

Proposed program for adaptation strategies of nurses to ever-changing health-care environment

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Received: 25 May 2024
Available Online: 15 July 2024

Revised: 25 June 2024
DOI: 10.5861/ijrsp.2024.007

Accepted: 10 July 2024

ISSN: 2243-7681
Online ISSN: 2243-769X

OPEN ACCESS



Abstract

Nurses, the primary human resource in healthcare management, encounter several obstacles and concerns. They need to be adaptable to the changeable environment and in care with the patients wherein they should adapt to the current situations and make sure that health service would not be compromised. The study utilized the mixed method approach wherein both quantitative and qualitative data were collected and analyzed, then compared the analysis of both data to see if they confirmed or disconfirmed with one another. Specifically, this study intended to identify the proposed programs for adaptation strategies of nurses to the ever-changing healthcare environment through a survey questionnaire answered by the respondents and interviewed four nurses using the above mentioned method. Based on quantitative findings, most of the respondents belonged to the 31-35 age group, female, Bachelor of Science in Nursing graduate, junior staff nurses, and with 6-10 years length of service. In regards to the personal and interpersonal adaptation strategies of nurses, as well as the challenges they encountered were evaluated and statistically treated. A study of those subjected to adverse situations has repeatedly demonstrated that while some individuals show strong difficulties in adapting, others, even under the most difficult circumstances, maintain an adequate level of functioning and well-being. However, from the qualitative perspective, the researcher adopted Giorgi's approach in investigating the experiences of four nurses through interviews and transcription, where three significant themes emerged under the contributory factors. It dealt mainly with the personal and interpersonal adaptation strategies of nurses, as well as the challenges being encountered in its application. The researcher extracted a more compound and insightful view of the results of quantitative and qualitative methods to effectively design specific interventions, targeting significant sorts of events while addressing the underlying variables. Based on the study's findings, recommended intervention programs were developed.

Keywords: personal, interpersonal, challenges, adaptation strategies

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1. Introduction

The nursing profession is known for its challenging circumstances and high stress levels, which stem from the duty to uphold the highest moral standards regarding human life and health. As society's demographics shift, so does the need for nursing care. Taking care of the health needs of nursing staff turns into a non-tangible investment in workers. The sense of coherence is among the most significant health potentials that have been discussed in the literature. It can have a major impact on preserving good health, alter how one functions in a demanding work environment, and affect the selection of coping mechanisms (Betke et al., 2021). Nursing is a job that is in high demand yet is frequently seen as challenging and underappreciated by society. The difficulties faced by nurses include shifting employment prospects, a scarcity of nurses, poor efficacy, worries about workload, system changes, and the growing complexity of clinical procedures. They need to be able to react quickly, wisely, imaginatively, and adaptably in various circumstances. The largest group of medical professionals is nurses. These professionals possess advanced degrees, exercise autonomy in determining patient care, and offer a diverse array of healthcare services. They interact with others constantly while going about daily business, which is related to their responsibility for the greatest ideals—human life and health (Donahue, 2020; Khoshkesht, 2020).

Evolutionary processes, coping mechanisms involve the interaction of influencing elements (risky and protective) and coping techniques. Coping mechanisms were created deliberately, purposefully, and concurrently as a result of increased training, experience, and professional development. Time is a factor that affects coping mechanisms as well as professional and personal development. There seems to be a connection between the coping process and the advancement of nursing care professions. It is important to investigate the intricacy of the phenomenon, the relationship between coping mechanisms and external influences, and the advancement of professional careers, especially for professionals with more years of experience (Sapeta et al., 2022).

Objectives of the Study - This study proposed a program for adaptation strategies and coping skills of nurses to the ever-changing healthcare environment in selected hospitals in Batangas City. Specifically, this study determine the demographic profile of the respondents in terms of age, gender, highest educational attainment, designation, and length of service in the hospital; determines the adaptation strategies of nurses; identifies challenges encountered in the application of adaptation strategies; and the proposed program to further improve the adaptation strategies employed by nurses in the ever-changing healthcare environment.

2. Methods

Research Design - The main objective of this study was to propose a program that will improve the adaptation strategies of nurses in Batangas City in ever-changing healthcare environment. According to Georgi (2022), In order to address the study issue, mixed methods research blends quantitative and qualitative techniques. Mixed methods research can offer a more complete picture than either quantitative or qualitative research alone because they include the benefits of both quantitative and qualitative research techniques. It is frequently employed in the social, behavioral, and health sciences, particularly in complicated situational or societal studies in multidisciplinary settings. Research designs using mixed methodologies can take many different forms. The research goal, the data collecting schedule, and the weights given to each sort of data serve as the foundation for these distinctions. For the study, the researcher will use a convergent parallel design, in which quantitative and qualitative data were gathered concurrently and subjected to independent analysis. The outcomes of the two analyses were compared once they were finished in order to draw conclusions.

