Social Science Lens: A World Journal of Human Dynamics and Social Relations
2025, Vol. 4, No.1, 156 – 165 | ISSN Online: 3028-1997 | ISSN Print: 3028-1962
DOI: https://doi.org/10.62718/vmca.ssl-wjhdsr.4.1.SC-0325-001

The Leaders' Journey: Lived Experiences of Private Hospital Nurse Managers of Iloilo City During the Covid-19 Pandemic

Article History:
Received: 06 January 2025
First Decision: 23 January 2025
Published: 27 March 2025

Mark Clinton J. Layson[1], ORCID No. 0009-0004-3339-1164
Chynna Ashley Pendon-Valebia[2], ORCID No. 0000-0003-0309-3903
Christine B. Epilepsia[2], ORCID No. 0000-0002-1849-9554

[1]Training and Research Development Manager, Healthway Qualimed Hospital Iloilo, Iloilo City, Philippines
[2]Faculty, St. Paul University-Iloilo, General Luna Street, Iloilo City, Philippines

Abstract

This study utilized a descriptive phenomenological design to explore the lived experiences of private hospital nurse managers in Iloilo City during the COVID-19 pandemic. With the use of snowball sampling, six participants participated in detailed interviews using validated questionnaires as a guide, with anchoring from the human becoming theory of Rosemarie Parse, which exemplifies the dynamic and co-creative process of becoming, from nurse managers to nurse leaders. The collected data from these interviews were analyzed through thematic analysis and the 7-Steps Phenomenological Descriptive Methods outlined by Colaizzi (1978). Amidst the COVID-19 crisis, nurse managers grappled with (1) setbacks like pervasive fear, psychological distress, public oppression, novel disease, training challenges, policy adaptation, transition adjustments, resource shortages, and innovation; (2) embodied the crucial attributes of becoming a family leader, fostering effective communication, promoting holistic wellness, bearing critical leadership, and building collaborative synergies; and (3) profoundly experienced notable progress such as self-growth, spirituality, and self-realization. The lived experiences of hospital nurse managers faced numerous challenges during the COVID-19 pandemic, but they also cultivated positive attributes and achieved notable progress. The findings of this study can serve as a valuable resource for creating plans, implementing programs, and providing support in similar contexts. Indeed, becoming a nurse leader is embracing transformation, navigating complexities, and unlocking transformational leadership by reaching new levels of growth.

Keywords: leaders' journey, nurse manager, private hospital, lived experiences, Colaizzi method, Covid-19 pandemic

INTRODUCTION

Nurse managers play a pivotal role in health care, integrating management practices and medical expertise while enhancing workplace creativity, staff retention, and job satisfaction. Their effectiveness in improving the work environment is influenced significantly by organizational management styles and the extent of empowerment and commitment within the workplace (Everson-Bates, 1992; Shirey, 2006; Kaissi, 2008). Beyond supervising staff and managing resources, nurse managers are crucial in developing training programs and protocols that adapt dynamically to emergent crises.

Before the pandemic, the focus of nurse managers was predominantly on administrative responsibilities within their specific units, addressing routine challenges such as staff turnover, mandatory training, and scheduling, while also ensuring operational and clinical efficacy (Pabiona, 2019). Daily activities included overseeing resource allocation, patient census updates, staff scheduling, and the general supervision of nursing staff, tasks that are foundational

yet critical for maintaining the stability of healthcare services.

However, the outbreak of COVID-19 significantly altered the scope and intensity of these responsibilities. Nurse managers found themselves at the forefront of a healthcare crisis that required rapid adaptation and decisive leadership amidst a barrage of conflicting information and unprecedented challenges (Wymer, 2021). The pandemic exposed critical gaps in preparedness and response capabilities, compelling nurse managers to navigate complex decision-making processes fraught with ethical dilemmas under conditions they were largely unprepared for (Moore, 2020; Allah, 2020).

