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LIVED EXPERIENCE OF NURSES CARING FOR PEOPLE LIVING WITH MULTIDRUG-RESISTANT PULMONARY TUBERCULOSIS

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Abstract

The prevalence of multidrug-resistant pulmonary tuberculosis as one of the most infectious diseases worldwide is found to be expansive. Thus, effective institutional support is vital to develop resilience among frontliners, specifically among Nurses. This study aimed to highlight the lived experiences of these Nurses who had personally cared for patients afflicted with multidrug-resistant pulmonary tuberculosis. This investigated their experiences, coping strategies, and proposed recommendations. Hermeneutic-Phenomenological research design was utilized which resulted in a collaborative process of creating meaning between the researcher and the participants. Eight Nurses caring for patients with MDR-TB were purposely selected to participate in the face-to-face interviews. The narratives of their experiences were achieved through van Manen's six-step thematic analysis by reading and re-reading their narratives to create cluster themes that defined the phenomenon. The results exhibited the experiences of Nurses working in a secondary level hospital as a *cognitive dissonance phenomenon* developed through *qualms over contamination*, and *vexation of unmet goals*. The coping strategies of Nurses while caring for patients living with MDR-TB revolved around their *personal and professional optimism* through *securing home and work environments, harmonizing workflows,* and *establishing rapport*. These actions were essential for illustrating occupational experiences of Nurses who aimed to provide exceptional patient care. Moreover, their experiences had driven them to propose recommendations by *boosting Nurses' competence* through *enhancing skills* and *building a comprehensive support system*. The study's findings provided implications for the nursing profession by illuminating the needs of nurses which would provide familiarity for aspiring nurses, and guiding future researchers. In essence, targeted support and training were significant priorities to urgently address specific challenges faced by these Nurses.

Keywords: *Social Science, Multidrug-Resistant Pulmonary Tuberculosis, Hermeneutic Phenomenology, Digos City*

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Introduction

The prevalence of Multidrug-resistant pulmonary tuberculosis as one of the most infectious diseases worldwide was found to be expansive, (Salari et al., 2023). Given this condition, it was crucial to understand the lived experiences of hospital frontliners, especially Nurses who had personally cared for patients afflicted with multidrug-resistant pulmonary tuberculosis, (Jerome, 2022). Despite the fact that tuberculosis can be cured to effectively address MDR-TB epidemic, nurses' exposure to MDR-TB patients in health facilities creates risks, (Matakanye et. al., 2019). As a result, Nurses experience a conflict between their awareness of contagion risks and their moral and professional duty to provide care when caring for MDR-TB patients without adequate personal protective equipment (PPE).

Recent global studies have focused on the experiences of nurses feared to contract occupationally-acquired tuberculosis because lowest levels of infection control measures are practiced, (Engelbrecht et. al., 2019). In South Africa, experiences of nurses' frustration to patient's lack of access to essential goods and services is often mentioned as a barrier to treatment completion, (Taylor et. al., 2019). In Haiti, nurses reveal that caring has been the emphasis that drives them to help patients in their care, despite facing difficult organizational challenges, (Iruedo et al., 2023). In the identified low- and high-burden TB countries in the

study of (Pradipta et. al. 2020), nurses rendering education and counselling to MDR-TB patients were observed to be effective in patients' adherence to medication regimen.

In the Philippines, (Jaramillo et al., 2023) discusses that nurses encountered multiple challenges, including barriers related to staff morale, how to improve clinical practice for frontline staff, and significant psychological stress brought about by limited staff training. (Aranas et al., 2023) studies the experiences of MDR-TB patients, revealing complex social and psychological challenges that directly affect nurses' responsible for their care. Moreover, in Region XI, there is unavailability of medication stock for Drug-Sensitive Tuberculosis (DS-TB) according to the head of the national TB program under DOH-Davao, (Patumbon, 2024). This poses concern to healthcare professionals, especially to nurses. Significant increase of MDR-TB infected individuals may rise if patients with DS-TB relapse in medication regimen. Anyhow, nurses should continue to educate MDR-TB patients on the importance of medication adherence.