In the context of objectives 1 and 2, a descriptive correlational research design will be utilized to investigate the relationships between variables without the researcher controlling or manipulating them. The intensity and/or direction of the relationship between two (or more) variables is reflected by the correlation. A correlation's direction can be positive or negative (Bhandari, 2022). As per the findings of the study, this comprises characterizing, documenting, evaluating, and interpreting the present nature, makeup, or procedures of frequently occurring incidents in nursing practice as well as the volume of incident reporting concerning the contributing elements. To answer the third objective of the study, a qualitative approach will be utilized. Interpretation of the four (4) respondents' transcribed responses collected using a semi-structured interview guide. A qualitative phenomenological methodology highlighted the distinct lived experiences of participants. This qualitative design, according to Grand Canyon University (2017), citing Polit and Beck (2012), uses exploratory research to learn more about motivations, attitudes, and underlying reasons. This component of the study examined the adaptation tactics used by nurses in Batangas City hospitals, as well as describing the respondents' evaluations and life experiences.

Settings and Participants - The study will be carried out among nurses working in particular Batangas City hospitals. The study will focus on nurses with varying roles, genders, levels of education, and lengths of hospital service as its specific respondents. In the quantitative approach, the target population of different nurses in Batangas City is one hundred seventeen (117). In qualitative aspect, five (4) respondents were interviewed, their raw responses were transcribed and thematic analysis was derived based from Giorgi's Existential Phenomenological Research Method.

Instrument of the Study - A self-made questionnaire was the main tool to get the information needed from the selected hospital nurses in Batangas City. The researcher utilized books and other relevant sources to create the questionnaire. After making the questionnaire, the researcher submitted it to the advisor and academic experts to get their input and approval. After approval, the researcher distributed the questionnaire for pilot testing to fifty (50) participants to check the suitability of the tool before dissemination of the survey tool to the intended participants. In addition, the researcher interviewed participants to gain a better understanding of clinical nurses' experiences and narratives in connection to incidence reporting. In interviewing study participants, the researcher used a semi-structured question as a guide.

Data Gathering Procedures - The researcher gathered information and data from books, journals, reviews of papers, electronic databases, and other studies conducted by different researchers. As well, the researcher submitted the questionnaire to the advisor initially to make certain they are accurate and get authorization to hand them out. The researcher will then communicate with the Medical Director and the Human Resource Department to get authorization to initiate the study and carry it out. After the research tool is finished, the researcher used Google Forms for the actual survey. After the survey, the answers were put through a statistical treatment that will be used to write the study's interpretation and findings. Then further, the researcher complied with ethical guidelines.

Data Analysis - Quantitative Analysis. Quantitative research is a way to learn about a particular group of people, known as a sample population. Using scientific inquiry, quantitative research relies on data that are observed or measured to examine questions about the sample population. To answer the questions placed in the study, the researcher used different statistical treatments based from the answers of the respondents on the questionnaire. The data will be collected, tabulated, analyzed, and interpreted using descriptive statistics such as: weighted mean and rank which were used to determine (a) the adaptation strategies of the nurses and (b) the challenges encountered by the nurses in the application of their adaptation strategies. All analyses were performed using SPSS version 25.

Qualitative Analysis. Good qualitative research uses a systematic and rigorous approach that aims to answer questions concerned with what something is like (such as a patient experience), what people think or feel about something that has happened, and it may address why something has happened as it has. This portion of the

research will be examined and interpreted using Giorgi's phenomenological technique, as shown in Figure 1.

