on nurses. Marx et al. (2019) found that health professionals who hold certification in Infection Prevention and Control exhibit enhanced professional development and proficiency, greater adherence to protocol compliance, and greater engagement in demonstrating superior quality in infection prevention and control practices.

Table 1: Profile of the Respondents (n = 30)

Profile	f	Percentage
Age		
26 – 30 years old	5	16.7
31 – 35 years old	12	40.0
36 – 40 years old	7	23.3
41 years old and above	6	20.0
Sex		
Male	12	40.0
Female	18	60.0
Civil Status		
Single	10	33
Married	18	60
Annulled	2	7
Highest Educational Attainment		
BSN	15	50.0
With Master's Degree Units	2	6.7
Master's Degree Holder	13	43.3
Religion		
Roman Catholic	23	76.7
Christian	6	20.0
Iglesia Ni Cristo	1	3.3
Number of Hours in Work		
8 hours	27	90.0
12 hours	3	10.0
Highest Salary Paid		
P10,957 to P21,914	2	6.7
P21,914 to P43,828	28	93.3
Years in Service		
Below 2 years	14	46.7
3 to 5 years	3	10.0
6 years and above	13	43.3
Relevant Trainings/Seminars		
Yes	10	33.3
No	20	66.7

B. Challenges Encountered by the Home Health Nurses During the COVID-19 Pandemic

Table 2 shows the mean distribution of the physical challenges encountered by home health nurses during the pandemic. The statement, "I often stand for extended periods," has the highest mean score of 4.13 with "challenging" as its transmuted equivalent. This means that nurses are unable to sit for extended periods. According to de Langen et al. (2020), prolonged standing, characterized by remaining stationary for more than an hour and exceeding four hours per day, poses significant health risks. Meanwhile, the statement, "I have difficulty sleeping because of my work," has the lowest score of 2.34 and a "moderately challenging" transmuted equivalent. This indicates that nurses sometimes cannot sleep because of their work. According to Papagiouvanni et al. (2022), the pandemic has disrupted sleep patterns, causing dysfunction. The sleeplessness can lead to mental health issues. Overall, the average weighted mean is 3.35 with a transmuted equivalent of "moderately challenging". This indicates that nurses sometimes encounter physical challenges.

Table 2: Challenges Encountered by the Home Health Nurses Along Physical Aspect

Indicators	Weighted Mean	Transmuted Equivalent
1. I am stuck lifting heavy stuff and patients during my shift.	3.13	MC
2. I have difficulty sleeping because of my work.	2.97	MC
3. I constantly reposition patients without any assistance.	3.37	MC
4. I am responsible for transporting patients by myself.	2.57	MC
5. I have a few breaks.	3.33	MC
6. I stand often for extended periods.	4.13	C
7. I have low stamina because eating schedule is always delayed.	3.20	MC
8. I encounter back pain because of my work.	3.43	MC
9. I find it hard to maintain a healthy diet because of my work.	3.77	C
10. I felt exhausted because of my workloads.	3.63	C
Average Weighted Mean	3.35	MC
Statistical Range	Descriptive Equivalent	Transmuted Equivalent
4.50 - 5.00	Always	Highly Challenging (HC)
3.50 - 4.49	Often	Challenging (C)
2.50 - 3.49	Sometimes	Moderately Challenging (MC)
1.50 - 2.49	Rarely	Slightly Challenging (SC)
1.00 - 1.49	Never	Not Challenging (NC)

Table 3 shows the mean distribution of nurses' mental challenges. The statement, "I am anxious about acquiring the disease because of my work," has the highest score (WM=3.53), with a transmuted rating of "challenging". The result implies that nurses are concerned that they may acquire the disease while on their duties. D'emeh et al. (2021) emphasized that nurses attending to patients diagnosed with COVID-19 have reported an increase in stress and anxiety, which is work-related stress, consequent to the global

impact of the pandemic on healthcare systems. Whereas, the statements "I am experiencing panic attacks because of work" and "I have trouble making decisions at my work" have the same score of 1.80 and have a "slightly challenging" transmuted rating. This indicates that nurses' decision-making skills were affected by the pandemic. It also suggests that some nurses are struggling with panic attacks because of their work. In the study of Al Maqbali et al. (2021), during the COVID-19 epidemic, around one-third of nurses experienced psychological symptoms, and even nurses with high resilience experienced mental distress, including PTSD and perceived stress (Leng et al., 2021).

