

Nars Ako: An Autoethnography Before and During the COVID-19 Pandemic

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Abstract

This study is an autoethnographic investigation reflecting the personal narrative of being a nurse before and during the COVID-19 pandemic. Everyday life experiences as a nurse comprised the data generated. The self-narrative story was analyzed using Leininger's phases of "Ethnonursing" data analysis for qualitative data. The experiences and stories of a nurse, entailing challenges, ways of coping and the impact of personal biographies, included behavioral, emotional, social, and spiritual factors. Four main themes were revealed: personal, professional, social and cultural, with subthemes in each. For personal, there were six (6) subthemes, professional, four (4), social, five (5), and spiritual, three (3). The life-journey of a nurse impacts personality development including love of God, neighbor, and oneself. The autoethnographic journey shows windows to understand the complex world of health, suffering, and dying. Revealing the self through personal experiences, exploring culture by careful use of deep self-reflection, and story craft of narration with analysis and cultural interpretation helped one to better understand oneself and one's culture. The cultural insights help us to understand the deep sense of connectedness to each other in society and to our history. It is hard to find a silver lining to this pandemic. But, with the Filipino's "Bahala Na" (God-willing) outlook in life, together with their deep reliance on Divine providence, they find God's hands amid chaos and find something to smile about. And what we will discover is that, we still have each other with our stories to share. This autoethnographic study is fundamental to the community.

Keywords: COVID-19, Nurse, autoethnography, life experiences, culture, pandemic



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INTRODUCTION

For the last 2,000 years, the image of the "Good Samaritan" has been a model and a guide in the healing ministry. After 20 centuries, the parable continues to maintain its actuality when applied to the present-day setting. The "inn" is now interpreted as the hospital, the clinic, the emergency room and the rehab unit. The role of the "innkeeper" is replaced by health care workers including the nurses, who are considered the angels of the sick room. The hospital has become a frontier of the life and death interface where the challenges of the parable are constantly at play. Being a Good Samaritan means being a witness to the ethical principles of this ancient story translated into the challenging settings of today (Pangrazzi, 2017).

Being a nurse, I meet people from different cultures having unique beliefs, values, and practices which makes it challenging to offer health care to accommodate everyone.

Awareness of cultural differences and providing sensitivity are important components of patient care. As a Filipino nurse, what makes us unique is that Filipinos are quick learners, willing to always spread happiness, tender and loving, having our own inner strength, and possessing the never say no attitude. Moreover, as an Ilonggo too, we hold certain unique qualities like being "malambing" (gentle), lovable, always smiling, full of hope, always thinking positively, religious and prayerful, not rushing things but always taking it easy and having a heart for our country (Momblan, 2017).

As the COVID-19 pandemic raged across the globe, being a nurse took on special significance by being on the frontline, caring for and comforting patients under stressful and changing circumstances. Before the emergence of the COVID pandemic that afflicted the lives of many people, nurses were already facing substantial and critical challenges exercising their chosen vocation and in the workforce which included inadequate staffing,

uncompensated tasks in the workplace, and mandatory overtime, as well as work related stress and burnouts. As this pandemic hit the healthcare system, this triggered more arrays of unprecedented challenges for the nurses, from working through layers of personal protective equipment to caring for patients and being with family members on a limited basis (Vejdani, 2021).

As the global health crisis continued, and as one of the nurses working in the hospital, we continuously had to combat COVID-19 by caring for the infected, comforting the dying, and consoling families. Safeguarding our families and protecting ourselves because of the poignant risk of acquiring the virus became crucial (Maben, 2020). Even though this pandemic brought us difficulties in the workplace, we needed to maintain the standard of care in the face of moral dilemmas and physical stress in delivering the best care possible.

Being a nurse, I was surrounded by challenges (Rhoads, 2014). These include immense responsibility and very little authority. We step into people's lives and will make a difference. Some would bless us but on the other hand, some would curse us. In nursing, I see people at their worst and at their best, I see when life begins and ends, and I experience resounding triumphs and devastating failures. Nursing is a profession in which we see life's ups and downs, cry, and laugh a lot. And we know what it means to be human and to be humane (Schnur, 2021). Thus, the researcher was motivated to conduct this autoethnography, to contemplate thoughts, feelings, and happenings that pertain to significant practice as a nurse, to reflect on a personal experience for self-awareness and professional growth, to present the strengths and weaknesses of a nurse, helping others understand my culture as a Filipino and especially as an Ilonggo Nurse, and to get to know myself profoundly as an innkeeper in saving and touching the lives of others in my journey in this nursing profession.

The main problem of the study was, "Who am I as a nurse before and during this time of

COVID-19 pandemic? Having thought of this question, the study specifically aimed to seek answers to the following questions:

1. What are my experiences/stories as a nurse before and during the pandemic?
2. What are my challenges and ways of coping as a nurse before and during the pandemic?
3. How does being a nurse during the COVID-19 pandemic impact my daily life?
4. What impact does work as a nurse during the COVID-19 pandemic has on the society as a whole?

The study was an autoethnography type of research that utilized a self-reflective narrative of personal experiences as a nurse before and during this time of the pandemic. It also included the challenging stories of how the researcher survived and coped as a frontliner when hit by COVID-19 towards his patients, colleagues, family members, neighbors and the administration. The researcher also discovered himself as a nurse before and during this time of the COVID-19 pandemic. This study narrated my experiences and stories, including my challenges and ways of coping, the impact in my behavior, whether emotional, social, and spiritual, as well as in maintaining the health and quality of life of the people. In addition, the researcher's journey of being a Catholic, Filipino, and Ilonggo-driven nurse were incorporated.