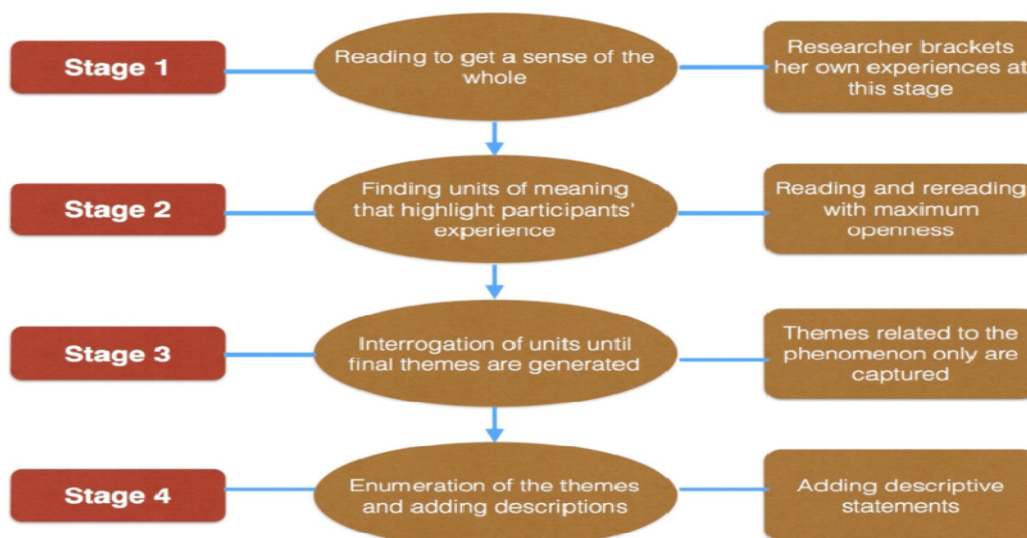


Figure 1. Giorgi's 4-step method to Phenomenological Data Analysis

Giorgi's descriptive phenomenological research was used to investigate the lived experiences and fundamental structure of four (4) nurses in selected hospitals in Batangas City. Giorgi's method emphasized revealing the vivid meaning of the participants' experiences; it detailed each participant's unique experience; and it incorporated the participant's entire experience based on changes in context, relationships, time, and perspectives to derive a general structure.

Ethical Considerations - To conduct the study, the researcher must first get approval to utilize the research instrument and then get authorization from the hospital administration and research ethics committee. As well, the researcher will give each respondent a letter of consent that gives them permission to participate in the part and collect information. The nurses who are participating in the research will be informed what its goal is. Participants will clearly understand that they can withdraw the research if they choose not to finish it. All the nurses who take part in this study will also have to give their official permission, and their confidentiality and anonymity will be ensured.

3. Results and discussion

Table 1 shows the summary table on adaptation strategies that are being performed by nurses in terms of personal factors. The overall grand composite mean of the summary table was 3.79 and verbally interpreted as *highly extent*. "I am adhering well to the ISO standards being observed in my workplace" ranked the highest with the weighted mean of 4.44 and a verbal interpretation of *highly extent*. Based on Sister Callista Roy on her theory, humans are holistic beings constantly interacting with their environment. Humans use a system of adaptation, both innate and acquired, to respond to the environmental stimuli they experience. Human systems can be individuals or groups, such as families, organizations, and the whole global community. On the other hand, the environment is defined as conditions, circumstances, and influences that affect humans' development and behavior as an adaptive system. The environment is a stimulus or input that requires a person to adapt. These stimuli can be positive or negative. These stimuli were categorized as focal, contextual, and residual. Focal stimuli confront the human system and require the most attention. Contextual stimuli are characterized as the rest of the stimuli present with the focal stimuli and contribute to its effect. Residual stimuli are the additional environmental factors present within the situation but whose effect is unclear. This can include previous experience with certain stimuli.

Table 1*Adaptation Strategies of Nurses*

Personal	WM	VI	Rank
1. I am performing deep breathing techniques such as breath focus and progressive muscle relaxation to reduce stress and calm anxiety	3.92	Highly Extent	6
2. I am engaging myself in different meditation techniques such as Yoga, Tai chi, Mantra meditation, and the like	2.04	Fairly Extent	10
3. I am incorporating exercise into my daily routines to manage my stress easier such as attending aerobics, joining a gym, lifting weights, or completing workout videos at home, walking, or jogging with friends, families, or pets, and even swimming exercises	2.99	Highly Extent	9
4. I see to it that I have a good quality sleep whatever shift I am in for me to function accordingly and think clearly	3.82	Highly Extent	8
5. I am performing religious-spiritual activities such as praying, saying daily prayers, or even listening to spiritual songs and teachings	4.14	Highly Extent	4
6. I am analyzing the assignments well and careful planning of activities towards the achievement of a goal	4.25	Highly Extent	3
7. I am continuously self-updating on the current and emerging technologies readily available in my unit by attending different training and seminars	4.08	Highly Extent	5
8. I am carefully performing multiple duties within legal and ethical considerations of nursing functions	4.29	Highly Extent	2
9. I am participating in self-enhancement and development programs through nurse certification and post-graduate courses	3.90	Highly Extent	7
10. I am adhering well to the ISO standards being observed in my workplace	4.44	Highly Extent	1
Composite Mean	3.79	Highly Extent	

Legend: 4.50 – 5.00 –Very Highly Extent; 3.50 – 4.49 – Highly Extent; 2.50 – 3.49 – Moderately Extent; 1.50 – 2.49 –Fairly Extent; 1.00 – 1.49 –No Extent at All

However, “I am engaging myself in different meditation techniques such as Yoga, Tai chi, Mantra meditation, and the like” ranked the lowest with 2.04 weighted mean and verbally interpreted as *fairly extent*. Another noteworthy and unusual conclusion in this study of Irandoost et al. (2022) was that nurses used creative approaches to overcome hurdles and minimize problems. Engaging in religious and spiritual activities such as praying, reading the Qur’an, and praying every day was one of these strategies. This may reflect a level of fatalism among nurses, which is a psychological reaction that arises when they feel helpless.