The abrupt shift brought about by the pandemic necessitated novel approaches to patient care and resource management, significantly impacting the psychological and emotional well-being of nurse managers. They had to quickly adjust to changing health protocols and manage the increased pressures of staffing shortages and resource constraints while maintaining patient care quality under highly stressful conditions.

In Iloilo City, as in many parts of the Philippines, the impact of COVID-19 was profound, with high infection and mortality rates among healthcare workers, stressing the healthcare system even further. The resilience and adaptability of nurse managers during this period have been critical yet understudied areas.

Given the scarcity of research on the lived experiences of nurse managers during such global health crises, this study aims to explore their experiences during the height of the COVID-19 pandemic in Iloilo City hospitals. This research will not only provide insights into their challenges and adaptations but also contribute to developing effective strategies to support nurse managers in future crises, ensuring the continuity and efficiency of health care delivery.

Theoretical Framework. The Human Becoming Theory by Rosemarie Rizzo Parse (1992) provides a valuable framework for understanding the dynamics of the nurse managers' experiences during the pandemic. This theory emphasizes the significance of meaning, rhythmicity, and transcendence in human existence. Nurse managers reinterpreted their professional and personal values in response to the setbacks brought about by COVID-19. Such reinterpretation not only altered their perceptions of their roles but also enriched their attributes and connections with their work, increasing the significance they assigned to their experiences amid the crisis.

Moreover, the concept of rhythmicity in Parse's theory highlights how nurse managers adapted to the disruption of their work-life patterns due to the pandemic. Experiencing challenges forced them to create new ways of relating to their environment, leading to a rebalancing of personal and professional spheres. Transcendence, another key aspect of the theory, illustrates how these leaders reached beyond immediate challenges to cultivate self-growth and deeper spiritual connections.

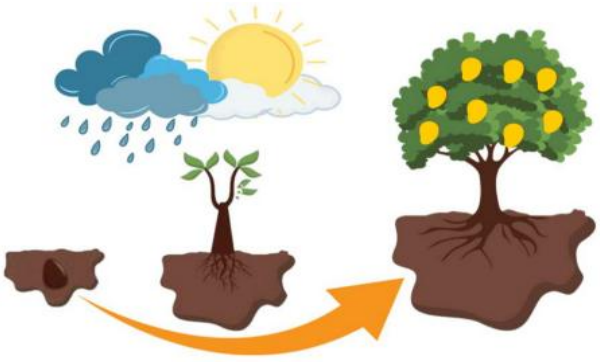

Figure 1
Human Becoming Journey of Nurse Managers during COVID-19

Ultimately, the journey of nurse managers during the COVID-19 pandemic can be seen as a continuous process of becoming, reflecting a co-creative approach to transformation that aligns with Parse's perspective on human experience as a dynamic pathway toward deeper understanding and evolution.

Nurse managers during the COVID-19 pandemic can be compared to a seed (Figure 1) that faces darkness and uncertainty as it grows. Just as a seedling must adapt to varying weather conditions and strengthen its roots, nurse managers navigated unprecedented challenges and developed their leadership abilities. As the seed matures into a tree amid storms and fluctuations, nurse managers showcased significant growth and resilience, transforming into compassionate and capable leaders during this crisis.

LITERATURES

The COVID-19 pandemic has profoundly impacted global healthcare systems, highlighting the crucial role of nurse managers. These professionals are tasked with leading and organizing healthcare institutions, managing change, integrating cultures, and fostering staff retention and satisfaction. Their effectiveness is closely tied to management styles within organizations, influencing job satisfaction and workplace empowerment.

Nurse managers bridge management and medicine by enhancing the work environment, thereby securing organizational commitment and competitive advantage. Positioned close to patient care, first-line nurse managers significantly impact the work environment and staff morale. They oversee nursing services in both public and private sectors, requiring both frontline nursing skills and administrative capabilities. Despite their critical role, nurse managers face challenges like nursing shortages, structural deficiencies, lack of authority, and burnout. Addressing these issues, especially enhancing managerial control, is crucial to prevent fatigue. Nurse managers also serve as mentors, directors, and monitors, training and managing nursing and support staff. Training is vital, especially during crises, to ensure prompt and effective responses, underscoring the ongoing need for competency development.

