

The Unseen Battle: Phenomenological Exploration of Nurses' Mental Health Conditions in the Philippines

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ABSTRACT

This study examined the mental health challenges faced by Filipino nurses, emphasizing their emotional struggles, workplace stressors, and the factors that shape their ability to cope within the demanding healthcare settings. Using a phenomenological method, six themes emerged that illustrate the complexity of nurses' experiences: emotional toll of nursing, workplace pressures and systemic challenges, coping and survival strategies, organizational and leadership support, the hidden struggle of stigma and help-seeking barriers, and resilience and personal growth. Findings revealed that nurses grapple with significant emotional distress, anxiety, and psychological fatigue, often intensified by chronic understaffing, heavy workloads, administrative pressures, and restricted autonomy. Although they employ various coping strategies, many nurses hesitate to seek professional help due to stigma, fear of judgment, and concerns about confidentiality. These barriers contribute to a cycle of silent suffering that undermines mental well-being. Despite these hardships, participants also identified moments of growth, strengthened coping capacity, and renewed commitment to their profession. The study highlights an urgent need for organizational initiatives that prioritize mental health, reduce stigma, strengthen leadership support, and cultivate psychologically safe work environments. These insights deepen our understanding of nurses' mental health experiences and offer recommendations for practice, policy, and future research aimed at sustaining a healthy and resilient nursing workforce.

Keywords: Nurse mental health, Workplace stressors, Stigma and help-seeking, Resilience, Psychological well-being, Healthcare work environment, Philippines

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Introduction

Mental health is critically significant for it braces the total well-being of an individual. It is more than the absence of mental disorders (World Health Organization, 2025). A healthy mental state makes it easier for an individual to function, connect, and thrive. Mental health (Fusar-Poli et al., 2020) exists on a complex continuum, from the greatest state of well-being to debilitating periods of profound sorrow and emotional distress. It is about a lot more than just avoiding conditions like anxiety or

depression. It is also about how one feels, copes, and adapts to life's inevitable difficulties. As work plays a huge role in everyone's overall health and welfare, it also provides an individual a sense of identity, bolsters one's self-esteem, and offers an important social outlet (Pimienta, 2023). Addressing mental health in the workplace can help employers strengthen their organizations' success (Sharma, 2025). Mental health is vital primarily for nurses to be able to make critical decisions, provide quality care, manage emotions and practice with compassion (Moreira et al., 2026).

Mental health has become one of the most pressing issues. However, it is also one of the most neglected, even if its importance has been recognized worldwide (Estrada et al., 2020). It has recently proven a huge sense of concern across the scope of the healthcare industry. In the Philippines, the prevalence of mental disorders ranged between 11.3% and 11.6%, with an average annual increase of 2.0%; increasing from 7.0 to 12.5 million Filipinos diagnosed with a mental disorder between 1990 and 2019 according to Alibudbud (2023). In his study, he highlighted that it is pivotal to advocate for integrating various levels of care to ensure an efficient and responsive mental healthcare system. Nurses, as the guardians of health, dedicate their lives to caring for others. However, nurses must also be considerate of their own needs. The demanding nature of the profession emphasizes the need for them to prioritize their mental health to be able to function well as a professional and as an individual.

Mental health has long been a source of concern in the healthcare field. With several factors contributing to burnout, it eventually leads to compromised patient care and the occurrence of patient safety issues (Balgos & Arnibal, 2020). A high proportion of health professionals neglect their self-care, a phenomenon that has been popularly reflected in the old saying: “the shoemaker always wears the worst shoes” and, consequently, find it difficult to ask for help when their distress results in a mental disorder (Braquehais & Caceres, 2023).

Despite the prevalence of mental health issues among nurses in Negros Occidental, Philippines, these concerns still existed largely in the background. As a result, many healthcare workers feel ashamed or isolated, and sometimes reluctant to look for medical or even non-medical guidance (Waters-Tozier, 2022; Doctor, 2025). As seen in specific medical institutions in the area, nurses find it difficult to communicate or express work-related emotional, physical, and mental exhaustion due to professional stigma. The unexpressed emotions continue to be highly prevalent among nurses due to the nature of the job, high patient workload, shift work, emotional demands of patients, lack of control over the workplace environment, and nurses who were clinically diagnosed with mental illness. The researchers personally witnessed colleagues having difficulty coping with their mental instability. This led the researchers to conduct a study on the prevalent issue not only to allow nurses express their unaddressed emotions, but also to show the triggers and determine effective coping mechanisms of each individual.