Spiritualizing their job was another intriguing tactic used by nurses in this study to adjust to their new employment surroundings, and it is like the previous strategy. In other words, nursing was regarded as a sacred vocation with a reward in the afterlife, rather than merely a labor. Spiritualizing the profession promotes nurses’ job happiness, their ability to cope with professional stress, and protects them from burnout. The issue of “conscience” has been recognized as the most potent incentive for role-playing, elevating the nursing profession from a normal job to a sacred vocation. Giving their work a spiritual and specific place improves duty satisfaction and assists nurses in adapting to changing conditions. In many cases, spirituality has been a critical component in fulfilling professional obligations, and many believe that if they devote their lives to helping patients, they will be rewarded in another world, a belief that is especially prevalent in religious nations such as Iran.

By looking at the table 2, it shows the summary table on adaptation strategies that are being performed by nurses in terms of interpersonal factors. The overall grand composite mean of the summary table was 4.27 and verbally interpreted as *highly extent*. Topped the list with the weighted mean of 4.61 and verbal interpretation of *highly extent* was “I am always asking and clarifying with my colleagues the things that are not clear to me to prevent further errors in the setting.” The last approach used by the nurses in the current study was to try to persuade and get family support. The support of peers, coworkers, family, and friends can assist people in maintaining emotional stability in the face of risk and stressful conditions.

The most important purpose of social support is to serve as a protective agent, lowering or balancing the psychological harm caused by stressful events and ongoing life challenge. Social support can also assist in alleviating the detrimental health impacts of job stress. Given the prevalence of the COVID-19 pandemic and

despite multiple risk factors, social support for nurses can improve their psychological resilience. Nurses must maintain contact with family and friends to get social and spiritual support. This enables them to fulfill their professional obligations while simultaneously maintaining social acceptance and avoiding alienation. “I am setting and communicating boundaries by leaving work at work in which I do not need to be available on my days off” got the lowest rank with a verbal interpretation of *moderately extent* and a weighted mean of 3.49.

Table 2*Interpersonal Adaptation Strategies of Nurses*

Interpersonal	WM	VI	Rank
1. I am creating emotional relationships with patients by gaining their trust and rapport during their entire stay in the hospital while under my care	4.33	Highly Extent	4.5
2. I am strengthening relationships with other colleagues, helping, and giving them positive feedback, talking more with them, and providing an atmosphere for jokes and laughter	4.46	Highly Extent	2
3. I am trying to convince the patient’s family and gain their support such as explaining the necessity of being in the hospital, explaining the importance of nurses’ work, observing health principles, and comforting the family too	4.33	Highly Extent	4.5
4. I am making sure to keep an open line of communication with the rest of the hospital staff, including the hospital administration and the rest of the nursing team.	4.32	Highly Extent	6
5. I am enhancing other’s sense of self-worth and responsibility such as increasing their efforts to save people, increasing interest in their work and profession, and taking responsibility for people’s health	4.29	Highly Extent	7
6. I am setting and communicating boundaries by leaving work at work in which I do not need to be available on my days off	3.49	Moderately Extent	10
7. I am trying my best to learn and adapt to the safety culture of the institution or department where I am in	4.38	Highly Extent	3
8. I am always asking and clarifying with my colleagues the things that are not clear to me to prevent further errors in the setting	4.61	Very Highly Extent	1
9. I am giving myself enough time to reflect on all the things happening around me and try to apply it to my life perspectives	4.25	Highly Extent	9
10. I am raising awareness in my team regarding engaging patients and their significant others in the care and management of their health	4.27	Highly Extent	8
Composite Mean	4.27	Highly Extent	

Legend: 4.50 – 5.00 –Very Highly Extent; 3.50 – 4.49 – Highly Extent; 2.50 – 3.49 – Moderately Extent; 1.50 – 2.49 –Fairly Extent; 1.00 – 1.49 –No Extent at All

In reaction to an outbreak, nurses’ cognitive thinking might adapt. They adjust their cognitive appraisal based on their professional experience on a frequent basis to maintain mental balance, lead with compassion, and seek team assistance. It may be possible to control nurses’ fears about the pandemic by working well together in a trust and respect setting. This highlights the need to focus on their psychological health. In hard situations, having good psychological reasoning and the ability to adapt to hard places could help nurses better care for patients and lessen their own psychological and social harm (Fernandez et al., 2020). Another strategy that helped nurses adjust to the harsh conditions of COVID-19 outbreaks was to boost their sense of self-worth and duty. During a pandemic, professional ethics develop a sense of responsibility. Encouraging nurses to take an active role in anti-epidemic efforts strengthens their professional identity and pride. There was a study done by Fernandez et al., in 2020 that found that even though nurses felt scared and vulnerable, they had a strong sense of duty and responsibility toward patients and felt obligated to serve.