Recent pandemics, intensified by factors like global warming and urbanization, have exposed gaps in global pandemic preparedness despite advancements by WHO and International Health Regulations. These health crises profoundly affect not only health but also economic, social, and political spheres, causing widespread fear and mental health challenges. The COVID-19 pandemic, characterized by uncertainty and lack of initial clinical guidelines, highlighted these issues.

Nurse managers play a critical role during a pandemic, facing challenges like stress, burnout, and anxiety due to extended exposure to traumatic events, misinformation, and inadequate resources. Nurses reported high levels of anxiety, exacerbated by fears of infection and lack of proper monitoring and safety knowledge. Pandemics lead to behavioral changes, isolation, and mental health deterioration, with vulnerable groups, including the elderly and those with preexisting conditions, being at higher risk. Discrimination against healthcare workers increased during COVID-19, compounding the stress experienced by frontline staff.

Logistical challenges included shortages of PPE and other key resources, necessitating rapid facility and protocol adaptations. Health systems had to innovate and restructure to manage patient loads and protect their staff. This led to the development of new workflows and expansions like outpatient clinics to handle patient overflow. The pandemic underscored the need for better training and support for healthcare workers. The recruitment of additional staff and adapting to changing roles compounded the stress but highlighted the critical need for flexibility and resilience in healthcare systems. These experiences underline the essential nature of comprehensive training, mental health support, and resource management to strengthen preparedness for future pandemics.

In addition, the pandemic highlighted the critical need for adaptive leadership and management skills among healthcare professionals, especially nurse managers. Crisis situations necessitate innovative problem-solving and emphasize the importance of leadership that involves influencing groups towards achieving

common goals. Despite the recognized importance of leadership in crises, research in this area within healthcare, particularly nursing, remains limited and often relies on anecdotal evidence and small studies.

Effective leadership and management, although related, differ significantly: managers focus on efficiency and organization, while leaders inspire and empower their teams. During the pandemic, roles of nurse managers expanded beyond typical management tasks to include fostering collaboration and providing comprehensive support to staff, addressing both professional and personal challenges. Nurse managers had to engage in reflective practices to assess and improve their decision-making processes, helping them navigate the pandemic's challenges. This approach prepared organizations for future crises by encouraging collective learning from past experiences. The visibility of nurse managers increased during the pandemic, highlighting their crucial role in maintaining staff morale and revising workflows.

The adoption of servant leadership, characterized by commitment and accountability, was beneficial in effectively engaging health care teams during the pandemic. Nurse managers faced increased workloads and resource shortages, often stepping in to provide direct patient care alongside staff while upholding ethical principles. Communication emerged as a vital tool, with transparent, open communication fostering trust and addressing team needs. Leaders were encouraged to engage in active listening and maintain an open-door policy to address staff concerns and receive feedback. Support systems, including psycho-emotional support and peer support hotlines, were critical for staff well-being.

The nurse managers significantly challenged and faced heightened responsibilities and stress. According to Allah, Elshrief and Ageiz (2020), these challenges are expected to persist, but greater organizational support can alleviate the sense of being overwhelmed. Nurse managers are encouraged to provide more support to their staff, explore nontraditional solutions, and maintain morale and mental well-being through compassion and empathetic leadership. Compassionate leadership fosters motivation, support, and improved patient care, although its expression can be influenced by various factors. Emotional protection offered through compassion is linked to reduced burnout and is especially relevant during crises. Sarmiento (2021) and others suggest that spiritual care and practices can aid coping, mitigating mental health issues like stress and anxiety.