Despite the valuable contributions of these studies, several important research gaps remain in the understanding of nurses' experiences caring for MDR-TB patients. First, there is insufficient attention given to the long-term psychological effects on nurses, highlighting the need for longitudinal studies exploring the mental health implications for nurses providing prolonged MDR-TB care (Byberg et al., 2019). Second, while these experiences have been well-documented, there is a lack of in-depth exploration into effective coping mechanisms and some strategies to build resilience, (Matakanye et al., 2019). Third, the perceptions of nurses on encounters for adherence to treatment, in the context of disease control that impacted MDR-TB care delivery approaches, relate to environmental and administrative issues, (Souza et al., 2019). Addressing these research gaps is crucial to support healthcare workers and improve patient outcomes in the complex field of MDR-TB care.

Methods

The study employed a Hermeneutic-Phenomenological research design to explore the lived experiences of nurses caring for people living with Multidrug-resistant pulmonary tuberculosis assigned in a clinical hospital. Hermeneutic approach highlighted the interconnectedness between the researcher's experiences and comprehension of the world in relation to the interpretation of the phenomenon being investigated. In addition, this offered a philosophical analysis to understand human existence and reveal the phenomena that are under investigation (Heidegger, 1962). The study was guided by a semi-structured interview which uncovered the phenomena that occurred within the nursing practice caring for patients with infectious diseases, specifically MDR-TB patients, Jan de Vries, et. al., (2016).

Through this approach, the study aimed to focus on the shared characteristics of a group's lived experiences to arrive at a definition of the essence of the phenomenon at hand (Creswell, 2013). By exploring the experiences Nurses encountered in the Philippines, the study could provide a comprehensive understanding of MDR-TB management of care, and may contribute to the development of supportive strategies that may enhance the quality of care provided by nurses to MDR-TB patients in hospitals.

In addition, the data gathering was done through in-depth-interview with eight participants. These participants were chosen based on the criteria set by the researcher. Inclusion criteria specifically, registered nurse with valid Philippine license and currently employed at Davao del Sur Provincial Hospital with a minimum of one year experience in direct MDR-TB patient care. Must be working in respiratory and/or medicine ward, or MDR-TB isolation rooms.

Additionally, in order to achieve the objective of this study, the following questions were asked: "What are the lived experiences of Nurses caring for Multidrug-resistant pulmonary tuberculosis?", "How do participants cope with the challenges of their experiences?", and "How do their experiences in caring for multidrug-resistant pulmonary tuberculosis patients shape their professional growth?". Data saturation assessment was done and the researcher have collected enough data and any additional data would not significantly contribute to the findings.

Furthermore, the study was conducted in a secondary level hospital in Digos City, Davao del Sur, Region XI, Mindanao, Philippines. This allowed for a comprehensive understanding of the experiences faced by nurses caring for MDR-TB patients. This hospital had a vital role in providing treatment and control of tuberculosis (TB) and multidrug-resistant tuberculosis (MDR-TB). Notable characteristics encompass; TB ward and isolation rooms, DOTS (Directly Observed Treatment, Short course) clinic, laboratory facilities for TB diagnosis, and monitoring team for TB or MDR-TB care, including respiratory nurses. It was further considered that a higher number

of MDR-TB patients sought medical assistance in this hospital. The hospital served as a referral hospital for the general public and patients diagnosed with tuberculosis, especially MDR-TB disease.

Moreover, the collected data were analyzed using the Hermeneutic phenomenological approach of van Manen (2006): focused on the nature of lived experience, explored the experience as it unfolded, analyzed the essential themes that defined the phenomenon, crafted a strong and focused relationship with the phenomenon, presented the phenomenon in the art of writing and rewriting, and coordinated the research context by accounting the parts and the whole. Textual analysis helped build processes and reflective awareness of the phenomenon being studied, each being explicated from Heidegger's Hermeneutic Circle (1927).