Table 3: Challenges Encountered by the Home Health Nurses Along Mental Aspect

Indicators	Weighted Mean	Transmuted Equivalent
1. I am anxious about acquiring the disease because of my work.	3.53	C
2. I worry a lot about the idea that my patients might experience death during my care.	3.20	MC
3. I feel helpless due to my workload.	2.50	MC
4. I lost my confidence at my work following the fear of contracting the disease.	2.10	SC
5. I am having trouble finishing a task.	2.07	SC
6. I am feeling unmotivated to work.	2.13	SC
7. I lost focus at work after contracting a disease.	2.03	SC
8. I have trouble making decisions at my work.	1.80	SC
9. I am experiencing panic attacks because of too many points.	1.80	SC
10. I am afraid to verbalize my concerns to others.	1.90	SC
Average Weighted Mean	2.31	SC

Meanwhile, the data shows an overall mean of 2.31 with a transmuted rating of "slightly challenging". The result implies that despite everything, the respondents still viewed mental challenges as rare or somewhat tricky. Professionals endeavor to align their decisions with professional ethics and bio-ethical principles. However, they confront moral dilemmas and experience stress when prevented from administering care or treatment as deemed appropriate (Falcó-Pegueroles et al., 2023).

Table 4 shows the mean distribution of emotional challenges encountered by nurses. The statement, "I am having episodes of extreme burnout," has the highest mean which is 2.40 and has a transmuted equivalent of "slightly challenging". This indicates that sometimes, nurses feel exhausted while working in a home health setting, especially during the pandemic. The result is agreed upon by Galanis et al. (2021), as their study implies a critical concern amidst the pandemic has been identified as burnout among nurses. Meanwhile, "I feel helpless at my work" and "I feel envious of everyone due to my job"

have the same score of 1.80 and are the lowest, with the transmuted rating of "slightly challenging". This indicates that nurses rarely experience feelings of helplessness upon witnessing the suffering of their patients, which consequently may lead them to harbor feelings of envy towards others. Nurses feel helpless when they lack control over a situation (Azizi et al., 2023). Also, in the literature of Polat et al. (2024), nurses' education level affects self-efficacy, which affects envy. By improving self-efficacy, malicious envy can be reduced.

Table 4: Challenges Encountered by the Home Health Nurses Along Emotional Aspect

Indicators	Weighted Mean	Transmuted Equivalent
1. I have become too emotionally attached to my patient due to their conditions.	2.23	SC
2. I felt inadequate when things do not work well with my patients.	2.27	SC
3. I feel extremely frustrated at work.	1.97	SC
4. I am having episodes of extreme burnout.	2.40	SC
5. I feel helpless at my work.	1.80	SC
6. I am feeling too afraid due to my work.	1.73	SC
7. I am feeling nostalgic because of my work.	1.87	SC
8. I feel too sensitive.	2.27	SC
9. I feel wishful of everyone due to my job.	1.80	SC
10. I am experiencing feelings of guilt related to my job.	1.87	SC
Average Weighted Mean	2.02	SC

Moreover, table 4 shows an overall mean of 2.02 which also has a transmuted rating of "slightly challenging". The result implies that nurses rarely experience these emotional challenges. According to Nelson et al. (2021), as it implied that one may encounter various emotional difficulties, such as loneliness, anxiety, tension, exhaustion, and guilt. Uncertainty regarding leadership and communication difficulties, the conflict between the patient's requirements and the pandemic, COVID-19, and best practices exacerbated these difficulties.

Table 5 presents the social challenges encountered by home health nurses during the pandemic. The statement, "I have experienced social discrimination because of my work," has the highest value (WM=2.23) and has a "slightly challenging" transmuted rating. This implies that during the pandemic, some respondents experienced social discrimination. In the Philippines, medical professionals have faced eviction from their residences, denial of public transportation services, and exclusion from dining establishments by fellow citizens, driven by concerns about virus transmission (De Guzman et al., 2022). In contrary, the statement,

"I quit my job because of the fear of contracting COVID-19," has the lowest mean which is 1.53 and a transmuted equivalent of "slightly challenging". This indicates that some participants terminated their employment due to the pandemic. Alibudbud (2022) found that since the onset of the pandemic, there has been a resignation rate of 40% among nurses employed in private hospitals.