Resilience is another crucial factor, providing a framework for nurses to overcome challenges and maintain psychological well-being. The pandemic has facilitated shifts in leadership thinking among nurse managers, promoting growth in crisis awareness and adaptive decision-making. These experiences have strengthened their problem-solving, decision-making, and leadership competencies, as noted by Ahlqvist (2023). Nurse leaders have gained insights on how to navigate uncertainties effectively, improving care delivery and adapting to new operational challenges. The pandemic has introduced innovative care approaches, with nurse leaders continuing to lead advancements and improve healthcare experiences beyond the crisis. Despite adversity, nurse managers have emerged stronger, having enhanced their leadership skills and resilience (Abu Mansour & Abu Shosha, 2021).

METHODS

Research Design. This study employed a descriptive phenomenological design to explore the lived experiences of hospital nurse managers in Iloilo City during the COVID-19 pandemic. The goal was to understand the universal essence of these experiences by examining personal narratives, allowing for an in-depth exploration of motivations and feelings. Qualitative methods facilitated comprehensive interviews, capturing the profound impact of the pandemic on nurse managers.

Setting of the Study. Data collection occurred face-to-face from October 2023 to January 2024, scheduled at participants' convenience in settings promoting privacy and comfort. Interviews were recorded via laptop and phone, ensuring detailed documentation for later analysis.

Samples and Sampling Scheme. Six nurse managers from Iloilo City's private hospitals participated, selected through snowball sampling. Criteria included being a full-time registered nurse, holding a managerial position before and during the pandemic, being mentally sound, and having worked in a COVID-19 unit. Data saturation determined the number of participants, achieved when no new information emerged.

Research Instrumentation. An interview guide with semi-structured, open-ended questions facilitated in- depth exploration. The tool was validated by experts in the field to ensure reliability, with probing techniques employed to delve deeper into participant responses.

Data Gathering Procedure. After ethical and institutional approvals, nurse managers' meeting inclusion criteria were invited. In-depth interviews were conducted following informed consent, emphasizing rapport to ensure open sharing. Data was securely stored, with strict access controls and encryption, and destroyed post-study for confidentiality.

Data Analysis. Analysis began immediately after the post-interview, utilizing Colaizzi's descriptive phenomenological method. This involved reading transcripts, extracting significant statements, formulating meanings, and developing themes to uncover the essence of participants' experiences. Validation with participants ensured accurate reflections of their narratives.

Ethical Considerations. Stringent confidentiality measures safeguarded participants' rights. Ethical approval ensured interview questions were appropriate, and data was exclusively used for research purposes.

Reliability of the Study. Rigor was maintained through methodological soundness, ensuring accurate analysis and interpretation. Trustworthiness encompassed credibility, confirmability, dependability and authenticity, securing the study's integrity and faithful representation of participants' experiences.

RESULTS

Participant's Demographic Profile. The participants of this study were professional nurse managers who worked in private health care facilities in Iloilo City. Based on their demographic profile, five of the participants were male and one is female; their ages ranged from 32 to 47. They were all single based on marital status. Division of work responsibilities among their roles: Participants 1 and 5 were placed in Medical Surgical Ward converted to a COVID-19 ward of their respective hospitals. Intensive Care Unit (ICU) and General Ward management were handled by Participant 3. While Participant 6 oversaw the General Ward, and Participant 4 focused on the ICU. These participants had been in the nursing profession for anywhere from 10 to almost 20 years. Upon closer inspection, half has led their departments for 4 years, while other members have been in their roles for 8 to 10 years.

Lived Experiences of the Participants. The analysis commenced immediately after the first interview, using Colaizzi's descriptive phenomenological method. This systematic approach began with reading each transcript multiple times to fully grasp its content and emotional nuances. Significant statements directly relevant to the phenomenon being studied were extracted and highlighted, serving as basis for further analysis. The meanings (see Table 1, column 1) of these statements were interpreted, with evident quotes categorized to generate thematic insights. Recurring statements with similar meanings were organized into theme clusters (see Table 1, column 2), revealing the essential and structural aspects of the nurse managers' lived experiences during the COVID-19 pandemic (see Table 3).