While there is an increase in studies regarding how to manage emotional distress and exhaustion, especially during the peak of COVID-19 pandemic, there is a scarcity of similar studies regarding the nurses' mental health

in the Philippine setting on a regular basis, focusing on identifying factors affecting the quality of care given to patients, how healthcare professionals face the battle of mental instability, and their coping mechanisms. Not only do professionals witness an increase in anxiety and depression among their patients, but the same issue has also been witnessed among their colleagues. The cultural beliefs of Filipinos vary in almost every aspect. One of the popular beliefs is that depression and anxiety are nonexistent and that mental illnesses are something to be ashamed of (Waters-Tozier, 2022; Doctor, 2025). Because of this stigma, mental health has been given very little attention by the Philippine government and public sectors, according to Maravilla and Tan (2021). This study, then, aims to bridge the gaps and contribute to the body of knowledge regarding the mental health of nurses in the country.

Therefore, the primary purpose of this phenomenological study is to explore the lived experiences of Filipino nurses, focusing on their mental health conditions and how effectively they provide care to patients in Bacolod City, Negros Occidental, despite the stigma and/or triggers in the workplace. The findings of this study may be used to improve knowledge of the causes and risk factors, develop better treatments and preventative measures, reduce stigma and advance societal well-being, and develop economic and social benefits, particularly for healthcare professionals.

Methodology

Research Design

This study adopted a qualitative phenomenological research design grounded in Moustakas' (1994) transcendental phenomenological tradition, which is derived from Husserlian phenomenology. Phenomenological design seeks to understand the essence of a lived experience by exploring how individuals consciously perceive, interpret, and make meaning of a phenomenon, while deliberately setting aside the researcher's prior assumptions through the process of bracketing. Moustakas' phenomenological approach emphasizes rich descriptions of participants' experiences as they are lived, rather than explanations or theoretical interpretations imposed by the researcher. Central to this method are the processes of bracketing, phenomenological reduction, and imaginative variation, which collectively allow the researcher to identify the core structures and universal essence of a phenomenon as experienced by participants (Collins et al., 2022). In this study, these procedures guided the systematic exploration of nurses' firsthand accounts of their mental health conditions while providing patient care in demanding clinical environments.

The use of phenomenological approach is particularly appropriate for this study because the research aims to understand how nurses experience and make meaning of their mental health conditions in relation to their professional caregiving roles, rather than to measure prevalence or test causal relationships. Nurses' mental health experiences are deeply personal, subjective, and emotionally nuanced; thus, a method that privileges participants' voices and lived realities is essential. Moustakas' approach allows participants to describe *what* they experience and *how* they experience it, leading to a comprehensive understanding of the phenomenon. Ultimately, phenomenological research design provides a rigorous and systematic framework for capturing the shared essence of nurses' experiences, making it the most suitable methodological approach for exploring how they continue to deliver effective patient care despite mental health challenges and workplace triggers.

Participants

Participants were selected based on specific non-random criteria relevant to the research objectives. Specifically, a purposive sampling technique was utilized, wherein participants were selected for their particular experiences directly related to the study's focus. The researcher included three (3) participants, all of whom were nurses working in a hospital in Bacolod City, Negros Occidental, and had been clinically diagnosed with a mental health issue. Participants were selected based on prior acquaintance with the researchers to facilitate effective data collection, while ensuring that their privacy and confidentiality were strictly maintained. Though the participants were limited to three, the researchers ensured data saturation to gain rich and thick descriptions of the participants' experiences.

Research Instrument

The researchers employed a self-constructed interview guide consisting of open-ended questions. Open-ended interviews are designed to elicit detailed responses, allowing participants to provide more than simple "yes" or "no" answers. This approach enabled participants to share their personal thoughts, experiences, and emotions, providing richer and more nuanced insights. Through this instrument, the researchers obtained a deeper understanding of participants' thought processes, communication skills, and responses to specific situations. The interview guide included questions that allowed participants to articulate their emotions, identify factors influencing their mental health in the workplace, describe how they managed to provide effective patient care despite challenges, and explain the coping strategies that they personally found most effective.

Data Collection Procedure

Before the data collection, a letter with an interview

invitation and consent was provided to each participant, outlining the purpose of the study and emphasizing that their confidentiality and privacy would be strictly maintained. Each participant was scheduled for an interview on a separate date at their preferred location. The researchers conducted the interviews using open-ended questions, allowing participants to provide comprehensive and detailed responses in their own words. Prior to the commencement of each interview, the researchers introduced themselves, explained the study's objectives, and reiterated the participants' privacy and confidentiality. Participants were permitted to use their preferred language to enhance comfort and clarity of communication. With the participants' permission, audio recording was employed during the interviews to capture complete, accurate, and reliable data. Upon completion of each interview, a debriefing session was conducted to inform participants about the use of the collected data. We also reinforced assurances of confidentiality and addressed any emotional discomfort or concerns that may have arisen during the process.