Table 3 shows the summary table on challenges that arise during the performance of nurses’ duties. The overall grand composite mean of the summary table was 2.89 and verbally interpreted as *moderately identified*. “I am assigned to multiple tasks and assignments that are given in a period of time” ranked the highest with a weighted mean of 4.44 and a verbal interpretation of *highly identified*. In such adverse situations, it is important to keep in mind the concept of adaptation regarding functional change in response to environmental stimuli, where positive adaptation to adversity is not a completely innate trait, and therefore, can be learned and developed with active reformulation of life’s challenges. Thus, adversity can be transformed into opportunity from a perspective of committed action, practical wisdom, individual courage, resilience, and capacity for

adaptation. Therefore, individual reaction patterns must be known to learn the most effective coping mechanisms and protect the subject from psychological alteration.

Table 3*Challenges Encountered in the Application of Adaptation Strategies*

Challenges	WM	VI	Rank
1. I am assigned to multiple tasks and assignments that are given in a period of time	4.17	Highly Identified	1
2. I am performing various functions that are beyond my duties and responsibilities in case of lack of nurses or other personnel in my shift	4.01	Highly Identified	2
3. I am not aware of operating machines in my area as well as the other emerging updated technologies	2.44	Fairly Identified	12.5
4. I do not have enough requirements for advanced practice nursing	2.48	Fairly Identified	11
5. I am lacking educational and other training qualifications to perform specialized tasks necessary for the delivery of effective nursing care	2.39	Fairly Identified	14
6. I am affected by the high work pressure as well as the nature of delegated activities to me	2.73	Moderately Identified	6
7. I am pressured by the expectations of the nurse managers that sometimes I cannot function well because of it	2.60	Moderately Identified	8
8. I am sometimes overthinking that I cannot meet the expectations of my patients	2.44	Fairly Identified	12.5
9. The hospital's commitment to the government is so overwhelming	3.17	Moderately Identified	5
10. Department of Health priorities and programs do not match with the number of staff in my area	3.28	Moderately Identified	4
11. I need to work on with the different types of patients and their needs, including the inappropriate behavior and avoidance of neighbors, inappropriate behavior of others outside the workplace, and inappropriate behavior of family members	3.58	Highly Identified	3
12. The attitude of the other stakeholders is not that accommodating when it comes to the needs of their employees	2.61	Fairly Identified	7
13. There is a lack of protective equipment such as gloves, high-quality masks, face shields, disinfectant solutions, and isolation clothes that are needed in my area	2.55	Moderately Identified	9
14. I am experiencing health problems such as asthma, skin rashes, and others that are triggered by stress and overfatigue	2.33	Fairly Identified	15
15. I am sometimes questioning my worth, capacity, and capability as a healthcare provider	2.53	Moderately Identified	10
Composite Mean	2.89	Moderately Identified	

Legend: 4.50 – 5.00 –Very Highly Identified; 3.50 – 4.49 – Highly Identified; 2.50 – 3.49 – Moderately Identified; 1.50 – 2.49 –Fairly Identified; 1.00 – 1.49 –Not Identified at All

“I am experiencing health problems such as asthma, skin rashes, and others that are triggered by stress and overfatigue” got the lowest rank with a weighted mean of 2.33 and a verbal interpretation of *fairly identified*. Fernandez et al. (2020) found that repeated wearing and removal of protective clothing and equipment causes psychological stress in nurses, as well as pain and exhaustion. In fact, nurses had to wear specialized attire for extended periods of time in order to maintain their health, which created a few limitations and obstacles for them. In this way, and in line with the findings of this study, previous research found that nurses had a hard time wearing protective gear for long mperiods of time during the H1N1 flu pandemic. The researcher, using Giorgi’s phenomenological approach it as used to investigate the lived experiences and fundamental structure of four (4) nurses in chosen hospitals in Batangas City. Giorgi’s method emphasized revealing the vivid meaning of the participants’ experiences; it detailed each participant’s unique experience; and it incorporated the participant’s entire experience based on changes in context, relationships, time, and perspectives to derive a general structure.