Table 1

Clustering of Themes from Formulated Meaning

Formulated Meanings	Cluster of Theme
Fear of death Fear of unreadiness Fear of being a frontliner Fear of the unknown Fear of health risks Fear of quarantine Fear of novel disease Fear from lack of experience Fear from misinformation	Pervasive Fear
Traumatic experience Feeling disarray Anxiety Mentally troubled Paranoid over acquiring disease Sense of unreadiness Apprehension Uncertainty Unprepared and unforeseen event	Psychological Distress
Refusal in provision of public transportation and services Social prejudice Stigma among healthcare workers Housing/Rental discrimination	Public Oppression
Unforeseen disease Limited knowledge of COVID 19	Novel Disease
New training issues Lack of training among staff Difficulty in training Offering more assistance to trainees Establishing training Shorter training	Training Challenges
Creation of new policies Implementation of new policies Limited established policies / guidelines specific to handling patients with COVID-19 Adherence to important protocols Forming policies is a responsibility Change of policies and protocols Aligning of new guidelines to workplace Difficulty in making guidelines	Policy Adaptation
Shortage of staff nurses Managing the staffing and scheduling Compensating staff shortage Staffing and schedule issues Increase resignation of staff nurses Increase in sick staff and staff sick leave Low application of nurses Staff refuse to go on duty Absence of staff due to quarantine	Staffing Constraints
Pressure to deliver results Overwhelming workloads Demand of resources Pressure to admit patients Pressure from the organization and stakeholders Long shifts/working hours Managing Covid Unit expansion	Excessive and Urgent work demands
Transition to COVID Unit Changing of patient's room Closing of hospital units Altering hospital structure Provision of rooms for extra patients Changing of COVID unit assignments	Transition Adjustments
Shortage and lacking of PPE Shortage of hospital supplies Limited resources Improvised resources Challenge in supplying resources Extending help for lacking resources	Resource Shortages and Innovation
Involvement in infection control Varied caregiving tasks Policy-making roles Broaden obligations Fulfilling managerial responsibilities Balancing multiple assignments Safety monitoring and contact tracing Supportive leadership role Operational tasks Reliever for staff shortages	Expanded Roles and Responsibilities
Manifesting paternal figure Endearing maternal Role Creating supportive team	Becoming a Family Leader
Enhancing communication channel Strengthening relationships Open communication Mutual support Building staff expression and involvement Constructive communication	Fostering Effective Communication
Team transparency Psychological support Supportive leadership Providing needs of staff Supportive environment Emotional support provider Safeguarding the lives of staff nurses Committed to profession Easing physical staff workload	Promoting Holistic Wellbeing
Optimistic outlook Collaborative decision making Decisive actions Critical thinking Quick assessment and solution Independent decisions Practice prioritization	Bearing Critical Leadership
Improved collaborative effort Interdepartmental management Interdisciplinary involvement Integrated team coordination	Collaborative Synergies
Self-improvement Reflective to experience Servant leadership Accountability Maturity Empathy Value of time and family Learning patience and humility Prioritizing discipline	Self-Growth
Seeking divine intervention Advocating prayer	Spirituality
Resilience and compassion Becoming a competent leader Life is unpredictable	Self-Realization

Table 2

Thematic Map

Cluster of Theme	Emergent Themes
Pervasive fear Psychological distress Public oppression Novel disease Training challenges Policy adaptation Transition adjustments Resource shortages and innovation Staffing constraints Excessive and urgent work demands Expanded roles and responsibilities	Setbacks as Nurse Managers during COVID-19

Becoming a family leader Fostering effective communication Promoting holistic wellness Bearing critical leadership Building collaborative synergies	Attributes of Nurse Managers During Covid-19
Self-growth Spirituality Self-realization	Notable Progress as Nurse Leaders During Covid-19

Based on the presented results, the following were the findings:

1. Nurse managers, aged 32 to 47, predominantly single with 4-10 years in their current managerial positions, were assigned to various units, notably medical-surgical, general wards, and ICU, which were highly affected and converted to COVID areas during the pandemic.