Results and Discussion

Table 1. Participants' Profile

Code name	Age (in years)	Gender	Civil Status	Length of Service	Study Group
Participant 1	43	Male	Single	11 years	IDI
Participant 2	35	Female	Married	1 year	IDI
Participant 3	41	Male	Single	4 years	IDI
Participant 4	56	Female	Married	20 years	IDI
Participant 5	43	Female	Married	4 years	IDI
Participant 6	37	Female	Married	1 year	IDI
Participant 7	29	Female	Single	1 year	IDI
Participant 8	35	Female	Single	14 years	IDI

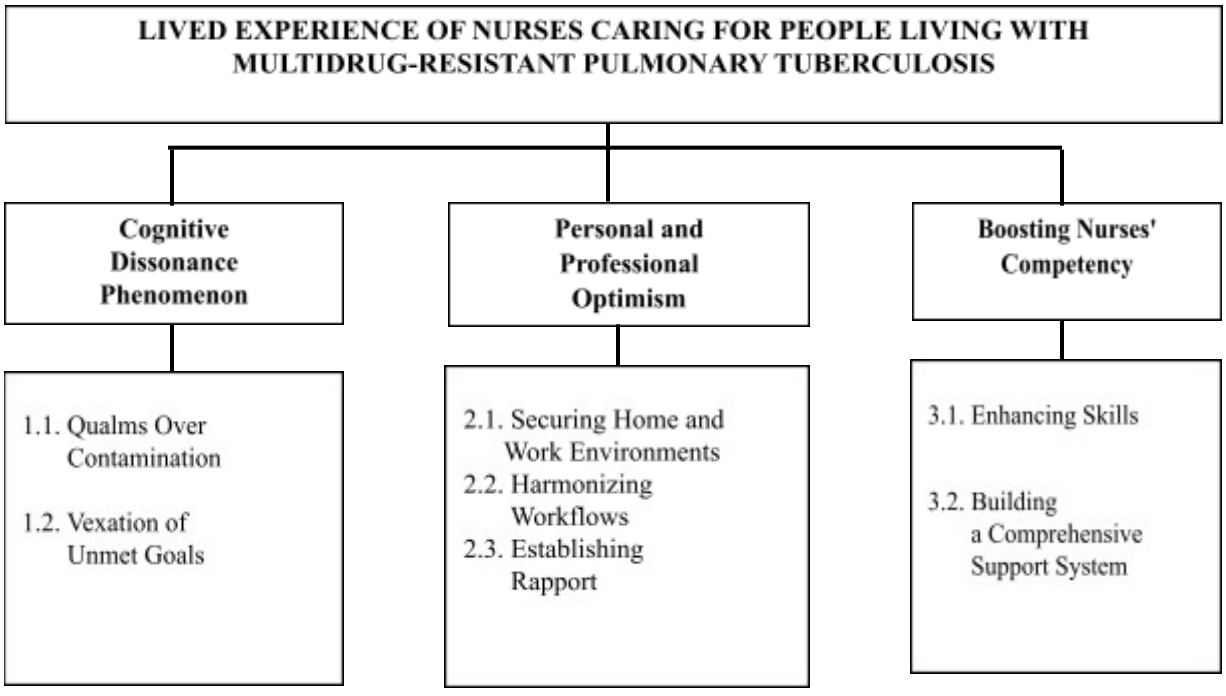

Figure 1: Thematic Map

Results and Discussion

Using Van Manen's Hermeneutic phenomenology (2006), significant statements were extracted from data, and a formulation of meaning was assigned to each significant statement that answered the objectives of the study. After analyzing and synthesizing the responses, a total of 100 significant statements were extracted from the transcriptions. Data was then organized into cluster themes. Themes were reviewed to make sure that none of them overlap in meaning.

The cluster themes were later combined to form the general emergent themes. Out of the seven cluster themes, three emergent themes were created. These themes aimed to organize the lived experiences of the participants.

The three themes extracted were: *Cognitive Dissonance Phenomenon*, *Personal and Professional Optimism, and Boosting Nurses' Competency*. These three themes also capture the viewpoint of the participants in their journey working in a pulmonary unit.