The overall mean is 1.93 with a transmuted rating of "slightly challenging". This implies that the respondents rarely experience these social challenges. Nurses face social stigma from colleagues and society, causing psychological distress. Support from families and colleagues helps them cope. Nevertheless, nurses remain committed to their values and professional duties in caring for patients. (Manik & Natalia, 2021).

Table 5: Challenges Encountered by the Home Health Nurses Along Social Aspect

Indicators	Weighted Mean	Transmuted Equivalent
I have experienced social discrimination because of my work.	2.23	SC
I lost interest in going to work.	2.03	SC
I quit my job because of the fear of contracting COVID-19.	1.53	SC
I feel unproductive because of my work.	1.80	SC
I refuse to interact with workmates and others	1.73	SC
I feel like I am not valued because of my work.	2.03	SC
I do not have a work-life balance because of my job.	2.07	SC
I do not attend family dinner or gatherings due to fear that I might carry the COVID-19 infection.	2.00	SC
I am experiencing social tension due to my work.	2.13	SC
I am experiencing less to no social support from others.	1.77	SC
Average Weighted Mean	1.93	SC

Table 6 shows the data gathered from the nurses' spiritual challenges during the pandemic. The statement, "I question life because of my work," has the highest mean value of 1.80 and has a transmuted rating of "slightly challenging". The result implies that nurses have found themselves questioning their life decisions due to the difficulties they have faced throughout the pandemic. During the COVID-19 pandemic, nurses employed in COVID-19 wards within Iran were subjected to unsafe working conditions, alongside dealing with the prevalent fear and suffering (Maghsoodi et al., 2023). The one with lowest mean is the statement, "I am feeling like God does not love me because of my work" and "I am feeling punished by God because of my work," which has a mean value of 1.80 and a "slightly challenging" transmuted equivalent. This suggests that some respondents have doubts about God's love and plan due to their experiences during the pandemic.

According to Novaes et al. (2022), in some European countries, practitioners held protests when they viewed the closure of temples as a violation of their rights to worship. The continuity of religious practice in temples during the pandemic is conflicting, as it must follow measures to contain biological risk.

An average weighted mean of 1.43 has a transmuted equivalent of "not challenging". The result may suggest that nurses never found themselves being challenged spiritually. According to Dutra et al. (2020), spiritual/religious care has been inadequate and constrained in the context of the COVID-19 pandemic. These resources are typically provided in abundance and through recorded media when accessible to front-line professionals and patients via virtual.

Table 6: Challenges Encountered by the Home Health Nurses Along Spiritual Aspect

Indicators	Weighted Mean	Transmuted Equivalent
1. I question life because of my job.	1.80	SC
2. I refuse spiritual help because of my work.	1.70	SC
3. I am feeling punished by God because of my workloads.	1.20	NC
4. I am feeling like I am not loved by God because of my duties.	1.20	NC
5. I am feeling hopeless because of my work.	1.27	NC
6. I am losing my faith due to my duty.	1.33	NC
7. I am unable to devote time to religious practices due to my work commitments.	1.60	SC
8. I am doubting God because of my work.	1.27	NC
9. I am feeling abandoned by God because of my line of work.	1.27	NC
10. I questioned God why this COVID-19 pandemic occurred.	1.67	SC
Average Weighted Mean	1.43	NC

C. Strategies Utilized by the Home Health Nurses to Cope with the Challenges During the Pandemic

As shown in table 7, the statement "I utilized self-care to stay healthy and avoid contacting COVID-19," has the highest mean which is 4.43 and a transmuted equivalent of "useful". This indicates that nurses must ensure their well-being during the pandemic. Nursing professionals recognize the critical importance of implementing self-care strategies, including adequate sleep, nutritious dietary habits, consistent physical activity, maintaining social connections, and practicing mindfulness to enhance resilience (Hofmeyer et al., 2020). While the statement, "I seek emotional support via phone or social media from others," has a mean value of 3.87 and a transmuted rating of "useful". This signifies that nurses utilize telephones to facilitate communication with relevant individuals. Numerous

nursing professionals are using their digital devices, including smartphones, for both personal and professional purposes during their work hours (de Jong et al., 2020).