Data Analysis Procedure

Interviews were audio-recorded, transcribed verbatim, and cross-checked against the recordings for accuracy. The researcher engaged in immersive reading of the transcripts to gain a holistic understanding of participants' experiences. Using a thematic analysis approach as outlined by Clarke and Braun (2017), data was analyzed through six phases: (1) familiarization with the data, (2) generation of initial codes, (3) searching for themes, (4) reviewing themes, (5) defining and naming themes, and (6) producing the report. Coding was performed manually and verified through repeated reading to ensure consistency and depth of interpretation. Emerging themes were continuously compared and refined to capture the essence of participants' perspectives. Memos and reflective notes were maintained throughout the process to document analytical insights and minimize researcher bias. Finally, the findings were supported with direct quotations from participants to ensure authenticity and to illustrate key themes. This rigorous, transparent process ensured that the data analysis remained grounded in the participants' lived experiences and accurately reflected their meanings.

Data Trustworthiness

To ensure the trustworthiness of the data in this phenomenological study, the criteria of credibility, dependability, confirmability, and transferability proposed by Lincoln and Guba (1985) was applied. Credibility was established through engagement and rapport-building with participants, enabling open and honest sharing of their lived experiences of mental health challenges. Member

checking was conducted by returning transcribed interviews and preliminary themes to participants for validation and clarification, ensuring that their meanings were accurately represented. Dependability was supported by maintaining a detailed audit trail, including documentation of interview procedures, coding decisions, and analytical reflections to ensure the research process was logical and traceable. To achieve confirmability, the researcher maintained an audio recording throughout data collection and analysis to acknowledge and bracket personal assumptions and potential biases. Finally, transferability was achieved by providing thick, rich descriptions of the nurses' professional contexts, emotional experiences, and coping mechanisms, allowing readers to determine the applicability of findings to similar healthcare settings. These strategies collectively ensured that the data were credible, dependable, confirmable, and transferable, thus enhancing the overall trustworthiness of the study.

Ethical Considerations

Ethical considerations are fundamental in qualitative research to protect participants' rights, dignity, and well-being. Prior to data collection, ethical approval was obtained from the institutional review board, ensuring that the study will meet established research ethics standards. Informed consent was secured from all participants after they were fully briefed on the purpose of the study, procedures, potential risks, and their right to withdraw at any time without penalty. Confidentiality and anonymity were maintained by assigning pseudonyms and removing any identifying information from transcripts and reports. All data was securely stored in password-protected digital files and accessible only to the researcher. Given the sensitive nature of qualitative inquiry, emotional well-being was prioritized; participants were offered the choice to pause or stop the interview if they will experience discomfort. The researcher also practiced reflexivity to acknowledge and minimize potential bias or influence on participants' responses. These ethical safeguards will ensure that the research will be conducted with integrity, respect, and sensitivity toward the participants and their lived experiences.

Results

The data from the participants produced six themes and various sub-themes. The themes and sub-themes are the following: emotional toll of nursing (emotional exhaustion and burnout, compassion fatigue and moral distress, and loss of professional identity); workplace pressures and systemic challenges (staff shortages and workload intensity, administrative and organizational demands, and lack of autonomy and control); coping and survival strategies (peer and social support, personal coping methods, and avoidance

and unhealthy coping); organizational and leadership support (supportive versus unsupportive management, wellness resources and accessibility, and workplace culture of care); the hidden struggle - stigma and help-seeking barriers (fear of judgement or professional repercussions, cultural stigma in healthcare, and confidentiality and trust issues); and resilience and personal growth (adaptation and learning, finding meaning in nursing, and personal empowerment).

Emotional Toll of Nursing

The emotional toll of nursing emerged as a dominant theme, highlighting the significant psychological burden nurses carry as a result of the demands and realities of their work. Participants consistently described the profession as emotionally intensive, shaped by constant exposure to patient suffering, ethically challenging situations, and organizational pressures.

Emotional Exhaustion and Burnout. Participants reported feeling emotionally drained due to persistent high workloads, long shifts, and insufficient recovery time. Emotional exhaustion was described as a gradual depletion of mental and emotional energy, often leaving nurses feeling detached or overwhelmed.

"By the end of my shift, I feel completely drained, like I've given every part of myself. It's not just physical tiredness; it's the emotional weight that builds up day after day."

Over time, this exhaustion contributed to burnout, characterized by chronic stress, decreased job satisfaction, and a diminished capacity to provide empathetic care. The participant emphasized that burnout was not the result of isolated incidents but of cumulative stressors that built up over months or years.