However, the culture, gender, and race of others were not included but solely that of the researcher. Confidentiality about others was upheld and was assured throughout the conduct and presentation of the results. Privacy and safety of the data were adhered to at all times.

The study anchors on "Transcultural Nursing" in which culture is learned by each generation through both formal and informal life experiences. The theoretical framework of this study was based on the Cultural Care Diversity (Figure 1) and Universality Theory

(Transcultural Nursing) of Madeleine Leininger. The purpose of transcultural nursing is to discover and establish a body of knowledge and skills focused on transcultural care, health (or well-being), and illness in order to assist nurses giving culturally competent, safe, and congruent care to people of diverse cultures worldwide. In her sunrise model, the outer level shows the world view or outlook of a person, social structure, organizational factors of a particular culture, and how factors give meaning and order to the culture. In the environment context, it could be an event, situation, or experience that gives meaning to human expressions. Level two represents the person in her model showing the different factors affecting an individual. It shows that a person is a product of the culture, which means the person is influenced by the environment. Level three represents the health. It provides information about folk and professional system. The folk system includes client traditional beliefs and practices on health while the professional systems are those nursing practices learned cognitively through formal professional school of learning. The combination of the folk and professional systems meets the biological, psychological, and cultural health needs of the patient and the client. The nurse bridges the folk and the professional systems. Lastly level four represents the nursing part. It depicts the three modes of nursing care action. First is the culture care preservation wherein the nurse preserves or maintain health, beliefs and values. The second mode is the culture care accommodation in which the nurse negotiates to the client or the family for culturally congruent safe and effective care for health well-being or dying. The third mode is the cultural care repatterning which refers to the nurses' action and decisions to help the client and the family in restructuring or changing their lifestyles, different patterns that are culturally meaningful, satisfying or supportive of a helpful life (Leininger, 1979).

In this research, the researcher explored the connections with his own life and the larger society in which he lives. Using this framework

in my research, it helped me, as the researcher, to understand my own life and biography.

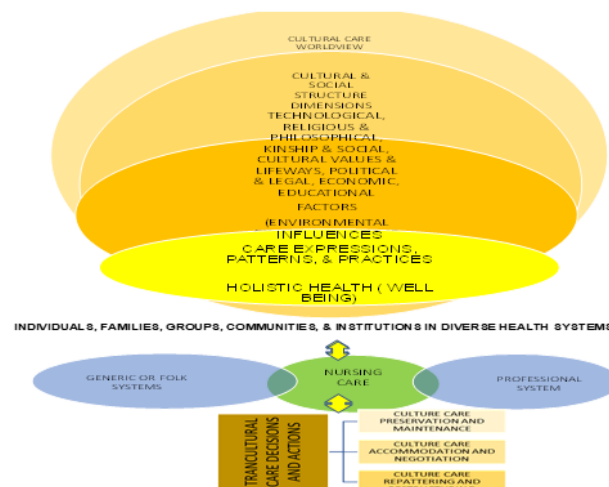


Figure 1
Schematic diagram of Leininger's Cultural Care Theory

LITERATURES

The first institution that mediates culture is the family. Culture has a pervasive effect on all of life and each person is conditioned by it in many different ways. Consequently, all the experiences of health, sickness, death and grief are marked by cultural variables. According to Pangrazzi (2017), culture focuses on four important considerations. First is the importance to be familiar with and to know intimately the culture of the person or of the group. Next, we are born within a culture but are not slaves to it. We inherit a culture. But we can also let go of it, should it be no longer useful or it interferes with our well-being and growth. Third, no culture is sacred. Every culture is a mixture of positive and negative elements. It is important to discern what may be good and valid within a particular culture. Lastly, each person is therefore an agent for the transformation of culture. We not only inherit culture, but we produce new cultures through our choices, convictions, values and attitudes (Pangrazzi, 2017).

Culture is the scaffolding for behaviors, traditions, rituals and norms characterizing a certain social group, tribe, or nation. Some cultures tend to be open with some strongly respecting authority. Culture tends to bring

awareness and utilization to understand better the inner world. Filipino culture is different from around the world. We are resilient, take pride with the families, very religious and respectful, and help one another. But as an Ilonggo, what makes unique to us to others is that we are gentle, beautiful inside and out, always smiling, bringing hope and always thinking positively, religious, spiritual, prayerful. Being Ilonggos, we are known to be gentle, that is the quality that most of the people love about being us. Hiligaynon is the dialect that has a lullaby intonation, Ilonggos are beautiful inside and out, always smiling, always thinking positively, and prayerful (Rocafort, 2020).

Ilonggos, the Loving People of Panay. Ilonggos are known to be "*malambing*" (gentle), that is the quality that most of the people love about Ilonggos. They are using Hiligaynon language that has a lullaby intonation. Ilonggos are also known to be "mapisan" or industrious. The Ilonggos were also noted as "maisog" or fearless and courageous. Ilonggos are considered the friendliest people in the country, warm and welcoming, gentle and soft spoken. They speak with a distinctive lilting intonation even when cussing, threatening havoc, or crying slaughter. They do not want to offend, so they often talk with indirection, are fond of euphemism, and given to courtly language. Though generally softhearted, Ilonggos are also oversensitive. Once offended, they do not readily forgive. An outraged Ilonggo cannot be easily appeased (Funtecha, 2008).