Emergent Theme 1: Cognitive Dissonance Phenomenon

The first emerging theme, *"Cognitive Dissonance Phenomenon"* on nurses caring for patients with MDR-TB, manifested in various ways as they navigate the conflicting demands of patient care, personal values, and professional responsibilities. Nurses experience dissonance when their core values of compassion and commitment to health clash with the challenging realities of treating patients with infectious diseases like MDR-TB. Later, under qualms over contamination, initially the nurse experienced hesitation and fear when caring for MDR-TB patients, because of the lack of proper PPE, but recognized that overcoming these feelings was necessary due to the professional obligation, ultimately committing to the role despite the risks.

It reflected the participants' discomfort when they were confronted with conflicting beliefs or behaviors. In this study about lived experiences of nurses caring for MDR-TB patients, cognitive dissonance emerged when their professional duties contradicted their personal beliefs, values, or behaviors toward identified resources that should be available to them while working with MDR-TB patients. This also explored how nurses experienced cognitive dissonance encapsulated in their experience of anxiety contracting tuberculosis and frustration as a result of unmet goals while caring for MDR-TB patients.

Cluster Theme 1.1: Qualms Over Contamination

The first cluster theme derived was *"Qualms Over Contamination"* referring to the fears and anxieties experienced by healthcare workers when they were exposed to highly contagious diseases such as multidrug-resistant tuberculosis (MDR-TB). These concerns were rooted in the physical risk of infection, but also reflect the moral and emotional tension that had arisen when nurses were faced with inadequate resources, such as a lack of N95 respirator masks and isolation rooms, to provide optimal care while ensuring safety. Contamination concerns were complex and multifaceted, involving not only the prevention of disease transmission, but also the psychological burden of managing these risks on a daily basis.

When the participants described their concerns about exposure to MDR-TB disease due to wearing of an ordinary medical mask, instead of the use of the appropriate personal protective equipment (PPE) or the N95 respirator masks, recommended by the World Health Organization, anxiety felt. Despite the risk of the situation, the participants continued to care for MDR-TB patients due to their professional duty.Striking examples of this concern was captured in the following statements of participants;

> *"At first, I was kind of hesitant. Then, I'm a little afraid because it's MDR. But eventually, you will overcome it because you have no other choice." (Participant 1, Transcript 1, Lines 10-13)*
>
> *"Yes, challenging, especially I am afraid that during my duty or time of my service, I will be infected with MDR-TB. There was a time that I submitted myself to a test for PTB, but it came negative." (Participant 4, Transcript 1, Lines 387-389)*
>
> *"As a nurse, you have to handle the patient carefully. You have to be aware that the patient is infectious. You have to be concerned about your health and the health of your patient. You have to make them aware that they should wear a mask." (Participant 6, Transcript 1, Lines 617-620)*

These reflected both the practical limitation in protective equipment and the internal conflict over safety versus the realities of available resources. Through a Hermeneutic lens, these responses of the participants revealed the tension between safety and resource scarcity. The participants' statements reflected an attempt to mitigate the discomfort caused by cognitive dissonance, since they know that as nurses it was their obligation to care for their patients,

in addition to knowing that using medical masks alone may not provide sufficient protection against contamination.

On the other hand, due to the commitment of duty and budget constraints, they must adjust their behavior by overcoming fear and doubling up on the masks, seeking to resolve the conflict between the desired level of protection and the reality of their working conditions. This instance of cognitive dissonance was not isolated, but reflected a broader issue within the healthcare system, where resource limitations were common. The lack of N95 respirators was a systemic problem that created a situation where workers must balance their duty to protect themselves with the realities of inadequate resources. This dissonance not only affected individual nurses, but also contributed to the collective stress and burnout observed in the profession, as nurses were enjoined to adapt to suboptimal safety protocols.

This finding aligned with existing research on healthcare workers' experiences of cognitive dissonance during periods of resource scarcity. This further explained that nurses often experienced internal conflict when their professional obligations to provide high-quality care clashed with systemic limitations. (Aydogdu, 2022). As I revisited the data and reflected on the participants' accounts, my reactions were shaped not only by their individual experiences, but also by the larger cultural and organizational context. Initially, it appeared that the primary concern was a lack of PPE. However, the more I engaged with the participants' accounts, the more I understood the internal conflict they experienced—caught between their professional duty to protect themselves and others and the realities of resource limitations.