Compassion Fatigue and Moral Distress. Participants frequently expressed experiencing compassion fatigue, particularly when caring for critically ill or terminal patients. This fatigue stemmed from the constant expectation to provide emotional support even when they themselves felt depleted.

"I want to give every patient my full attention, but sometimes I'm so emotionally worn out that I just can't. And when I can't do what I know is right because of staffing or policies, it eats at me."

Moral distress also surfaced when they were unable to act in accordance with their professional values due to institutional constraints, staffing shortages, or decisions made by others that conflicted with their own ethical beliefs. These experiences often left the participants feeling guilt, frustration, and emotional conflict, further intensifying the emotional strain of their roles.

Loss of Professional Identity. The emotional burden also manifested as a perceived erosion of professional identity. Participants described feeling disconnected from their sense of purpose, particularly when administrative demands, workload pressures, or a task-oriented environment overshadowed holistic, patient-centered care.

"I became a nurse to care for people, but now it feels like all I do is follow tasks and paperwork. I don't even recognize the kind of nurse I wanted to be anymore."

Participants felt that the essence of nursing – the relational, compassionate aspect – was being compromised, leading to feelings of inadequacy and questioning of their long-term commitment to the profession. This loss of identity often deepened feelings of emotional exhaustion and moral distress, creating a cycle that impacted overall well-being.

Workplace Pressures and Systemic Challenges

Workplace pressures and systemic challenges emerged as a prominent theme, reflecting the organizational and structural factors that significantly shape nurses' work experiences. Participants described feeling overwhelmed not only by the clinical demands of patient care but also by systemic issues that hindered their ability to practice effectively.

Staff Shortages and Workload Intensity. The participants consistently reported that staffing shortages created intense workloads that were difficult to sustain. Participants described being responsible for more patients than they felt was safe, leading to rushed care, limited time for patient interaction, and heightened stress levels.

"There are days when I'm assigned to many patients that I know I can't give them the care they deserve. I'm constantly running, and it feels like I'm always one step away from something going wrong."

The resulting pressure left participants feeling overwhelmed and constantly "on edge," as the work environment demanded rapid decision-making with insufficient support. Staff shortages were described as a chronic issue rather than a temporary fluctuation, contributing to cumulative fatigue and increased risk of burnout.

Administrative and Organizational Demands. Participants expressed frustration with growing administrative requirements, including documentation, compliance tasks, and performance metrics that consumed significant portions of their shifts.

"Some days I feel like I spend more time charting than actually nursing. The paperwork keeps piling up, and it takes away from the time I should be spending with my patients."

These organizational demands often pulled nurses away from direct patient care, leading to feelings of inefficiency and reduced professional fulfillment. Nurses felt that administrative expectations were increasing without sufficient adjustment to staffing or workflow, making it difficult to balance paperwork with quality clinical care.

Lack of Autonomy and Control. Participants described feeling limited in their ability to make decisions about patient care due to rigid protocols, hierarchical structures, and organizational constraints. This lack of autonomy contributed to feelings of frustration and professional disempowerment.

"There are moments when I know what my patient needs, but I can't act because of policies or decisions made higher up. It feels like my hands are tied, and it's frustrating not to have a say in the care I'm responsible for."

Nurses felt that their clinical judgement was undervalued, and that they were often required to follow decisions made without their input, even when they believed alternative actions would better support patient outcomes.

Coping and Survival Strategies

Coping and survival strategies emerged as a significant theme reflecting how nurses manage the emotional and organizational demands of their work. Participants described a range of approaches – both adaptive and maladaptive – that helped them endure stress, maintain functionality, and navigate the challenges of their roles. These strategies varied widely, from seeking support from colleagues to relying on personal coping techniques or, at times, resorting to avoidance behaviors when the pressure became overwhelming.

Peer and Social Support. Participants emphasized the importance of support from coworkers, friends, and family as a crucial coping mechanism. Peer relationships provided a sense of camaraderie and understanding that helped them process difficult experiences.

"Talking with my coworkers after a tough shift helps more than anything. They get what I'm going through, and just knowing I'm not alone makes it easier to keep going."

Informal debriefing with colleagues after challenging shifts allowed them to express emotions, reduce stress, and feel validated. Social support created a buffer against burnout and helped foster resilience in emotionally demanding environments.

Personal Coping Methods. Participants described a variety of individual strategies they used to cope with stress, including exercise, mindfulness, journaling, hobbies, and intentional self-care routines. These personal methods provided emotional release and helped them maintain some sense of balance between work and personal life.

"I try to take care of myself by going for a run or practicing deep breathing before work. It doesn't erase the stress, but it helps me feel centered enough to face the day."