In addition, the Filipino culture is based on caring that has developed in nursing. Filipino nurses are highly valued in other countries because of their flexibility and high work ethics. Most Filipino nurses willingly work on holidays, nights and overtime. There is a saying amongst Filipino nurses, "to call in sick means that you are dying." (Samuelsson, 2018). In fact, Filipino nurses have many stories to tell and several studies about health and safety of nurses in the Philippines was conducted by Castro (2009). The study shows that nurses face occupational health and safety risk in daily life. Despite the importance of occupational health and safety

among nurses, it is not given very much attention in the country. The study found that there is underreporting of work-related injuries and illnesses among nurses. Occupational health nurses must also advocate for better occupational health and safety policies. Other potential work-related injuries and illness include job stress, verbal abuse, and back pain. Several studies show experiences and challenges of Nurses. In one study by Thach (2018), about nurses' experiences in work related health activities in the Philippine, it shows that nurses working at a private or public hospital in the Philippines encountered certain problems in the various health factors. Transcripts were identified by pseudonyms and codes in discussion. Psychological health factors for nurses show that there is a high demand from supervisors and relatives, working with unexperienced nurses, and work overload results to poor quality of care. One of them verbalized that "the supervisor expect that you can make it, that you can handle a lot of patients or if there is a lack of staff you still can make it, because they know that you have already once adapted to a similar situation, so they know you can make it, because of the length of time we are staying or in that field."

Next, the challenges of COVID-19 to nurses when the COVID-19 pandemic hit our country, the whole being of a nurse has been affected, including psychological health. Numerous nurses have been facing mental complications associated with quarantine such as psychological distress and fear. The gravity of COVID-19 pandemic has triggered further mental health challenges among nurses. The continuous stress nurses have been facing could trigger post-traumatic stress symptoms, poor service delivery. Assessing and preserving the mental health of nurses and the health care workers in general has been necessary for optimal disease control. The pandemic does not discriminate individuals, regardless of culture, beliefs, traditions, and practices in the society and whatever gender and status in life, COVID-19 will hit anyone, anywhere around the globe. This COVID-19 has affected the sources of supply and affects the global economy. There are restrictions of

travelling from one country to another country. During travelling, numbers of cases are identified positive when tested, especially when they are taking international visits. All governments, health organizations and other authorities are continuously focusing on identifying the cases affected by the COVID-19. Healthcare professional face lot of difficulties in maintaining the quality of healthcare in these days (Javaid, 2020).

In addition, the Ilonggo Nurses in the frontline during pandemic stand out both in the local setting and in abroad. Ilonggos have gone through hardships and have made it through by being patient and rational to understand the meaning of positivity. While the whole world is put into test. Everyone, with no exception, is dealing with the same difficult circumstances. But nothing could beat the group of Ilonggo nurses in Iloilo. Despite the panic and uncertainty surrounding the deadly virus right now, one thing is certain-medical health workers are working incredibly hard. Other faced discrimination due to COVID-19 patients admitted but they opted to stay in the hospital and make PPEs to become productive. They created protective suits and improvised hazmats in violet, yellow-green, and red colors. These colorful suits bring nostalgia from the characters of the children show “teletubbies” to spread positivity. These nurses said that they will not let the virus destroy the healthcare team. Because of their outputs, Ilonggos were featured in different news headlines remaining positive in this time of the crisis (Momblan, 2020).

Furthermore, certain studies were also conducted in our country, the study entitled “The Lived Experiences of Filipino Front Liners during COVID-19 Outbreak.” conveyed results showing the process of adjustment of Filipino front liners to the new work conditions as a consequence of this COVID-19 pandemic crisis. Major themes are as follows: Awareness, Initial Reaction (Fear of Spread and Worry), Announcement, Problem (Transportation and Survival), Subsequent Reaction (Dysphoria and Government Blaming), Adjustment (Work Condition), Realization (Work Commitment,

Compliance, and Health Consciousness), and Positivism. In this study, the respondents included medical professionals, media, and business processing outsourcing and military personnel (Nicomedes, 2020).

Moreover, one study that was conducted in Iran showed that they identified matters regarding the experiences of nurses one is mental condition due to anxiety, stress, and fear. Emotional condition includes suffering, affliction, and waiting for death. The care context includes turmoil of the disease and lack of support and equipment. This shows that nurses assigned at COVID areas are experiencing mental and emotional distress and are working in inadequate professional conditions. COVID-19 has rapidly affected our day-to-day life, and businesses, and has disrupted the world trade and movements. Identification of the disease at an early stage is vital to control the spread of the virus because it rapidly spreads from person to person. Most of the countries have slowed down their manufacturing of products. The various industries and sectors have been affected by the cause of this disease; these include the pharmaceuticals industry, solar power sector, tourism, information and electronics industry. This virus has created significant knock-on effects on the daily life of citizens, as well as on the global economy. (Karimi, 2020).