Since experiences of nurses caring for MDR-TB patients had been complex, the nurses' ongoing negotiation of emotional challenges in their professional lives remained with the lack of dedicated isolation rooms for MDR-TB patients coming from the ER. The anxiety over contracting the disease reflected, due to the increased time spent by the nurses with the patient while facilitating patient transfer to an isolation room. Thus, the participants in this study experienced stress over delayed isolation room placement of patients, because of the unavailability of dedicated isolation rooms for MDR-TB patients.

> *"If the room intended for MDR-TB patients is already occupied with other cases of patients, say for example, with diabetic foot, DM2 patients, so, we cannot mix the patients there. We wait for the available room." (Participant 1, Transcript 5, 36-42)*
>
> *"I hope there will be a separate ward/station for MDR-TB patients. It's just a temporary room for them now. It's separate, but it's not well ventilated." (Participant 8, Transcript 11, Lines 405-409)*

Through a Hermeneutic lens, the statements revealed the underlying tension between the nurses' professional and ethical responsibility to care for their patients and the dissonance that arose from working in a facility that lacked the necessary resources for safe patient care. The absence of a dedicated isolation room for MDR-TB patients increased the risk of contamination, both for the nurses and other patients, creating a moral dilemma. This dissonance reflected the internal conflict nurses experienced between doing what they are trained to do—care for patients—and the ethical implications of working under compromised conditions that could potentially harm others. This was not just an isolated concern, but a reflection of broader systemic issues in healthcare settings, particularly in under-resourced areas.

The failure to provide the necessary facilities for proper infection control places an undue strain on nurses, who were forced to work in environments that did not meet the standards of safety and care they would ideally wish to provide to their patients. This situation highlighted the tension between resource constraints and the professional obligation to deliver quality, safe care. According to a study by (Mussie et. al., 2021), inadequate isolation facilities significantly increased the risk of cross-contamination within healthcare settings, putting both patients and nurses at risk. Furthermore, studies by (Paleckyte et al., 2021) showed that the lack of proper infection control measures, such as isolation rooms, not only compromised patient safety, but also contributed to burnout and anxiety among nurses. These findings underscored the importance of addressing infrastructural deficiencies to protect both patients and nurses from the harmful effects of infectious diseases.

Applying the Hermeneutic Circle to this issue had deepened my understanding of the psychological and ethical challenges associated with working in the absence of adequate isolation facilities. Initially, I focused on the logistical concern of lacking isolation rooms, but as I reflected further, I realized that this shortage not only endangered the health and safety of both patients and nurses, but also generated significant cognitive dissonance. Nurses were compelled to reconcile their professional responsibility with the reality of working in

environments that may not fully support the safe delivery of care. The emotional strain and ethical conflict arising from these conditions underscored the broader implications of resource limitations in healthcare practice.

Cluster Theme 1.2: Vexation of Unmet Goals

The second cluster theme was *"Vexation of Unmet Goals"* in relation to nurses caring for patients with multidrug-resistant tuberculosis (MDR-TB) wherein, dissonance occurred when they were unable to meet their professional goals due to systemic issues, such as delayed in medication access. Nurses strived to administer medication on time, as this was crucial for controlling MDR-TB and thereby improving patient outcomes. However, when delays in medication procurement or distribution occurred, nurses faced internal conflict during nurses' rounds, as they were unable to fulfill their professional responsibilities despite their best intentions. Some statements that were expressed by the participants as follows:

> *"That I can assure the quality of care. I wanted them to heal. I tell the watcher to find ways to get the medicine. I wanted to give them medicine from the hospital but sometimes we are lacking." (Participant 6, Transcript 3, Lines 642-644)*
>
> *"Actually, coordination with other departments is more challenging compared to coordinating with the patient directly, especially in getting medication supplies. Instead of the process being direct, there are many paths to undertake. So, I need to follow up with RHU every day. It is supposed to take two weeks minimum to process, but now it takes one to three months before the treatment can be started on the patient. So, it's difficult."(Participant 3, Transcript 5, Lines 260-264)*
>
> *"Some of the medicines are not available here. So, we can't help them. Since in the government, we have to procure everything on process. So, through "MALASAKIT", through assistance, through the social workers, we can help them." (Participant 8, Transcript 6, Lines 835- 837)*

The statements by participants about the delay in accessing medication highlighted a critical challenge that nurses faced in managing patients with MDR-TB. Nurses experienced a significant sense of displeasure, when their professional goals of providing timely care were thwarted by external factors, such as medication shortages or slow procurement processes.