2. Amidst the COVID-19 crisis, nurse managers grappled with setbacks including pervasive fear, psychological distress, public oppression, novel disease challenges, training challenges, policy adaptations, transition adjustments, resource shortages, staffing constraints, excessive work demands, and expanded roles.

3. Nurse managers exhibited crucial attributes during the pandemic, embodying traits such as becoming family leaders, fostering effective communication, promoting holistic wellness, demonstrating critical leadership skills, and building collaborative synergies within their teams.

4. Throughout the setbacks posed by COVID-19, nurse managers experienced notable progress marked by self-growth, spirituality, and enhanced self-realization during this unprecedented period.

DISCUSSION

Setbacks. During the COVID-19 pandemic, nurse managers faced significant setbacks characterized by pervasive fear, psychological distress, and public oppression. The fear stemmed from the heightened risks associated with the virus, including the potential for personal health crises, feelings of unreadiness in managing unprecedented challenges, and stringent exposure to misinformation. This overwhelming sense of anxiety affected their professional responsibilities, leading to notable challenges in providing effective care and maintaining their well-being.

The psychological impact on nurse managers was profound, marked by feelings of chaos and trauma as they witnessed suffering and mortality within healthcare settings. The high-stress environment fostered mental health issues, compounding the already overwhelming responsibilities they carried. Additionally, public oppression manifested starkly, as nurse managers encountered discrimination in public services and housing, further isolating them during a period of intense personal and professional pressure.

Amid these crises, nurse managers had to adapt rapidly to the evolving nature of COVID-19, which included transitioning healthcare policies and practices without an established framework. Resource shortages posed another significant hurdle, with inadequate PPE and supplies necessitating innovative responses. In many cases, they had to devise creative solutions to ensure both staff and patient safety while managing increased workloads and staffing constraints that left them short-handed due to resignations and illness.

Furthermore, the pandemic expanded the roles and responsibilities of nurse managers beyond traditional nursing duties. They took on critical functions in infection control, policy-making, and caregiving while also providing emotional support to their teams. These expanded roles emphasized their flexibility and ability to navigate a rapidly changing healthcare landscape, highlighting the essential contributions of nurse managers during times of crisis.

Attributes. Nurse managers emerged as essential leaders, embodying familial roles to support their teams. They took on paternal and maternal figures, providing not only professional oversight but also emotional guidance and psychological support. This

familial approach fostered a sense of unity and belonging among healthcare staff, crucial for maintaining morale and motivation in the face of unprecedented challenges. Nurse managers' nurturing leadership helped teams navigate stressful environments, reinforcing the idea that a supportive work culture is vital for effective crisis management.

Effective communication was identified as a key skill for nurse managers during the pandemic. By enhancing communication channels and promoting transparency, they fostered trust and collaboration within their teams. Nurse managers encouraged open dialogue, allowing staff to share their concerns and feelings, which bolstered team morale and resilience. They recognized that active involvement in decision-making processes made team members feel valued, contributing to a more cohesive and supportive work environment essential during such demanding times. In addition to emotional support, nurse managers prioritized the holistic well-being of their staff. They facilitated access to mental health resources and took on responsibilities such as addressing the physical needs of team members, thereby alleviating some of the burdens caused by the pandemic. By creating an atmosphere of support, nurse managers ensured staff could openly express challenges and receive necessary encouragement. This focus on well-being helped protect healthcare professionals' health and morale, ensuring continued effectiveness in patient care.

Demonstrating critical leadership qualities was crucial as nurse managers faced rapidly changing circumstances. They maintained an optimistic outlook to uplift their teams, engaged in collaborative decision- making, and practiced effective prioritization. This proactive approach allowed them to make quick decisions to ensure patient safety and care continuity. By fostering a sense of determination and hope during the crisis, nurse managers exemplified the importance of steady leadership in healthcare settings during challenging times.