Lastly, with the different stories of nurses in this time of the pandemic, we could see the three horizons of being a nurse. First would be the prevention. In this time of the pandemic Nurses stands as the caring family of our patients, marked by open communication to family members, and giving the best care to prevent progression of the disease. Next is care, which is rooted in the development of human and professional skills for attending those who are experiencing sickness or fragility at several levels. These could be physical, mental, spiritual, or social level. It is important to approach patients in a holistic approach. Last is rehabilitation, which includes diligent follow-up to the needs of the patient and the family, especially when the therapies are long term. In this COVID-19 pandemic, nurses have faced this

crisis positively and even some were infected before but the compassion to care the sick was still the priority to most of them. To be more effective as nurse they needed to give the quality of care most especially of those patients infected by COVID-19.

METHODOLOGY

In this study, the aim is to provide accuracy in the story of a nurse during the pandemic. The researcher used qualitative research design with specific application of autoethnography method. The foundation is ethnographic and reflects the autobiographical or personal narrative. The researcher has done the writing of the story and narrated his journey of being a nurse. To have a deeper understanding of the topic, the researcher conducted the analysis, interpretation, and self-reflecting of the data collected. The study was conducted in Iloilo City, specifically, in the researcher's place of residence, the place that molded the participant to be the person today and in the workplace which honed the participant to be a professionally effective nurse in the society. The data proper was generated from self-reflecting research in the form of a personal narrative containing the element of truthfulness and reflexivity. Purposeful sampling was used in this research for the identification and selection of information and rich cases for the effective use of limited resources. The critical case sampling category was also chosen for this study to focus on specific cases that are dramatic or very important (Dudovskiy, 2012). The inclusion includes the characteristics, knowledge, experiences of the researcher as the participant, and the exclusion are the characteristics, knowledge and experiences of others during the entire journey of the researcher. A sampling technique on which the researcher relied on his own sound judgment. Involvement of oneself as being knowledgeable or experienced with the phenomenon of interest was analyzed. In addition to knowledge and experience, the importance of willingness to participate, and ability to communicate experiences and opinions in an articulate, expressive, and reflective manner were observed. Reality and truth constructed and

shaped from the collected writing and data interpretation and interpretation and analysis were done.

The researcher utilized a self-made questionnaire that considered research-related questions directed to the topic. The research instrument contains questions that narrated the life of a nurse. The first part asks for personal information, and the second part elicited answers to the main questions of the instrument. This includes characteristics, working relationship, story before and during the pandemic which includes experiences, challenges and impact to life. Since the researcher utilized autoethnography method, the researcher had to consider relational concerns. This was to protect the privacy and safety of others who may be involved in this research. Altering identifying characteristics like ethnicity, gender, name, place, or appearance was observed. The essence and meaningfulness of the research story is more important than the precise recounting of details (Bochner, 2011). Special considerations were ensured because of the potential risk related to the participation in this study. It was important as a researcher to think carefully about not disclosing things in cases where researcher wished to reveal sensitive information. The researcher considered implementing safeguards to protect others' own confidentiality by using a pseudonym, incorporating pseudonyms for all non-participants involved and by not being specific about locations to safeguard privacy (Bos, 2020). Since others may be featured in this study, it was important for the researcher to be especially careful of the way non-participants were represented. The same precautions were applied to protecting their privacy and adhering to confidentiality in this research work (Research Ethics Board, 2017). In addition, the researcher observed the privacy and confidentiality of non-active participants. The researcher needed to realize that researching, analyzing, and interpreting human life were always related to beliefs, values, and how to position oneself.

The researcher himself had the privilege to disclose various personal difficulties to be discussed in the public sphere. However, in writing involving others, the researcher kept in mind that other party did not have that privilege, which means that their voice was silenced. The researcher was in an advantageous position to write. The researcher displayed figures with negative images and when these would become public, these could be permanently recorded. Negative experiences, mistakes, or identities are often not permanent, but rather become parts of a life journey of a complex story with different sides. As the participant of this research the position of power was explained openly. Reflexivity was observed to bring awareness of the imbalance of power, and to present a new framework of a more equal relationship (Poerwandari, 2021).

In manifesting reflexivity as a form of social critique, the researcher opens the discussion on how to manage imbalance of power relations in the relationship of the participant to the reader. In evoking the believability and truthfulness of this research work, a third person perspective was included aside from the panel; so, after data analysis for the reliability of the results, the paper needed to be critiqued by experts including those who were known and unknown to the researcher. In this research, reflexivity was present from the beginning of the selection of the phenomenon to data collection and analysis and continued further to awareness of the social dimension of the phenomenon and how to write and present them. Results of this study were utilized solely for study purposes.

The rigor of this study was mirrored during the conduct of the study. It connected readers to the writer and enabled the reader to enter the subjective world of the teller to see the world from his point of view. The credibility of the study was assured by narrating the experiences described by giving factual evidence and by adapting the research method in data collection and findings of research. The dependability of this research observed consistency on the data gathered and these were be documented, audited, and analyzed. Interpretations of data

for conformability were not figments of the writer's imagination but based on the experiences of the writer. The researcher ensured that the findings were the results of the data gathered and that they had been thoroughly analyzed. The extent of transferability of this study could be used as an inspiration and could be used by the public and other research studies regarding the life of a nurse in other settings or groups.

The researcher-made questionnaire underwent validation from three experts in the field knowledgeable about the nature of the study. A permission letter to conduct the actual study was secured. A target time span was observed to meet the course period of the study. Obtaining informed consent as a participant was secured for ethical purposes. Initial consent was secured before any data collection began. This was necessary to respect the autonomy of the person involved who voluntarily decided to feature in the autoethnographic research project and be part of the study (Research Ethics Board [REB], 2017).