Table 7 shows an AWM of 4.18 with a transmuted equivalent of “useful”. The findings elucidated that nurses adopt a variety of coping strategies during the pandemic. These strategies encompass the utilization of COVID-19 protective measures, the implementation of avoidance tactics, seeking of social support, engagement in faith-based practices, receipt of psychological support, and reliance on management support (Sehularo et al., 2021).

Table 7: Coping Strategies Used by the Nurses

Indicators	Weighted Mean	Transmuted Equivalent
1. I utilized self-care to stay healthy and avoid contacting COVID-19.	4.43	U
2. I make time to move my body through activities from at least one of the following: exercise, yoga, sports and the like.	4.07	U
3. I acknowledge my feelings.	4.30	U
4. I verbalize my feelings or thoughts to someone.	4.27	U
5. I try to seek help from others	3.90	U
6. I manage stress by doing deep breathing exercises.	4.10	U
7. I join or participate in tasks that make me happy.	4.33	U
8. I seek emotional support via phone or social media from others	3.87	U
9. I focus on things that I can control and accept things beyond my control.	4.27	U
10. I pray and seek spiritual guidance.	4.30	U
Average Weighted Mean	4.18	U

Legend:	Statistical Range	Descriptive Equivalent	Transmuted Equivalent
	4.50 - 5.00	Always	Very Useful (VU)
	3.50 - 4.49	Often	Useful (U)
	2.50 - 3.49	Sometimes	Moderately Useful (MU)
	1.50 - 2.49	Rarely	Slightly Useful (SU)
	1.00 - 1.49	Never	Not Useful (NU)

C. Significant Relationship and Difference

Pearson Correlation was used to determine the relationship between the challenges encountered by nurses and the profile of the respondents using the 0.05 alpha significance level. The physical difficulties indicate a significantly weak negative correlation to respondents' sex, civil status, and years in service as p-value is less than 0.05. Thus, the null hypothesis is rejected. This means that there is a significant relationship between nurses' profiles and physical challenges. Throughout the COVID-19 pandemic, nursing facility personnel have been subjected to substantial physical and mental strains. At the same time, considerable fatigue has resulted from this and may have also contributed to a sense of professional fulfillment (Blanco-Donoso et al., 2022).

Furthermore, the respondent's sex and the emotional challenges have a lesser p-value from the alpha significance level. The result indicates a significant but weaker positive correlation; thus, the null

hypothesis is rejected. This study revealed that nurses experienced dysfunctional family relationships and lacked effective intra-familial coping mechanisms. The nurses avoided their families out of concern for COVID-19 and overtime. They cannot provide for their spouses and children for whom they bear responsibility and they have no time to devote to them (Celik & Kiliç, 2022).

On the other hand, the remaining variables were all greater than the 0.05 alpha level. Hence, the null hypothesis is accepted. It means no significant relationship exists and implies that their profile variables do not affect the challenges. According to Afshari et al. (2021), nurses occupy a leading position in the healthcare industry amidst the COVID-19 pandemic. In critical conditions, there is no information regarding the level of resilience or the demographic and occupational factors that predict resilience among this occupational group.

Table 8: Correlation Between the Challenges Encountered by Nurses and their Profile Variables

Variable		Physical	Mental	Emotional	Social	Spiritual	Overall
Age	Pearson Correlation Sig. (2-tailed)	.014 .940	-.015 .938	.202 .285	.208 .270	-.161 .394	.062 .743
Sex	Pearson Correlation Sig. (2-tailed)	.437* .016	.316 .089	.399* .029	.110 .561	-.148 .436	.291 .119
Civil Status	Pearson Correlation Sig. (2-tailed)	.473* .008	.238 .206	.313 .092	.065 .733	-.091 .631	.259 .168
Highest Educational Attainment	Pearson Correlation Sig. (2-tailed)	-.063 .740	-.187 .323	-.198 .294	-.208 .270	-.187 .323	-.208 .271
Religion	Pearson Correlation Sig. (2-tailed)	.106 .577	.054 .778	-.107 .575	-.278 .137	-.203 .282	-.095 .618
Number of Hours in Work	Pearson Correlation Sig. (2-tailed)	-.030 .876	-.305 .102	-.352 .056	.220 .242	.044 .816	-.119 .532
Highest Salary Paid	Pearson Correlation Sig. (2-tailed)	-.155 .414	-.158 .403	.055 .774	-.032 .866	.168 .375	-.040 .833
Years in Service	Pearson Correlation Sig. (2-tailed)	.591* .001	-.084 .403	-.071 .710	-.074 .698	-.065 .733	.076 .688
Relevant Trainings/ Seminars	Pearson Correlation Sig. (2-tailed)	-.126 .507	-.291 .119	-.072 .704	-.047 .806	.229 .224	-.092 .630