Engaging in restorative activities outside the workplace allowed them to decompress and regain emotional strength before returning to demanding shifts.

Avoidance and Unhealthy Coping. Participants acknowledged coping through avoidance or behaviors that were ultimately unhelpful. This included emotionally distancing themselves from patients, suppressing feelings, or relying on unhealthy habits such as overeating, alcohol use, or excessive screen time to numb stress.

"There are days when I just shut down emotionally because it's the only way to get through the shift. I know it's not healthy, but sometimes numbing out feels like the only option."

Although these strategies offered temporary relief, participants recognized that they did not address the underlying issues and sometimes worsened their emotional burden.

Organizational and Leadership Support

Organizational and leadership support emerged as a crucial theme illustrating how institutional structures, leadership practices, and organizational culture shaped nurses' experiences in the workplace. Participants described how the presence or absence of genuine support from leadership directly impacted their emotional well-being, job satisfaction, and ability to provide quality care.

Supportive versus Unsupportive Management. Participants reported stark differences in their experiences depending on the level of support they received from head nurses and supervisors. Supportive leaders were described as approachable, communicative, and responsive to staff concerns, which fostered trust and a sense of security.

"When I have a head nurse or supervisor who listens and actually tries to help, it makes a huge difference. But when leadership ignores our concerns, it feels like we're just expected to cope on our own."

In contrast, unsupportive management – characterized by poor communication, lack of empathy, or dismissive attitudes – left participants feeling undervalued and isolated. Leadership style was frequently cited as a determining factor in whether workplace challenges felt manageable or overwhelming.

Wellness Resources and Accessibility. Participants highlighted the importance of organizational wellness resources such as counseling services, mental health programs, debriefing sessions, and stress-reduction

initiatives. However, many noted that while these resources existed, they were often difficult to access due to workload demands, limited staffing, or lack of awareness.

"They tell us there are wellness programs, but we're so short-staffed that we can't take the time to use them. It feels like the resources are there on paper, but not in reality."

Participants expressed that wellness supports were most effective when they were both available and practically accessible during their workday.

Workplace Culture of Care. A strong workplace culture of care – where compassion and collaboration were the norm – was described as vital to sustaining staff morale and resilience. Participants emphasized that environments promoting teamwork, empathy, and mutual respect helped them feel valued and motivated.

"What keeps me going is when the whole team looks out for each other. When the culture is caring and supportive, the hard days don't feel quite as heavy."

Conversely, cultures marked by blame, dismissiveness, or lack of recognition contributed to stress, disengagement, and turnover intentions. The prevailing culture often shaped how supported nurses felt beyond formal policies or resources.

The Hidden Struggle – Stigma and Help-Seeking Barriers

The fifth theme captures the often-unspoken difficulties participants face when considering whether to seek help for emotional or psychological distress. Despite high levels of stress, burnout, and emotional strain, many nurses described internal and external barriers that discouraged them from accessing support. These barriers stemmed from fear of judgment, cultural norms within healthcare, and concerns over confidentiality. Together, these factors contributed to a hidden struggle in which nurses silently carried emotional burdens rather than risk being perceived as weak or unprofessional.

Fear of Judgment and Professional Repercussions. Participants expressed worry that seeking support for emotional or mental health concerns would be viewed negatively by colleagues or supervisors. They fear being labeled as incompetent, unable to cope, or unfit for their role.

"I'd love to talk to someone about how overwhelmed I feel, but I worry people will think I cannot handle the job. The last thing I want is to be seen as weak or unreliable."

For some, this concern extended to potential professional consequences such as limited opportunities for advancement or being assigned less desirable work. This fear influenced decisions to suppress emotions rather than seek help.

Cultural Stigma in Healthcare. Participants described a broader cultural stigma within healthcare that prioritizes resilience, toughness, and emotional endurance. The expectation to “push through” or remain composed, even during emotionally intense situations, made it difficult for nurses to admit when they were struggling.

“In healthcare, you’re expected to be strong all the time. Admitting you’re struggling feels like breaking an unspoken rule, so most of us just keep it to ourselves.”

This professional culture discouraged vulnerability and reinforced the idea that emotional distress was a personal failing rather than an expected occupational challenge.

Confidentiality and Trust Issues. Participants expressed doubts about whether their disclosures would remain confidential when accessing workplace mental health or wellness services. Concerns about privacy, record-keeping, and who might have access to their information prevented some from using these resources.

“Even if the hospital offers counseling, I’m not sure who sees those records. I don’t want something this personal coming back to affect my job.”

Trust in organizational systems – and in leadership’s handling of sensitive information – was a central issue that influenced help-seeking behavior.