The data gathered was analyzed using Leininger's method of "Ethnonursing" data analysis for qualitative data. The researcher closely examined the data to identify common themes or topics, ideas and patterns of meaning that were repeatedly revealed. The four phases outlined in this approach were followed in conducting the analysis as follows (Figure 2):

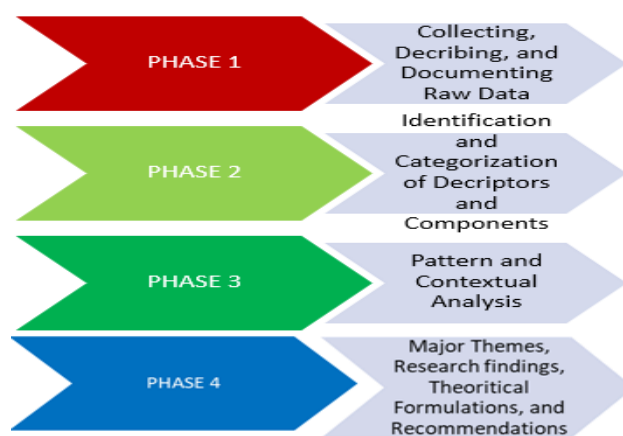


Figure 2
Phases of "ethnonursing" data analysis by Leininger (Wehbe-Alamah, 1997).

The researcher has presented the journey of a nurse. The strengths and weaknesses, challenges confronting a nurse, and ways of coping and survival of a nurse amidst COVID-19, and the culture of a Catholic, Filipino, Ilonggo driven nurse were included. This study was presented using narrative writing in which the readers could explore and enter the world of the writer. With this writing, the researcher brought new ideas to the readers enabling them to see the point-of-view of a writer. The final research paper was shared to other nurses who experienced or are experiencing the same situation during the pandemic. This study presented insights on how society and culture affect the life of a nurse. The findings of the study had the potential to make an impact and present a significant contribution in the nursing world. It is also to be disseminated to the healthcare workers to give them awareness since they have been part of the pandemic, hence, could self-reflect on this autoethnography study.

RESULTS AND DISCUSSION

The autoethnographic journey from beginning to end, shows windows to understand the complex world of health, suffering, and dying (Matthews, 2019). Revealing the self through personal experiences, exploring culture by careful use of deep self-reflection, story craft of narration with analysis and cultural interpretation helps one to better understand oneself and one's culture (Gomes, 2010). The gathered raw data, identification and categorizing revealed the issues of the five biographical elements in life (physical, emotional, intellectual/mental, social, and spiritual) of a nurse as a person. All those issues characterized the nature of human interaction, and these needed to be considered and categorized into emerging theme groups, namely: personal, professional, social and cultural. At any given time, the art and the ability to discern and respond to the various biographical elements of the person who may be in more need of attention and caring should matter much to the nurse who is sensitive to it.

Emerging Themes. The following are the themes which emerged from the study:

Personal. A journey encountered with challenges and lessons about resilience and growth.

Life is a continuous learning experience. A journey of challenges, up's and down. With daily life encounters to the environment, and to every unique person. Help me to mold and grow a person of today. This main theme appears six (6) subthemes discussed below.

Embracing Reality (*paghakos*) Anyone living in this time of pandemic needed to accept the reality. It is a reality that requires everyone to cope and save everyone who is struggling in daily life by using alternatives in showing love and care. Living and making it through this pandemic was not a joke to all of us. It was a life experience that everyone will remember. It brought everyone's life back to basics. It brought us back to our family a reality that had been neglected for a long time due to earthly and materialistic daily activities. This pandemic brought me and all of us closer to our families, spending time with them. (Sapru, 2021)

Don't Worry (*hindi magkabalaka*) While my parents and I were inside the room being isolated and getting treated. I realized that having a positive outlook and attitude helped me to overcome this crisis in my family. My worry turned into a positive outlook because of getting along with good friends. So, I was able to surpass the issue and to receive the needs for our daily living. My friends sent fruits, foods, hygiene kits, and other items. Those simple acts helped me to go forward and win this battle my family and I were going through.

Drop everything and rest (*pahuway*) The world rested, and humanity was able to press the restart button to recover from the abuse of humans during this pandemic (Kumar, 2020). While inside the isolation room. I realize that it was time to take a break from a busy world. It was time to take care of my parents battling with COVID. It was time for me to give back what they had sacrificed for me when I was young

and even until now. I assisted my father in his daily routine like taking a shower, eating, and giving medications and monitoring vitals for changes. At the same time, my mother was also in isolation having a nasal high flow cannula. I saw how difficult it was for her to talk, and oxygen saturation levels were dropping at times. She also needed to be assisted using a chair going to the restroom to avoid efforts in movement which could trigger her breathing problem. At night I asked her to ring the bell if she needed anything. During those times I experienced a sleepless night. A dark night of the soul that hungers to see light in everything.