* = Correlation at 0.05 (2-tailed)

Table 9 shows the significant difference between the challenges variable and respondents' age using ANOVA test. Regarding social challenges between groups, the sum of squares value is the difference of the overall mean from each group which is MST=2.508 at 3 degrees of freedom. Within the group, the sum of squares value is the sum square of the deviation of the following observation from its group mean, which is 6.719 at 26 degrees of freedom. The F value of 3.234 is the ratio between the group and the within-group mean squares. The p-value is 0.038 which is less than 0.05; thus, the null

hypothesis is rejected. Therefore, social challenges have a significant difference between nurses' ages.

The table also shows the overall data of the challenges and profiles between groups. The sum of squares value is the difference in the overall mean for each group, MST=3.248 at 3 degrees of freedom. Within the group, the sum of squares value is the sum square of the deviation of the following observation from its group mean, which is 3.476 at 26 degrees of freedom. The F value is 8.098, the ratio between the group and the within-group mean squares. The p-value is 0.001 which is less than 0.05, thus, rejecting the null hypothesis. This means that all the challenges encountered by nurses during the pandemic have a significant difference in their profile variables. Irandoost et al. (2022) supported the findings by emphasizing that the data analysis revealed two main categories and sixteen subcategories related to healthcare workers during the pandemic. The first category included challenges and experiences faced by healthcare workers, such as a lack of protective equipment, high work pressure, and psychological problems. The second category focused on adaptation strategies by healthcare workers, including religious-spiritual activities, creating an empathetic atmosphere, and strengthening their sense of self-worth and responsibility.

Table 9: Significant Difference Between the Challenges Encountered and Age

Profile Variables	Sum of Squares	df	Mean Squares	F	Sig	
Physical	Between Groups	3.872	3	1.291	4.890	.008*
	Within Groups	6.862	26	.264		
Mental	Between Groups	5.852	3	1.951	6.886	.001*
	Within Groups	7.366	26	.283		
Emotional	Between Groups	5.211	3	1.737	8.827	.000*
	Within Groups	5.117	26	.197		
Social	Between Groups	2.508	3	.836	3.234	.038*
	Within Groups	6.719	26	.258		
Spiritual	Between Groups	2.541	3	.847	3.836	.021*
	Within Groups	5.742	26	.221		
Overall	Between Groups	3.248	3	1.083	8.098	.001*
	Within Groups	3.476	26	.134		

*Significant at 0.05 level

Table 10 shows the significant difference between the challenges variables and respondents' sex using T-Test. Social Challenges across sex were conducted and the p-value is 0.49 which indicates that the assumption of equality of the two variances is not fulfilled. The p-value is less than the significant

alpha, thereby rejecting the null hypothesis. This indicates that social challenges have a considerable difference with respondents' sex.

Table 10: Significant Difference Between the Challenges Encountered and Sex

Profile Variables	F	t	df	Sig	
Physical	Equal variances assumed	.600	-2.569	28	.445
	Equal variances not assumed		-2.475	20.688	
Mental	Equal variances assumed	.005	-1.761	28	.945
	Equal variances not assumed		-1.782	24.685	
Emotional	Equal variances assumed	1.911	-2.302	28	.178
	Equal variances not assumed		-2.111	17.039	
Social	Equal variances assumed	4.246	-.588	28	.049*
	Equal variances not assumed		-.548	18.161	
Spiritual	Equal variances assumed	2.576	.790	28	.120
	Equal variances not assumed		.701	15.036	
Overall	Equal variances assumed	.045	-1.609	28	.834
	Equal variances not assumed		-1.511	18.723	

*Significant at 0.05 level

Table 11 shows the significant difference between the challenges variable and civil status. Regarding spiritual challenges between groups, the sum of squares value is the difference of the overall mean from each group, MST=1.742 at 2 degrees of freedom. Within the group, the sum of squares value is the sum square of the deviation of each following observation from its group mean, which is 6.541 at 2 degrees of freedom. The F value of 3.595 is the ratio between the group and the within-group mean squares. The p-value is 0.041 which is less than 0.05, thus, rejecting the null hypothesis. This means that spiritual challenges significantly affect civil status.