Resilience and Personal Growth

Despite the challenges described across earlier themes, participants highlighted experiences that fostered resilience and personal growth. Participants described learning to adapt, discovering purpose in their work, and developing a stronger sense of self through their nursing roles. This theme demonstrates that alongside emotional strain, nurses also experience profound personal development, strengthened coping capacity, and renewed commitment to their profession.

Adaptation and Learning. Participants described becoming more resilient over time as they learned to navigate complex clinical situations, manage emotional challenges, and adjust to the demands of their work environment. This adaptability was often developed through experience, mentorship, and self-reflection.

“Over the years, I’ve learned how to cope better and adjust to stressful situations. Every tough moment teaches me something new about how to handle the next one.”

Participants emphasized that while the learning curve could be steep, it also contributed to their sense of growth and improved confidence in handling future challenges.

Finding Meaning in Nursing. Participants expressed that despite the difficulties, they found deep meaning and

fulfillment in their work. Helping patients, witnessing recovery, and forming meaningful connections reinforced their sense of purpose and reminded them why they chose the profession.

“Even on the hardest days, there’s always a moment that reminds me why I became a nurse, like when a patient says thank you or when I see someone getting better because of our care.”

These positive experiences often served as a powerful counterbalance to emotional strain, renewing motivation and sustaining commitment to nursing.

Personal Empowerment. Participants described gaining a stronger sense of identity, confidence, and personal strength through their experiences in nursing. Overcoming challenges, advocating for patients, and developing new skills helped them recognize their own capabilities.

“Facing so many challenges has actually made me stronger. I’ve learned to trust my instincts more, and I feel more confident in who I am as a nurse and as a person.”

This empowerment often led to greater self-assurance, improved decision-making, and a feeling of professional pride.

Discussion

This study explored the lived experiences of nurses battling with mental health challenges related to emotional strain, workplace challenges, and their personal and professional responses to these pressures. Across the findings, six interconnected themes emerged: (1) Emotional Toll of Nursing, (2) Workplace Pressures and Systemic Challenges, (3) Coping and Survival Strategies, (4) Organizational and Leadership Support, (5) The Hidden Struggle – Stigma and Help-Seeking Barriers, and (6) Resilience and Personal Growth. Together, these themes illustrate the complex emotional landscape that nurses navigate, the systemic factors that shape their well-being, and the strategies – both supportive and problematic – they employ to endure these demands. Ultimately, the findings highlight an ongoing tension between strain and resilience, burden and meaning, vulnerability and strength.

Emotional Toll of Nursing

The emotional toll of nursing reflects the profound psychological burden inherent in the profession, driven by constant exposure to patient suffering, high workloads, and organizational pressures. Burnout in nursing, characterized by emotional exhaustion, depersonalization, and reduced personal accomplishment, is a response to chronic workplace stress and has been linked to increased psychological strain and poorer care outcomes (Li et al., 2024; Clari et al., 2022). Compassion fatigue and moral

distress further intensify this strain, arising when nurses are unable to provide the care they value or act in alignment with their ethical beliefs. Moral distress – ethical tension experienced when nurses cannot provide care aligned with their values – positively correlates with compassion fatigue and emotional exhaustion, reinforcing how ethical conflicts and prolonged empathetic engagement deplete emotional energy (Shuai et al., 2024; Albaqawi & Alshammari, 2025). Nurses experiencing high levels of emotional and moral distress report diminished professional identity and reduced capacity for humanistic care, underscoring how sustained emotional demands can erode the core relational aspects of nursing (Zhang et al., 2023). Collectively, these experiences highlight that the essence of nursing – providing empathetic, patient-centered care – is continuously challenged, emphasizing the urgent need for support systems that safeguard both nurses' emotional well-being and professional integrity.

Workplace Pressures and Systemic Challenges

Workplace pressures and systemic challenges reveal how organizational and structural conditions significantly shape nurses' work experiences and well-being. Staff shortages and workload intensity emerged as key sources of stress, with high workloads linked to increased burnout, reduced care quality, and greater turnover intentions, especially when staffing fails to match patient needs. Alzoubi et al. (2024) shows that heavy workloads and insufficient staffing are significantly associated with job burnout and intention to leave, indicating that workplace context directly impacts nurses' psychological health and professional sustainability. Evidence from Perpetua et al. (2023) highlights how nurses spend substantial portions of their shifts on indirect care activities, reinforcing perceptions of administrative burden that intensify work pressure. Finally, lack of autonomy and control is recognized as a structural determinant of frustration and disempowerment, as rigid protocols and limited decision-making authority hinder nurses' ability to exercise clinical judgment. Kiptulon et al. (2024) further emphasize that negative organizational culture and poorly supportive work environments exacerbate work-related stress, demonstrating the need for structural reforms beyond individual coping strategies. Together, these systemic pressures indicate that organizational context – not only personal resilience – must be addressed to improve nurses' job satisfaction, patient care, and retention.