Wounded servant (*pilason*) As a healer who was being afflicted by COVID, I realized that life is a precious gift and spending time with my parents inside while being admitted gave me more time to give them what they needed to regain strength and get well. While inside the isolation room, since I had nothing to do, I asked the nurse in charge to give the list of medication to me and allow me to give the prescribed medications for my parents so that everything could be given on time. Moreover, I would be able to monitor the response of my parents to the medications given. As a wounded healer (Samson, 2015). I saw to it to cure my parents despite what happened, motivating them and having a small sharing as a moment of bonding. This wound strengthened me, and I encouraged myself to move forward and survive this battle.

Traces of God's footprints (*inagihan nga nagtatak*) Looking back at past experiences and learning from them molded my personality and made me who I am today. I learned to appreciate diversity of people from different groups and cultures. Diversity is a strength, not a weakness, and provides a more well-rounded view of the world (Michelson, 2017). Past experiences in life lead to a new lesson in life (Blossom, 2020). Developing personality and molding a person from the changing situations helps in decision making. Past experiences involve my faith and devotion, the culture I have been exposed to and the society I live in. These affect the mosaic of relationships I have with others. And with this, all these experiences

have been instrumental in developing my personality as a professional nurse today.

Moved with Compassion (*kaluoy*) Providing compassionate nursing care can lead to higher satisfaction in dealing with my patients, safer care, saving time and cost, a sense of satisfaction with the hospital personnel and their effectiveness, by having higher confidence in them and in their coping skills (Dalvandi, 2019). Compassionate nursing care is the main element in providing quality health services to patients, and it may be the best and most valuable gift that a nurse can give the patient in health systems.

Professional. Saving lives never stops.

Nursing is considered a hard job and work stress can have negative effects on health and quality of life. But this ministry brings hope to those who are in pain and suffering by alleviating the health crisis of each patients encountered. With this main theme, four (4) subthemes develop during the data analyzation.

You are God's Masterpiece (*obra maestra*) My ideal career should allow me to utilize natural gifts for a greater purpose, while fulfilling Christ's call to serve others. Nursing easily checks off every box. It is one of the most challenging professions (Spector, 2021), but it is also one of the most personally fulfilling and it grants me an amazing opportunity to make a real difference in the lives of others while serving God.

Gift vs Responsibility (*dulot kag katungdanan*) Nurses play an important role in providing care for patients to help manage physical needs, treat health conditions, and prevent illnesses (Flaubert, 2021). I as a nurse must carefully monitor and observe and record any symptoms or relevant information that could lead to a diagnosis or a change in treatment plan. It is important to be a good advocate for my patients by taking the time to actively listen to their concerns, respecting their wishes and communicating what the patient wants with their family or other staff members. A nurse should be responsible for a wide range of basic

bedside care tasks, depending on the working environment.

Encountering shadows in unstoppable circumstances (*kahitaboan sa landong*) Being fully responsible for a patient's well-being is my duty, and for me this describes the obligation to provide care. Because of the challenges of working in a COVID-19 emergency room, I expressed my experience involving trials in dealing with my fears of becoming sick or infecting my family members. We, nurses and physicians alike, discussed support to one another and the coping solutions to use. The pandemic made me unstoppable—unstoppable of being in the profession and to continue caring for the sick and the dying despite the scare of the virus because of working on the frontline. Numerous difficulties have been experienced during the peaks of the pandemic. Added to the difficulties was wearing the PPE, I needed to learn to love using it. Wearing that protection made us unstoppable but my mind was sometimes telling me if I could really keep going because of the scare to be infected and possibly bringing the virus home to my loved ones. But I needed to be unstoppable, it is my call of duty to serve those in need.

Continue to reach out (*magpadayon*) Twenty-four-hour protection was necessary for nurses who had critical roles and responsibilities during the COVID-19 pandemic. They continued to be in the front line of patient care in hospitals and were actively involved with evaluation and monitoring in the community. Despite what happened to us, I put it in my mind to go on and move forward, because people needed my services, and it is a gift and responsibility that needs to be shared. Serving the sick and the dying is a mission of being a nurse (Ecret, 2021). By serving them it is also serving Jesus Christ and saving them from harm. Nursing is a challenging profession. A profession that needs to be loved to continue carrying out the daily tasks. It is a job that will touch every different angle of our life, from mental, physical, social, spiritual aspects. And from that we learn and are able to move forward in life.

Defining personal mission (*katuyuan*) Working on the frontline constitutes the daily moment to be experienced as a Nurse, a moment reflecting the mysteries of the rosary. I see a life of joy, sorrow, gloriousness and light. It is experienced in different life situations in the hospital. Moreover, this moment brings lessons to be shared and to learn from. Everyday life provides a moment to mold myself in a different mosaic of relationships. It is a time to reflect and to react to that event. It is an event of life that is being written already by God and to which we respond according to our will.

Social. Healing hands, healing hearts. Kindness as my compass.

Health ministry, a ministry of courage during the pandemic. The daily challenges of pandemic bring good connection despite the threat of the unknown enemy. Even the world shutdown that brings turmoil to the society can't stop the heartbeat of hope of a Nurse to people of the society. This main theme arises five (5) subthemes.

Companionship (*Pakikipagkapwa tao / pag-inuupay*) My experiences and stories of the nurse show how a nurse connects to humanity. They reflect the reality of being a nurse and how the nurse interacts with others (Rabbitt, 2016). A nurse works in a changing relationship with those in the area, encountering different people in everyday life as a nurse. Nurses need to reflect and be flexible on how they handle every different scenario in life. Dealing with different people's experiences will help a nurse reflect on the differences that exist between everyone.