The table also shows the significant difference between physical variables and respondents' civil status; in between groups, the sum of squares value is the difference of the overall mean from each group, which is MST=2.454 at 2 degrees of freedom. Within the group, the sum of squares value is the sum square of the deviation of each following observation from its group mean, which is 8.281 at 27 degrees of freedom. The F value is 4.000; it is the ratio of the between-group and the within-group mean squares. The p-value is 0.030, lesser than 0.05, thus rejecting the null hypothesis. This indicates that physical challenges significantly affect nurses' civil status.

Table 11: Significant Difference Between the Challenges Encountered and Civil Status

Profile Variables		Sum of Squares	df	Mean Squares	F	Sig
Physical	Between Groups	2.454	2	1.227	4.000	.030*
	Within Groups	8.281	27	.307		
Mental	Between Groups	1.448	2	.724	1.661	.209
	Within Groups	11.770	27	.436		
Emotional	Between Groups	1.721	2	.860	2.699	.085
	Within Groups	8.607	27	.319		
Social	Between Groups	.242	2	.121	.363	.699
	Within Groups	8.985	27	.333		
Spiritual	Between Groups	1.742	2	.871	3.595	.041*
	Within Groups	6.541	27	.242		
Overall	Between Groups	.855	2	.427	1.966	.159
	Within Groups	5.870	27	.217		

*Significant at 0.05 level

Table 12 showcases the significant difference between the challenges variable and respondents' highest educational attainment. As to emotional challenges between groups, the sum of squares value is the difference of the overall mean from each group, MST=2.498 at 2 degrees of freedom. Within the group, the sum of squares value is the sum square of the deviation of each following observation from its group mean, which is 7.830 at 27 degrees of freedom. The F value of 4.306 is the ratio of the between-group and the within-group mean squares. The p-value is 0.024 which is less than 0.05, thus, rejecting the null hypothesis. The result means that emotional challenges have a significant difference between nurses' highest educational attainment.

Table 12: Significant Difference Between the Challenges and Highest Educational Attainment

Profile Variables		Sum of Squares	df	Mean Squares	F	Sig
Physical	Between Groups	.478	2	.239	.630	.540
	Within Groups	10.256	27	.380		
Mental	Between Groups	1.518	2	.759	1.751	.193
	Within Groups	11.701	27	.433		
Emotional	Between Groups	2.498	2	1.249	4.306	.024*
	Within Groups	7.830	27	.290		
Social	Between Groups	2.874	2	1.437	6.108	.006*
	Within Groups	6.352	27	.235		
Spiritual	Between Groups	5.619	2	2.809	28.475	.000*
	Within Groups	2.664	27	.099		
Overall	Between Groups	1.588	2	.794	4.173	.026*
	Within Groups	5.137	27	.190		

*Significant at 0.05 level

The table also shows the overall data of the challenges and profiles between groups. The sum of squares value is the difference in the overall mean for each group, which is MST=1.588 at 2 degrees of freedom. Within the group, the sum of squares value

is the sum square of the deviation of the following observation from its group mean, which is 5.137 at 27 degrees of freedom. The F value of 4.173 is the ratio of the between-group and the within-group mean squares. The p-value is 0.026, which is less than 0.05, thus rejecting the null hypothesis. The result means that all the challenges encountered by nurses during the pandemic have a significant difference in their highest educational attainment.

Table 13 shows the significant difference between the challenges variable and respondents' religion using ANOVA. The null hypothesis is accepted, therefore, there is no significant relationship between nurses' profile and their religion. A substantial correlation was observed between both negative and positive religious coping strategies and the development of anxiety and depression. Particularly in this difficult period, optimizing the mental health outcomes of healthcare workers could be facilitated through campaigns, religious counseling or the enhancement of positive religious coping mechanism while simultaneously ameliorating negative religious coping (Chow, et al., 2021).