Finally, nurse managers facilitated collaborative synergies across interdisciplinary teams, enhancing teamwork and interdepartmental management. They recognized the need for improved collaboration due to the pandemic's demands and worked to build relationships with various departments to create a cohesive approach to patient care.

Notable Progress. The COVID-19 pandemic served as a powerful catalyst for self-growth among nurse managers, pushing them to embrace self-improvement, reflection, and the principles of servant leadership. The immense challenges forced them to adapt rapidly and continuously develop their professional skills, leading many to recognize their potential and enhance their leadership capabilities. Through self-reflection, nurse managers gained valuable insights into their accountability, maturity, and the importance of empathy in nurturing their teams. They also redefined their understanding of time and family, highlighting the need to prioritize personal connections amid professional demands.

Spirituality played a significant role in the experiences of nurse managers during the pandemic, providing a grounding force amid high stress. Many turned to prayer as a coping mechanism, fostering emotional balance and a sense of unity with their teams. Engaging in spiritual practices offered comfort and reassurance, allowing them to navigate the emotional complexities of their responsibilities while focusing on the well-being of themselves and their staff. This spiritual support not only reinforced their resilience but also created a collective spirit among team members, enhancing their ability to provide compassionate care.

Additionally, the pandemic prompted profound self-realization for nurse managers, showcasing their intrinsic resilience and deepening their understanding of the unpredictability of life. As they faced continuous challenges, they developed the agility necessary to respond effectively to changing circumstances. This experience fostered stronger bonds within their teams, illustrating the value of teamwork and compassion in leadership.

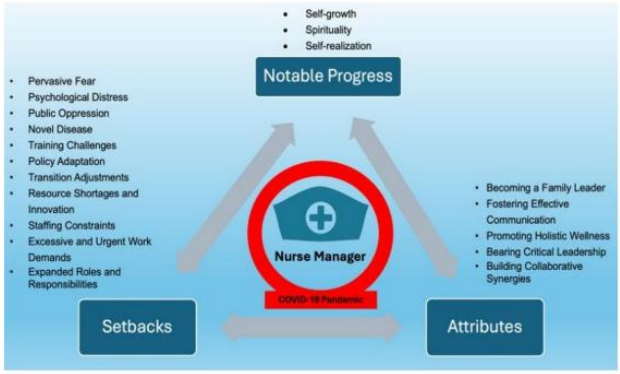

Figure 2
Concept map of the Lived Experiences of Nurse Managers

The phenomenon indicates that while nurse managers faced numerous challenges during the COVID- 19 pandemic, they also cultivated positive attributes and achieved notable progress.

Conclusions. Based on the findings of this study, the corresponding conclusions are hereby drawn:

1. The road to being a nurse leader is faced with challenges and inevitable experiences, such as crises, that shape one's identity, character, values, behavior, and actions both positively and negatively.

2. The leadership journey involves learning from personal and others' experiences, driven by one's instincts, vision, goals, motivation, and unique purpose.

3. The journey of a nurse leader involves a commitment to the team, leading them toward a common goal while welcoming collaboration, communication, and flexibility.

4. A nurse leader's journey involves embracing transformation, navigating complexities, and unlocking transformational leadership by reaching new levels of growth.

Recommendations. Based on the findings and conclusions from the study, the following recommendations are made to the following groups:

1. Nurse managers should attend training programs to acquire the skills to effectively manage setbacks and lead through crises. They should implement regular self-care strategies and mental health support initiatives to maintain their well-being and ensure sustainable leadership.

2. Hospital and nursing administrators should provide continuous professional development opportunities for nurse managers to enhance their critical attributes like effective communication, holistic wellness promotion, and collaborative leadership. Hospitals and each department must establish a supportive work environment that fosters open communication, values staff well- being, and promotes teamwork among health care professionals.

3. Professional nursing organizations should collaborate with health care institutions to advocate for better resources, policies, and support systems for nurse managers, recognizing their pivotal role in health care delivery. They should offer tailored training programs and resources that focus on leadership development and resilience-building for nurse managers within the organizations.