Theme 1: Experiences and Challenges

Nurses have been faced with challenges escaping their control in healthcare attention during the pandemic, including insufficient staff, beds, mechanical ventilators, personal protective equipment, and others, which could lead to risk of exhaustion. In this context of limited resources, nurses have had to adapt and implement innovative measures to cope with the situation. Strategies would be directed at optimizing the use of personal

protective equipment, reducing spread of the disease, and generating a safe care environment. Other challenges mentioned by nurses include extreme work pressure and many tasks because of many shift changes, a growing number of patients, more visitors to patients, and performing patients' tasks since they do not have a companion. (Huang et al., 2020).

Respondent 1: "In the healthcare setting, nurses must always be ready when new technologies will be introduced in a specific area. In my case, because I am not adept with technology because of my age, it is hard for me to operate the new applications installed on the computer. Aside from that, some equipment in our area requires enough knowledge for someone to operate it well, and it is hard for me to remember how to use and make it function."

Respondent 2: "The most common problem for me that we nurses face in the workplace is workload. Due to the increasing number of patients in the hospital, it also corresponds with the huge amount of paperwork that should be done. Other things should also be given attention during the entire shift that's why eight hours of duty is not enough to accomplish everything."

Respondent 3: "Nurses must have the ability to adapt to the changes that are happening in their environment. Since I am the area supervisor, I am having problems with some of my old staff nurses because they are resistant to change. They are not willing to accept the new concepts in the nursing world and they always stick to what they know. They always think that they are right because of their age and according to some, because of their experience."

Respondent 4: "I am always exhausted at the end of the day every after shift. Lack of nursing personnel leads to exhaustion of the staff nurses in different areas. Due to the increasing number of patients going to the hospital to seek healthcare management, the quality of service provided to them is not 100% guaranteed."

Emotionally, coping with multiple challenges can cause high levels of anxiety, stress, and secondary post-traumatic stress syndrome in nurses. Secondary post-traumatic stress syndrome refers to emotions and behaviors that appear as the result of having echoed a traumatic event experienced by another person, so a highly stressful situation can affect more than just the one who suffers directly from it. Thus, nurses, immersed in a job context with a strong emotional and affective content, chronically cope with their patients' stress, which can affect the workers themselves if they are unable to cope with the change as a positive challenge. In addition, as part of inadequate adaptation, depressive symptoms may appear, threatening professionals' health and well-being. These symptoms are due to contextual and stress factors, so the work environment or nursing care are closely related to physical appearance, particularly when carried out in uncertain and poorly compensated conditions (Ross et al., 2020).

Theme 2: Coping Mechanism and Adaptation Strategies

Another noteworthy and unusual conclusion of Irandoost et al. (2022) was that nurses used creative approaches to overcome hurdles and minimize problems. Engaging in religious and spiritual activities such as praying, reading the Qur'an, and praying every day was one of these strategies. This may reflect a level of fatalism among nurses, which is a psychological reaction that arises when they feel helpless.

Healthcare professionals may be well-intentioned and strive to offer quality of care, but they also face challenges such as limited resources, increasing work pressure, and burnout (Ralefala et al., 2021). Non-compliance is multifactorial due to the complexity of the healthcare system and the quantity of information and hospital policies. Some factors are linked to the individual healthcare professionals, e.g. training, beliefs, habits, and psychological factors, and other factors are contextual such as social norms, staff workload, and competing goals between the individual and the institution. Adaptation or adaptive capacity is seen as a main pillar in resilience across several disciplines (Wiig et al., 2020). Several studies have aimed at exploring and understanding how resilience contributes to healthcare professionals' adaptive capacities towards challenging

work conditions, but still it is poorly understood (Huey, 2020).

Respondent 1: “I am trying my best to learn the new trends in technology and ask my co-workers to teach me every time I forget what to do or what to operate on the computer in our station. I will also try my best to remember everything so that I will not consume the time and effort of my co-workers.”

Respondent 2: “One of the most helpful strategies that I can use is time management. Because I cannot do something with the workload that is present in our area, I should be the one to think of things that will help me to lessen my burdens and exhaustion. Sometimes, I bring comfort food too such as sweets and chocolates that will elevate my mood and create happiness while I am performing my duty.”

Respondent 3: “I can say that the only resolution to the problem with my staff’s resistance to change, is by telling them what should be done to provide effective and efficient care to all patients. I will do some reward and punishment systems, wherein rewards will be given to those who improve their work ethics and if they follow the instructions well; and punishment for those who are hardheaded and not giving enough attention in providing service to the needy. Involving them in seminars and training programs will also change their outdated practices to something innovative and improved manner.”