Table 13: Significant Difference Between the Challenges Encountered and Religion

Profile Variables		Sum of Squares	df	Mean Squares	F	Sig
Physical	Between Groups	.150	2	.075	.192	.827
	Within Groups	10.584	27	.392		
Mental	Between Groups	.039	2	.020	.040	.961
	Within Groups	13.179	27	.488		
Emotional	Between Groups	.180	2	.090	.239	.789
	Within Groups	10.148	27	.376		
Social	Between Groups	.725	2	.363	1.152	.331
	Within Groups	8.501	27	.315		
Spiritual	Between Groups	.433	2	.217	.745	.484
	Within Groups	7.850	27	.291		
Overall	Between Groups	.086	2	.043	.176	.840
	Within Groups	6.638	27	.246		

*Significant at 0.05 level

Table 14 shows the significant difference between the challenges variables and respondents' number of hours worked using T-Test. Physical Challenges were conducted across the number of hours, and the p-value is 0.042, which indicates that the assumption of equality of the two variances is not fulfilled. The p-value is less than the significant alpha, thus rejecting the null hypothesis. The result indicates that physical challenges have a significant difference in respondents' number of hours worked. In the study of Jia et al. (2023), frontline medical personnel

encountered various physical discomforts while working in the early stages of the pandemic due to the necessity of donning dense isolation garments and the intense workload. Compassion satisfaction and burn out were higher among nurses combating the Covid-19, while STS was comparatively lower. Long-hour nurses experienced more severe STS. Burnout of nurses who were overworked and unhappy with their pay was worse. Poor CS was a sign of discontentment among nurse (Niu et al., 2022).

Table 14: Significant Difference Between the Challenges and Number of Hours in Work

Profile Variables	F	t	df	Sig	
Physical	Equal variances assumed	4.543	.157	28	.042*
	Equal variances not assumed		.479	26.000	
Mental	Equal variances assumed	5.929	1.692	28	.022*
	Equal variances not assumed		5.157	26.000	
Emotional	Equal variances assumed	4.409	1.991	28	.045*
	Equal variances not assumed		6.068	26.000	
Social	Equal variances assumed	9.802	-1.196	28	.004*
	Equal variances not assumed		-3.643	26.000	
Spiritual	Equal variances assumed	1.643	-.235	28	.210
	Equal variances not assumed		-.528	8.514	
Overall	Equal variances assumed	5.722	.633	28	.024*
	Equal variances not assumed		1.889	27.606	

*Significant at 0.05 level

Table 15 shows the significant difference between the challenges variables and respondents' highest salary paid. Mental Challenges were conducted across the highest salary paid, and the p-value is 0.31, which indicates that the assumption of the equality of the two variances is not fulfilled. The p-value is less than the significant alpha, thus rejecting the null hypothesis. The result indicates that mental challenges have a considerable difference with regard to the salaries of the respondents.

Table 15: Significant Difference Between the Challenges Encountered and Highest Salary Paid

Profile Variables	F	t	df	Sig	
Physical	Equal variances assumed	2.485	.830	28	.126
	Equal variances not assumed		3.155	27.000	
Mental	Equal variances assumed	5.178	.849	28	.031*
	Equal variances not assumed		3.228	27.000	
Emotional	Equal variances assumed	3.117	-.290	28	.088
	Equal variances not assumed		-1.102	27.000	
Social	Equal variances assumed	9.273	.170	28	.005*
	Equal variances not assumed		.647	27.000	
Spiritual	Equal variances assumed	2.264	-.901	28	.144
	Equal variances not assumed		-3.426	27.000	
Overall	Equal variances assumed	4.574	.213	28	.041*
	Equal variances not assumed		.811	27.000	

*Significant at 0.05 level

Table 16 shows the significant difference between the challenges variable and respondents' years in service using ANOVA. As to physical challenges between groups, the sum of squares value is the difference of the overall mean from each group, which is MST=3.762 at 2 degrees of freedom. Within the group, the sum of squares value is the sum square of the deviation of each following observation from its group mean, which is 6.972 at 27 degrees of freedom. The F value of 7.285 is the ratio of the between-group and the within-group mean squares. The p-value is 0.003, which is less than 0.05, thus rejecting the null hypothesis. The result means that there is a significant difference between physical challenges and the years in service of nurses. This means that despite having different years in service, nurses still encountered challenges. The health-related quality of life of nurses is adversely impacted by occupational stress. Additionally, it may diminish the aforementioned behaviors among nurses, which could potentially be contributing factor to patient outcomes, and obscure the quality of care provided (Babapour et al., 2022).