Coping and Survival Strategies

Coping and survival strategies reveal how nurses manage the emotional and organizational demands of their work, employing a mix of adaptive and maladaptive approaches to sustain well-being and effectiveness. Peer and social support emerged as essential, with relationships among coworkers,

friends, and family providing emotional validation and a buffer against stress and burnout, reinforcing its importance in mediating work stress and psychological outcomes. Hashish and Atalla (2023) shows that social support and problem-focused coping are linked to greater compassion satisfaction and reduced compassion fatigue among nurses. Nurses also described personal coping methods, including exercise, mindfulness, hobbies, and self-care routines, which help them decompress, restore emotional balance, and mitigate the effects of workplace stress, according to Piras et al. (2024). Positive coping strategies have been shown to protect against vicarious trauma and improve mental health outcomes. Conversely, in the study of Chen et al. (2025), participants acknowledged avoidance and unhealthy coping behaviors, such as emotional distancing and unhealthy habits, that may offer temporary relief but fail to resolve underlying stress and can exacerbate emotional burden. The study of Lai et al. (2025) distinguishes active coping from passive coping, noting that passive strategies are associated with higher psychological distress and lower resilience. Kupcewicz et al. (2025) also indicate that coping strategies can mediate the relationship between stress and negative outcomes (e.g., anxiety, depression), highlighting their role in nurses' mental health. Overall, these findings underscore that supportive social networks and healthy individual coping practices are critical for nurses to navigate the emotional and structural challenges of their roles, while maladaptive responses illustrate the risks when stress becomes overwhelming.

Organizational and Leadership Support

Organizational and leadership support significantly shapes nurses' workplace experiences, directly influencing their emotional well-being, job satisfaction, and ability to provide quality care. In the study of Kohnen et al. (2024), nurses reported that supportive leadership – characterized by approachability, effective communication, and responsiveness – fosters trust, security, and motivation, helping staff to manage stress and workplace demands more effectively. In contrast, Kohnen et al. discussed that unsupportive management, marked by poor communication or dismissive leadership, contributes to feelings of isolation, undervaluation, and emotional strain. Perceived organizational support, according to Zheng et al. (2024), has been found to directly improve nurses' occupational well-being and professional quality of life, with supportive environments mediating positive outcomes such as job satisfaction and reduced stress. Nurses also emphasized the importance of wellness resources – such as counseling and stress-reduction programs – that are available and accessible within their work context. Such organizational supports are essential but often underutilized when workload demands are high. A positive workplace culture

of care, where collaboration, respect, and empathy prevail, according to Kiptulon et al. (2024), further supports morale and resilience, whereas negative cultures correlate with higher stress and disengagement. Finally, the study of Lee et al. (2025) indicates that supportive leadership practices strongly influence nurses' organizational well-being and collective resilience.

The Hidden Struggle – Stigma and Help-Seeking Barriers

This theme reveals the often-unspoken difficulties nurses face when considering whether to seek help for emotional or psychological distress, highlighting that stigma and barriers to help-seeking contribute to a hidden struggle behind the profession's visible demands. Many nurses refrain from accessing support due to fear of judgment and professional repercussions, worrying that colleagues or supervisors may view help-seeking as a sign of weakness or incompetence and potentially affect their career standing. Smajlovic and Budler (2025) indicates that higher levels of burnout are associated with more stigmatizing attitudes toward seeking psychological help, suggesting that distress itself can discourage support-seeking behavior among nurses. Cultural stigma within healthcare, where resilience and emotional endurance are expected norms according to Galbraith et al. (2025), further deters nurses from expressing vulnerability, consistent with studies showing that negative attitudes and norms significantly reduce intentions to seek help for stress.

Additionally, Liu et al. (2025) discussed concerns about confidentiality and trust in mental health services – such as worries about who might access personal information – present structural barriers, echoing evidence that privacy concerns and stigma are major obstacles to psychological support utilization among healthcare workers. Qutishat (2024) underscores that low attitudes toward professional help-seeking are prevalent among nurses experiencing psychological distress, emphasizing the need for cultural and system-level interventions to change perceptions and improve supportive environments. Barriers to help-seeking have also been identified across healthcare contexts (Winter et al., 2025), where stigma and limited access to services contribute to lower utilization of mental health support despite clear need. Together, these studies highlight that stigma and help-seeking barriers perpetuate a hidden emotional burden among nurses and that addressing both cultural norms and systemic constraints is essential to promote well-being and psychological support within the profession.