Respondent 4: “Self-help techniques such as deep breathing exercises or shaking my hands to release tension are a few of the things that I am doing because of stress. Most of the time, I also pray for guidance before the start of my shift. It helps me to be worry-free.”

In reaction to an outbreak, nurses’ cognitive thinking might adapt. They adjust their cognitive appraisal based on their professional experience frequently to maintain mental balance, lead with compassion, and seek team assistance. It may be possible to control nurses’ fears by working well together in a trusting and respectful setting. This highlights the need to focus on their psychological health. In hard situations, having good psychological reasoning and the ability to adapt to hard places could help nurses better care for patients and lessen their own psychological and social harm (Fernandez et al., 2020). Another strategy that helped nurses adjust to the harsh conditions in the healthcare setting was to boost their sense of self-worth and duty. Encouraging nurses to take an active role in certain efforts surely strengthens their professional identity and pride.

Theme 3: Challenges in Applying Adaptation Strategies in the Ever-Changing Healthcare Environment

The support of peers, coworkers, family, and friends can assist people in maintaining emotional stability in the face of risk and stressful conditions. The most important purpose of social support is to serve as a protective agent, lowering or balancing the psychological harm caused by stressful events and ongoing life challenges. Social support can also assist in alleviating the detrimental health impacts of job stress. Given the prevalence of the COVID-19 pandemic and despite multiple risk factors, social support for nurses can improve their psychological resilience. Nurses must maintain contact with family and friends to get social and spiritual support.

Respondent 1: “Some of my co-workers do not have enough time to teach me because most of them are busy attending to the needs of the patient. It takes so much time for me to facilitate the things that I need to accomplish because I do not know what to do in the system.”

Respondent 2: “Even though I am trying to manage my time well and outline the things that should be done within my shift, I am still not able to achieve it. Most of the time, I am facing not only the patients but also the queries of their significant others. Even though the information they want to know has already been answered, they still want to ask it all over again. That is also one of the reasons for the cause of delay for us nurses.”

Respondent 3: “Because most of the older staff nurses in the unit where I supervise are resistant to change, they keep on doing things that they know and think are right. Some confess that they feel they are not valuable

enough because they think they do not have a place in the unit. There are times that they are doing the right things or actions today, but they will go back to the routines they are doing the next few days, and it is a cycle.”

Respondent 4: “Because of the workload in the hospital, I am not able to relax even for a single second most of the time. Also, I am not able to eat my meal within my shift because I prefer to finish my work as early as possible and help my other co-workers with theirs. Even though we are going home late, we still have some lapses or missed activities that should be done. Forgive me God, but there are also times that I forget to pray for guidance because I overthink the possible cases or occurrences that we might encounter during our shift.”

Coping strategies are behavioral and cognitive techniques used to manage stressful situations and factors related to the quality of service provided while rendering clinical responsibilities (Usman, et. al.,2021). Frontline nurses employed team cohesion, emotional confidence, behavioral control, and psychological empowerment as coping mechanisms at work. Effective coping strategies significantly influence an individual's improved physical and mental health outcomes (Budimir et al., 2021).

In such adverse situations, it is important to keep in mind the concept of adaptation regarding functional change in response to stimuli, where positive variation to adversity is not a completely innate trait, and therefore, can be learned and developed with active reformulation of life's challenges. Therefore, individual reaction patterns must be known to learn the most effective coping mechanisms and protect the subject from psychological alteration.

4. Conclusions and recommendations

Based from the summary of findings, the following conclusions were drawn. In terms of quantitative approach, most of the respondents belonged to 31-35 age group, female, Bachelor of Science in Nursing graduate, junior staff nurses, and with 6-10 years length of service. In regards to the personal and interpersonal adaptation strategies of nurses, as well as the challenges they encountered in the application of the adaptation strategies were evaluated and statistically treated. However, when it comes to the challenges that arise during the performance of nurses' duties, the overall grand composite mean of the summary table was 2.89 and verbally interpreted as moderately identified. “I am assigned to multiple tasks and assignments that are given in a period of time” ranked the highest with a weighted mean of 4.44 and a verbal interpretation of highly identified. In contrary, “I am experiencing health problems such as asthma, skin rashes, and others that are triggered by stress and overfatigue” got the lowest rank with a weighted mean of 2.33 and a verbal interpretation of fairly identified. On the other hand, from the qualitative perspective, the researcher adopted Giorgi's phenomenological approach in investigating the experiences of four (4) nurses from selected hospitals in Batangas City. Through interviews and subsequent transcription, also, three (3) significant themes emerged under the contributory factors. It dealt mainly with the personal and interpersonal adaptation strategies of nurses, as well as the challenges being encountered in the application of adaptation strategies of nurses. The researcher extracted a more compound and insightful view of the results of both the quantitative and qualitative methods to effectively design specific interventions, targeting significant sorts of events while addressing the underlying variables. Based on the study's findings, a recommended intervention program was developed.