Table 16: Significant Difference Between the Challenges Encountered and Years in Service

Profile Variables	Sum of Squares	df	Mean Squares	F	Sig	
Physical	Between Groups	3.762	2	1.881	7.285	.003*
	Within Groups	6.972	27	.258		
Mental	Between Groups	1.313	2	.657	1.489	.244
	Within Groups	11.905	27	.442		
Emotional	Between Groups	1.327	2	.664	1.990	.156
	Within Groups	9.001	27	.333		
Social	Between Groups	.502	2	.251	.777	.470
	Within Groups	8.724	27	.323		
Spiritual	Between Groups	.502	2	.026	.085	.919
	Within Groups	8.231	27	.305		
Overall	Between Groups	.136	2	.068	.278	.760
	Within Groups	6.589	27	.244		

*Significant at 0.05 level

Table 17 shows the significant difference between the challenge variables and the relevant training of respondents using T-Test. Physical Challenges were conducted across relevant training or seminars, and the p-value is 0.001, indicating that these were not fulfilled with the assumption of equality of the two variances. The p-value is less than the significant alpha, thus rejecting the null hypothesis. The result indicates that physical challenges have a considerable

difference with respondents' relevant training or seminars.

Table 17: Significant Difference Between the Challenges and Relevant Training/Seminars

Profile Variables		F	t	df	Sig
Physical	Equal variances assumed	13.726	.673	28	.001*
	Equal variances not assumed		.931	21.970	
Mental	Equal variances assumed	.293	1.610	28	.592
	Equal variances not assumed		1.483	14.741	
Emotional	Equal variances assumed	.625	.384	28	.436
	Equal variances not assumed		.427	23.942	
Social	Equal variances assumed	1.180	.248	28	.287
	Equal variances not assumed		.257	20.000	
Spiritual	Equal variances assumed	3.547	-1.244	28	.070
	Equal variances not assumed		-1.593	27.418	
Overall	Equal variances assumed	1.459	.487	28	.237
	Equal variances not assumed		.551	24.879	

*Significant at 0.05 level

CONCLUSIONS AND RECOMMENDATIONS

Based on this study, the majority of the respondents belonged to ranges 31 to 35 years old, female, married, finished Bachelor of Science in Nursing (BSN), Roman Catholic, worked 8 hours a day, had the highest salary of P21,914 to P43,828, working below two years and with training and seminars.

In this study, nurses encountered physical challenges especially when they experience prolonged standing for extended periods. Nurses also encounter moderate mental challenges emphasizing the stress related to the workplace because they neglect to protect themselves, which affects their mental health. They also experienced slightly challenging emotional challenges, especially being anxious about acquiring the disease due to the scarcity of equipment that helps in dealing with their patient during the pandemic. The respondents felt they were emotionally exhausted during the pandemic due to their patient's condition. Also, there was social discrimination because of the misconception that nurses may be carriers of the disease, which led them to be evicted from their homes. With the situations they encountered during the pandemic, respondents sometimes question life.

During the pandemic, as nurses became aware of the situation, they were able to find coping strategies to deal with the challenges. They were able to practice self-care to ensure their well-being while dealing with the unknown. Overall, there is a significant

relationship between the nurses' profiles in terms of sex, civil status, and years in service and the challenges they encountered. Lastly, the study finds significant difference between the nurses' profiles in terms of age, highest educational attainment, number of hours in work, highest salary paid, and the challenges they encountered.

The researcher suggests that the Local Government Unit organize support groups and that nurses, in partnership with the Philippine Nurses Association (PNA), receive counseling to assist in managing the challenges. In addition, the researcher recommends that the local government allocate funds to provide protective personal equipment and training on its proper use.

The researcher suggests that the Philippine Hospital Infection Control Nurse Association Incorporated (PHICNA Inc.) training be open to all nurses, not just those who work in the hospital, to help the nurses protect themselves if another pandemic may arise or recurrence of some infectious diseases occurs. Lastly, to recommend proposed programs for the challenges to achieve optimum efficiency and effectiveness. This includes having support groups or having a month of appreciation welfare program and communication interventions to improve adherence to infection control precautions.

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