4. The Department of Health (DOH) should integrate strategies and guidelines that prioritize mental health support and professional development for nurse managers into health care policy initiatives. It should provide resources aimed at enhancing the leadership skills and well-being of nurse managers in health care settings.

5. Nurses and other health care professionals should recognize and support the crucial role of nurse managers in managing health care crises and collaborate effectively with them to optimize patient care outcomes. They should encourage a culture of appreciation and collaboration among health care professionals to support the holistic wellness and success of nurse managers.

6. The general public should support the dedication and leadership of nurse managers

during crises like the COVID-19 pandemic and advocate for improved resources and support for health care leadership within the community. It should foster a deeper understanding of the challenges faced by nurse managers and health care professionals, promoting a culture of respect, support, and gratitude for their vital contributions to public health.

7. Future researchers should explore in-depth studies on the long-term effects of the challenges experienced by nurse managers during the pandemic, especially concerning their well-being and organizational outcomes. They should also conduct further research on the effectiveness of different support strategies for nurse managers in managing crises and sustaining resilience in health care settings.

REFERENCES

Abu Mansour, S. I., & Abu Shosha, G. M., (2022). Experiences of First-Line Nurse Managers during COVID- 19: A Jordanian Qualitative Study. *Journal of Nursing Management*, vol. 30, no. 2, pp. 384–392, 2022. https://doi.org/10.1111/jonm.13530

Ahlqvist, A., Nurmeksela, A., & Kvist, T., (2023). The COVID-19 Pandemic Challenged Nurse Managers' Daily Leadership Work: A Qualitative Study. *Journal of Nursing Management*. 2023:1-11 https://doi.org/10.1155/2023/8191426

Allah, A. G., Elshrief, H., & Ageiz, M. (2020). Developing strategy: A Guide for Nurse Managers to Manage Nursing Staff's Work-related Problems. *Asian Nurs Res.*;14:178-187. https://doi.org/10.1016/j.anr.2020.07.004

Everson-Bates, S. (1992). First-line nurse managers in the expanded role. JONA: The *Journal of Nursing Administration*. 22(3):32–37. https://doi.org/10.1097/00005110-199203000-00012

Kaissi, A. (2008). The role of nursing in bridging the gap between managers and physicians in hospitals. *The Health Care Manager.* 2008;27(2):113–117. https://doi.org/10.1097/01.hcm.0000285041.34913.b2.

Moore, J. (2020). COVID-19: How Nurse Managers are Dealing with the Psychological Toll of the Pandemic. *Nursing Management.* https://journals.rcni.com/nursing-management/analysis/covid19-how-nurse-managers-are-dealing-with-the-psychological-toll-of- the-pandemic-nm.27.4.8.s8/abs. https://doi.org/10.7748/nm.27.4.8.s8.

Pabiona, D. P. (2019). Lived Experiences of Head Nurse in the Management of Nursing Care Unit. *School of Graduate Studies, Central Philippine University.* https://hdl.handle.net/20.500.12852/267

Parse, R.R. (1992). Human becoming: Parse's Theory of nursing. *Nurs Sci Q. Spring*;5(1):35-42. https://doi.org/10.1177/089431849200500109.

Sarmiento, P.J.D. (2021). Wounded Healers: A Call for Spiritual Care Towards Healthcare Professionals in Time of COVID-19 Pandemic. *J Public Health (Oxf)* 2021;43(2):e273–e274. https://doi.org/10.1093/pubmed/fdaa232.

Shirey, M. R. (2006). Stress and coping in nurse managers: two decades of research. *Nursing Economics.* 24(4):193–203. https://www.researchgate.net/publication/6822882_Stress_and_coping_in_nurse_managers_Two_decades_of_research

Wymer, J., Stucky, C., & De Jong, M., (2021). Nursing Leadership and COVID-19: Defining the Shadows and Leading Ahead of the Data. *Nurse Leader*, 19(5): 483-488. https://dpi.org/doi.org/10.1016/j.mnl.2021.06.004.