The delay in accessing medication highlighted a critical challenge that nurses faced in managing patients with MDR-TB. Nurses experienced a significant sense of discontent, when their professional goals of providing timely care were thwarted by external factors, such as medication shortages or slow procurement processes. This delay led to cognitive dissonance, as nurses were caught between their commitment to patient well-being and their inability to fulfill their role effectively due to circumstances beyond their control. Through the Hermeneutic lens, the delay in medication access reflected more than just logistical problems—it is a deeply emotional and ethical dilemma for nurses. Delays in treatment could have serious consequences to MDR-TB patients. Due to medication delays, nurses experienced dissonance between their professional values and the reality they faced, which could lead to feelings of frustration and emotional exhaustion. This dissonance stemmed from an ethical struggle—nurses were caught between wanting to do what is right and the barriers that prevent them from doing so.

The delay in medication access was a reflection of broader systemic issues that were not unique to a single healthcare facility. In many healthcare systems, especially in low-resource settings, logistical challenges such as supply chain delays, budget constraints, and inefficiencies in procurement processes contribute to these delays. Nurses were often caught in the middle of these systemic issues, trying to deliver the best care, despite facing barriers they have no control over. The frustration they experienced due to these delays was not just a personal issue; it also impacted the quality of patient care, as delayed treatment could worsen patient outcomes and could increase the risk of complications. Nurses, as frontline workers, were deeply affected by these delays, which compounded their cognitive dissonance and emotional strain. Research has shown that delays in medication access can significantly affect both patient outcomes and healthcare workers' well-being. According to a study by (Dookie et. al., 2022) delayed medication delivery in the treatment of MDR-TB led to prolonged illness, treatment failure, and increased transmission risk. Initially, I viewed the delay in medication access as a logistical issue—an external problem related to the slow procurement of medication.

However, through the Hermeneutic Circle, I have come to understand that this issue was not just about resources; it also created an emotional and ethical conflict for nurses. As caregivers, nurses were

deeply invested in providing timely treatment, and when they are unable to do so, the dissonance between their professional goals and the reality of their working conditions became a source of significant stress and frustration. This process has highlighted the broader emotional and ethical implications of systemic challenges in healthcare delivery.

Emergent Theme 2: Personal and Professional Optimism

The second emerging theme, *Personal and Professional Optimism"*, reflected the nurses' coping ability to maintain a positive outlook despite the numerous challenges they faced in caring for patients with multidrug-resistant tuberculosis (MDR-TB). Personal optimism referred to a nurse's general belief in the potential for positive outcomes, even when confronted with difficult situations. In nurses' experience caring for MDR-TB patients, it served as a critical emotional resource that enabled nurses to remain resilient and continue delivering care with commitment, even in the face of significant emotional and physical demands.

Professional optimism, on the other hand, pertained to the nurses' belief in their capacity to effect change within their professional role. It is linked to their confidence in the healthcare system, the support of their colleagues, and the collective goal of improving patient outcomes. Professional optimism was important in the context of MDR-TB patient care, a condition that required careful coordination, specialized knowledge, and a supportive team environment. Nurses who maintained a sense of professional optimism believed that despite the limitations and difficulties they faced, their work could lead to positive impacts on patient care, fostering a sense of purpose and collective efficacy in managing such a challenging disease.

To emphasize the important aspects leading towards their modification in caring for people living with MDR-TB, the emergent theme was further broken down into three cluster themes. One was *"Securing Home and Work Environments"*, second *"Harmonizing Workflows"*, and lastly "*Establishing Rapport*" that covered the vital contributions of these nurses in rendering care to patients.