Challenges in changes (*pagpanghangkat sa mga pagbag-o*) The COVID pandemic brought a lot of changes to us all, in our whole well-being and in different aspects of life. In the workplace, changes of protocol were implemented every now and then due to the changing COVID situation and daily number of cases. In society, not all but most obeyed the implemented protocols fixed by the government for everyone's safety, and in the church face to face liturgical activities were even suspended as a precautionary measure.

World Shutdown (*pagtakup*) COVID – 19 pandemic scenarios were like an end of the world event in my life. Everyone was in a panic; lack of essential supplies was experienced such as face masks, alcohol, disinfectant sprays, tissues, soap and others. Even food supplies experienced shortages and the government was even forced to provide for the people. This pandemic affected the healthcare system by creating a lot of challenges (Filip, 2022). It was like a movie in which everyone is in trouble, and everyone is considered an enemy because of the unseen attack of the virus. As a precaution PPEs were worn at the workplace and health protocols were observed for maximum safety of all. Social gatherings were cancelled and converted to virtual platforms to reach participants in need. Even religious and cultural gatherings were not celebrated during the peak of the pandemic.

Surpassing Turmoil (*malampasan*) The COVID pandemic brought about a lot of changing situations. It resulted in chaos for everyone and became something that every individual should learn about and understand. I, in the workplace, experienced this chaos (Ante-Testard, 2020). Weekly, monthly, or even daily changing hospital set-up and protocols made me feel inconvenienced. But this chaos resulted in an impact of change and eventually led to order for everyone when people started to understand that this pandemic would lead us to the path discipline and order for everybody's safety.

Daily life in the Society (*kada-adlaw*) Every day in our lives is a new beginning, a new life given, and a new hope (Kothadiya, 2015). As a nurse, it is my mission to bring hope, a new life, and new beginning to my patients. It is my daily responsibility to serve them. During this COVID pandemic, what mattered was the simple act of sacrifices in dealing with confirmed, suspected patients suffering from the disease, with a caring touch to help them feel our love and care for them. In society, it is my goal to share the word of God by serving the Lord in the ministry I am involved in. By that simple action it helps them to go back to rely on their faith and trust in the Lord. To my family, saying the rosary every night together makes my family stronger,

making our daily struggles in life lighter and bringing hope to each one of us. As an Ilonggo, despite the difficulties, hardships and challenges because of the pandemic, my culture helped me a lot. Ilonggos have a warm heart to love and support each other. Even when we were still at the facility. Nurses in the ward facilitated our discharge since no one would be able to process it since my other family member was on home quarantine. It is an act of "*bayanihan*", a Filipino cultural trait that underscores the importance of helping each other and which is part of being a Filipino. The Ilonggo culture shows how loving and humble we are. From the way we talk which is "*malambing*" (gentle) and our catholic devotions makes us unique in terms of culture.

Spiritual Have faith, never lose hope.

In the world of chaos and darkness of pandemic. The spiritual aspect of a person despite differences in beliefs, practices and culture. Brings individual, family, and society a positive outlook in life. This main theme emerges three (3) subthemes.

Pray, Hope and Have No Fear (*pag-ampo, paglaum, dili mag kahadlok*) Praying more and feeling the presence of God inside plays an important role in a person (Landry, 2018). As our lives seem distant and disjointed, remembering that God is always close and in this divine closeness we are one, no matter where we are. We were living through a period of deep disruption, chaos and anxiety. But God is truly merciful. "May kaluuy ang Diyos." Believers experienced a deep sense of precariousness in the face of the COVID -19 pandemic which made us realize how fragile and vulnerable we are to outbreaks of infectious diseases. With limited access and movement inside the facility, I realized that God moves and works in mysterious ways. I sometimes received goods, foods and other stuffs from my close friends, and relatives without asking them. The Holy Spirit really worked to touch their hearts for us to feel that they were there supporting and praying for us. My brothers and sisters in religious ministries and communities sent and offered prayers to

us, especially to my parents. With that, it was a big help for us to feel and be touched by the mercy of God.

In time of test, family is best (*paghangpanay sang pamilya*) My mother and father were diagnosed in the severe COVID category. Close monitoring was needed to document and note certain changes in the vitals, and someone needed to be inside taking care to them. They would feel secure and safe in my hands, taking care of them and listening to their needs. I knew it was a difficult situation but being their child, I needed to take care of them, and it was my obligation to cure and heal them. It was time for me to share my healing hands with them. What was on my mind was that prayer plus intervention would result in success. Success in winning this battle against COVID, a battle that could be won with prayers, our faith will cure us and make possible a return to normal life.

What the mind conceives the body receive (*panghunahuna*) Planning and preparing oneself for the future are important. It will help one to face the daily struggles, and challenges in everyday life. Learning the lessons in life makes me more confident to face the realities of this modern world. With the changing situations because of the pandemic, faith and devotion were my weapons to overcome the problems encountered. Prayer changes things and doing the right thing not only for myself but also to others makes me know the calling and mission I have as a nurse.