Based from the conclusions drawn, the following recommendations are hereby given. Utilize the proposed program interventions. Developing a plan based from the findings of the study for appropriate adaptation strategies applicable for each nurse. Engage the novice or new nurses in the decision making within a specific ward or unit as their voices, suggestions, and ideas are needed to be heard to foster collaboration and effective communication in the healthcare setting. In this aspect, generational diversity in the workplace will not be an issue if everyone works hand in hand, which will then cultivate harmonious relationships with one another. Competency development programs and pieces of training are essential. Workshops facilitated by experienced educators and trainers regarding adaptation strategies for both personal and interpersonal aspects, self-improvement and enhancement, and time management are of great help for nurses working in the healthcare

setting where they can work efficiently and effectively as they can control or limit the prevalence of burnout and stress. To the future researchers, conduct more studies regarding the improvement of adaptation strategies of nurses that are specific to their duties and responsibilities per ward, unit, or area. As well as recognizing the possible challenges that nurses in the healthcare setting might encounter.

5. References

- Betke, K., Basińska, M.A. & Andruszkiewicz, A. Sense of coherence and strategies for coping with stress among nurses. *BMC Nurs* 20, 107 (2021). <https://doi.org/10.1186/s12912-021-00631-1>
- Budimir, S., Probst, T., & Pieh, C. (2021). Coping strategies and mental health during COVID-19 lockdown. *Journal of Mental Health*, 30(2), 156–163. <https://doi.org/10.1080/09638237.2021.1875412>
- Donahue N. Clinical nurses' encounters of feeling disrespected: a phenomenological study. *Nurs Forum*. 2020;55(3):403–6. <https://doi.org/10.1111/nuf.12443>.
- Fernandez R et al. Implications for COVID-19: a systematic review of nurses' experiences of working in acute care hospital settings during a respiratory pandemic. *International Journal of Nursing Studies*. 2020 doi: 10.1016/j.ijnurstu.2020.103637.
- Huang, L., Lei, W., Xu, F., Liu, H., & Yu, L. (2020). Emotional responses and coping strategies in nurses and nursing students during COVID-19 outbreak: A comparative study. *PLoS One*, 15(8), e0237303. <https://doi.org/10.1371/journal.pone.0237303>
- Huey CWT, Palaganas JC. What are the factors affecting resilience in health professionals? a synthesis of systematic reviews. *Med Teach*. 2020;42(5):550–60. <https://doi.org/10.1080/0142159X.2020.1714020>.
- Irandoust, S.F., Yoosefi Lebni, J., Safari, H. et al. Explaining the challenges and adaptation strategies of nurses in caring for patients with COVID-19: a qualitative study in Iran. *BMC Nurs* 21, 170 (2022). <https://doi.org/10.1186/s12912-022-00937-8>
- Khoshkesht S. Creativity in care: the need for nursing today. *Iran J Cancer Nurs*. 2020;2(1):0 <http://ijca.ir/article-1-116-en.html>.
- Ralefala T, Mokokwe L, Jammalamadugu S, Legobere D, Motlhwa WS, Oyekunle AA, et al. Provider Barriers and Facilitators of Breast Cancer Guideline-Concordant Therapy Delivery in Botswana: A Consolidated Framework for Implementation Research Analysis. *Oncologist*. 2021;26(12). <https://doi.org/10.1002/onco.13935>.
- Ross R., Letvak S., Sheppard F., Jenkins M., Almotairy M. Systematic assessment of depressive symptoms among registered nurses: A new situation-specific theory. *Nursing Outlook*. 2020;68(2):207–219.
- Sapeta P, Centeno C, Belar A, Arantzamendi M. Adaptation and continuous learning: integrative review of coping strategies of palliative care professionals. *Palliat Med*. 2022 Jan;36(1):15-29. doi: 10.1177/02692163211047149. Epub 2021 Sep 23. PMID: 34554042; PMCID: PMC8793319.
- Usman, M., & Fahy, S. (2021). Coping with the COVID-19 crisis: An overview of service adaptation and challenges encountered by a rural psychiatry of later life (POLL) team. *Irish Journal of Psychological Medicine*, 38(4), 288–292. <https://doi.org/10.1017/ipm.2020.86>
- Wiig S, Aase K, Billett S, Canfield C, Roise O, Nja O, et al. Defining the boundaries and operational concepts of resilience in the resilience in healthcare research program. *BMC Health Serv Res*. 2020;20(1):330. <https://doi.org/10.1186/s12913-020-05224-3>.