Resilience and Personal Growth

Despite the emotional strain and organizational challenges described in earlier themes, nurses frequently reported

experiences that fostered resilience and personal growth, illustrating that the profession can also strengthen individuals' coping capacity, professional confidence, and sense of purpose. Through adaptation and learning (Nantsupawat et al., 2024), nurses described becoming more resilient over time as they navigated complex clinical situations, managed emotional stressors, and reflected on their experiences, a process that has been shown to protect against burnout and enhance work engagement. Zhang et al. (2024) also highlight that psychological resilience mediates nurses' sense of professional mission and career success, suggesting that resilience not only helps nurses endure stress but also contributes to their long-term professional growth and fulfillment. Nurses' perception of meaningful work – such as helping patients and witnessing recovery, according to Bai et al. (2025) – reinforces their sense of purpose and can promote positive mental health outcomes and thriving at work through mechanisms like post-traumatic growth. Individual interventions designed to enhance resilience, insight, self-compassion, and empowerment (Sawyer et al., 2021) have been shown to improve nurses' well-being and reduce burnout, underscoring the role of personal development strategies in supporting growth. Moreover, the study of Innab et al. (2025) examining positive mental health and work stress confirms that resilience capacity is a key factor enabling nurses to manage stress and maintain well-being in demanding work environments. Collectively, these findings suggest that while nursing is inherently challenging, it also provides pathways for strengthening resilience, deepening professional identity, and fostering personal empowerment that sustain nurses throughout their careers.

Synthesis

Taken together, the themes reveal the essence of the phenomenon as a nursing profession shaped by a constant interplay between deep emotional vulnerability and enduring strength. Emotional tolls and systemic pressures create a fragile foundation, while coping strategies and the presence or absence of organizational support mediate whether these experiences are alleviated or intensified. Persistent stigma and barriers to help-seeking further compound nurses' struggles by discouraging access to timely support. Despite these challenges, nurses continue to find meaning in their work, experience personal growth, and develop resilient professional identities. These findings suggest that meaningful change requires a holistic approach that integrates individual-level support with organizational transformation, including improved staffing, reduced administrative burden, strengthened leadership, and a culture that normalizes vulnerability and prioritizes psychological safety. Addressing these interconnected elements is essential to enhancing nurse

well-being, improving patient care, and ensuring the long-term sustainability of the nursing workforce.

Conclusion

This study examined the emotional, organizational, and personal dimensions of nurses' experiences in contemporary healthcare settings. Through an in-depth analysis of nurses' narratives, six interconnected themes emerged: Emotional Toll of Nursing, Workplace Pressures and Systemic Challenges, Coping and Survival Strategies, Organizational and Leadership Support, The Hidden Struggle of Stigma and Help-Seeking Barriers, and Resilience and Personal Growth. Together, these themes illustrate the complex realities nurses face as they manage heavy workloads, emotionally demanding situations, and structural limitations within the profession.

The findings reveal a profound emotional burden intensified by systemic issues such as staffing shortages, workload demands, and administrative pressures. These challenges contribute to emotional exhaustion, moral distress, and a diminished sense of professional autonomy. Nurses employ various coping strategies to manage these demands, ranging from adaptive mechanisms to less healthy responses. Organizational and leadership support emerged as a critical factor in mitigating stress and fostering well-being, while unsupportive leadership and limited resources heightened feelings of isolation and burnout. Additionally, persistent mental health stigma, fear of judgment, and confidentiality concerns continue to hinder help-seeking behaviors, leaving many nurses to struggle in silence.

The study highlights the dynamic interplay between individual experiences and systemic conditions in shaping nurses' well-being. Improving outcomes requires both organizational reforms – such as enhanced staffing, reduced administrative burden, and supportive leadership – and individual-level support, including accessible mental health resources and stigma reduction. Despite significant challenges, nurses demonstrate remarkable resilience, adaptability, and personal growth, finding meaning and empowerment in their work. These findings underscore the need for holistic and sustained efforts by healthcare organizations, leaders, and policymakers to create supportive environments that protect nurses' mental health, strengthen the workforce, and ensure high-quality patient care.

Limitations

The study provides significant insights into nurses' emotional experiences and workplace challenges; however, it possesses several limitations. The sample size may not sufficiently reflect the diversity of nursing across specialties and regions, thereby limiting the generalizability

of the findings. The dependence on self-reported data presents risks of recall bias and emotional influence. It is a qualitative study, which means that it focuses on depth rather than breadth, making it hard to quantify problems. Even with reflexivity, researcher bias could still affect the development of themes. Lastly, the findings are only useful in certain situations, and they may not be as useful if healthcare systems or outside factors change.

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