All in all, the graphical illustration is a representation of who I am and what I have gone through. The size of the ocean symbolizes the connections and relationships I have with those around me as well as my shared work in the health ministry. My entire being, including my development, values, culture, beliefs, lifeways, expressions, will, and emotions, is symbolized by the ocean's tides. Hope and unwavering faith are symbolized by the ocean's stillness. As an Ilonggo Nurse, I have a lot of hope and faith. A sense of accountability, dedication, perseverance, luck, spiritual serenity, empathy, compassion, trust, and

acceptance are among the optimistic and positive traits, values, and manifestations that High Tides share. Low tide has similar negative aspects and manifestations, like separation grief and hopelessness. Strong ocean waves stand for difficulties, near – death experiences, COVID – 19 risks and limitations, and competing roles and responsibilities as a Nurse and a son. The sun is the representation of light that brings hope and energy to me. Lastly, the vastness of the ocean is the depth of my love language of hope. Finally, as a whole this photograph symbolizes the mosaic of relationships.



Figure 3
Mosaic of Relationships

Conclusion. A nurse uses the language of hope to help everyone restore the health they need. The art of caring for the sick is the heartline of a nurse. This is done with shared togetherness, consciousness of the sacredness of humanity, with pride and joy. I could say that “*NARS AKO*” (I am a nurse). With myself, it helps us to understand the deep sense of culture of connectedness to each other in the society and to our history. This autoethnographic study is fundamental to the community. To find a silver lining during the pandemic, but with the Filipino’s outlook on life, and deep ingrained reliance on Divine providence, I was able to find God’s hands amid chaos and find something to smile about. And what I have discovered is that we still have each other and our stories to share. Based on the findings derived from the researcher’s life experiences, the following conclusions are drawn: 1) Experiences and stories as a nurse before and during the pandemic serve as turning points to understand the differences in life circumstances, understanding the beliefs and practices of

every individual, and enable nurses to develop the holistic approach to better one's well-being. 2) As a nurse, managing challenges and coping before and during this COVID-19 pandemic was influenced by one's beliefs, practices, religion, values, society, environment, and the important persons in the nurse's life. It influences the way to care for patients and how I deal with life every day, and it expresses the fundamental elements in the ministry of health. 3) Valuing and respecting life despite the differences in culture, values, beliefs, and practices are fundamental to being a nurse. By understanding and loving our profession, family, workplace, and one another in the community, nurses were able to promote better outcomes in surpassing the challenges brought about by the COVID-19 pandemic. Observing a healthy and balanced life and spirituality as a nurse involves the integration of love. The way to love God, neighbor, and oneself could advance one's comfort. 4) The totality of a nurse is formed and determined by their heart, mind, strength, and soul. It is expected from an Ilonggo Christian nurse that they express love for their profession and as part of the ministry of health with resilience and faith in God. Lastly, being a nurse is a vocation.

Recommendations. The following are the recommendations advanced to the following groups:

1. Registered nurses should know the relevance of being a nurse before the pandemic and especially at the time of the COVID-19 pandemic including the stories of survival and the impact of their daily lives to their families, relatives, friends, and colleagues. They would be able to know how serious COVID-19 was as a disease, thus paving the way to the importance given to nurses and nursing as a profession, its role in society, and the effect of this crisis in the healthcare system. Given that the COVID-19 epidemic seems to be evolving, this is the ideal time to consider the lessons that have been learned. More significantly, it is time to think about how the pandemic response may be used to strengthen health systems in our nation. COVID-19 is an opportunity to refocus

the priorities of the health system. It offers a breakthrough opportunity for the innovative transformation of health systems.

2. Health care providers should collaborate and should practice teamwork by opening up about the life struggles and challenges experienced by nurses in this trying time. There is a need to improve the involvement and role of nurses in the health ministry, particularly in dealing and giving care to different kind of patients. Health systems must continue to be dedicated to creating sufficient surveillance programs, timely diagnostic methods, and strong research projects that can identify and comprehend the fundamental biology and, if required, treat novel organisms in order to make sure that the world is better equipped to handle the next infectious agent.
3. Hospital administrators should strengthen their approaches and programs in catering to the needs and hardships of nurses by intensifying safety in the delivery of quality patient-centered care most especially when a pandemic strikes. In terms of the necessity for staff assistance, clear and succinct information, and sufficient professional and technical resources, the pandemic had a significant effect on managers and their jobs. A feeling of solidarity and inclusion made administration easier.
4. Academic institutions should help professional nurses in the field of the academe for their student's formation and learning. This can be done by providing examples on how nurses cope with different aspects of life, and during a pandemic, by providing mental exercises and management to maintain well-being.
5. Nursing students should benefit from information about what it is to become a nurse, by knowing one's experiences and learning from each other's encounters in life. They should recognize the fulfillment that comes with serving society and what to expect when becoming a professional nurse

working in a clinical setting including the challenges, struggles and how a nurse would be able to cope up with the trials they face during a global pandemic.

6. Family members should elevate their awareness and empower every family member on the relevance of adhering to safety protocols, safeguarding one's health, and by considering the risks and sacrifices of every nurse's undertaking as a frontliner. Family support plans should include the promotion of coping skills, family relationship quality, and attitude management.
7. Nurses' policy making organizations such as the Philippine Nurses Association and the Department of Health should articulate the crucial events faced by the healthcare system and in the life of a nurse that would enable efforts to be made and activities to be carried out supporting nurses holistically as to personal and professional growth and the development and the instillment of leadership. 8) The public should be aware of the struggles and experiences of a nurse especially during a pandemic. The stories behind the facemask and the complete protective gear and the physical, emotional, psychological and spiritual struggles of a nurse in this global health emergency should be known to all.

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