Cluster Theme 2.1. Securing Home and Work Environments

A deeply ingrained habit to safeguard the family home from the risks associated with caring for MDR-TB patients was the majority of the outcome. By engaging in these health measures, the nurses reinforced their personal belief that they had the power to create a barrier between their work environment and their family. These actions represented the nurse's personal optimism—a conscious effort to protect those they love, even when faced with the possibility of contamination. Significant statements were stated;

> *"Then, after caring for patients and going back to the station, I have to do handwashing." (Participant 6, Transcript 4, Lines (647-648)*
>
> *"Yes, my job greatly influenced and affected my interaction with my family. I go directly to the comfort room and take a bath so that, at the very least, I can prevent or lessen the risk of transmitting the disease to my family." (Participant 1, Transcript 6, Lines 63-66)*
>
> *"After duty, I have to make sure that I am clean. I mean, I am not contaminated with the patient with MDR-TB, with that kind of illness. So, of course, I have to keep in mind that I should be safe before I will interact with my family and I have already taken a bath." (Participant 2, Transcript 6, Lines 162-164)*

Through the Hermeneutic lens, the nurses' hand washing and bathing rituals reflected more than just practical hygiene measures; they were symbolic of an ongoing negotiation, between the professional risks of exposure to MDR-TB, and the personal responsibility to protect family members. The nurse's actions suggested an internal conflict between their professional obligations and their personal life. The act of bathing and washing before returning home could be seen as a way for the nurse to symbolically cleanse themselves of the potential contaminants carried from the hospital, allowing them to interact with their family without fear of transmission. In this sense, the actions reflected the nurse's agency and belief that they could influence the safety of their home environment, despite the professional risks they faced.

Securing home environments became an essential form of self-care for nurses working in MDR-TB healthcare settings. With limited resources for adequate isolation or protection in many healthcare systems, nurses often resorted to personal strategies to prevent the spread of infection to their loved ones. The actions of washing hands and bathing before going home highlighted the systemic gaps in protective measures, and resources. Nurses compensated for these gaps with personal measures, which emphasized their commitment to protecting family members and their belief in their ability to

create a safe space at home, even when the professional environment may lack support. (Fadare et. al., 2020), investigated nurses' safety in caring for tuberculosis patients at a teaching hospital in South West Nigeria and resulted that 13 out of 20 nurses expressed that they feared to infect the members of their immediate families and other patients if they contracted TB.

Applying the Hermeneutic Circle had deepened my understanding of the nurse's protective behaviors. Initially, I perceived hand washing and bathing as routine hygiene practices to prevent contamination. However, as I analyzed the actions in the broader context, I realized they were deeply tied to the nurses' emotional resilience and ethical responsibility. These actions represented the nurses' personal optimism, where they made deliberate choices to protect their family, symbolizing control and agency, in a context where many factors were beyond their control. The ritualized care taken before returning home suggested that nurses, in managing their own well-being, balance personal health and family security with the responsibilities of their profession.

While securing home environments symbolized nurses' coping, securing work environments allowed nurses prioritization of care based on the symptoms they observed in their patients. This approach reflected the nurse's commitment to providing the most effective care possible, relying on their professional judgment to assess the urgency of each case while challenging caring for MDR-TB patients. Symptom-based treatment prioritization allowed nurses to maintain optimism about their ability to manage patient care, even in the face of systemic limitations. The discourse captured in the following quotes reflected how nurses prioritize care based on the severity of symptoms;

> *"So, if I give medications, I purposely make sure that I give last to MDR-TB patients, so that I can't contaminate other patients, since I also medicate other respiratory cases patients." (Participant 6, Transcript 7, Lines 775-756)*
>
> *"So, if one patient needs oxygenation, this is whom you prioritize" (Participant 8, Transcript 7, Line 848)*
>
> *"Those who have relatively severe signs and symptoms, that is to be prioritized. If someone needs immediate care, that's the priority. Depending on the symptoms that are shown." (Participant 1, Transcript 8, 71- 74)*

By prioritizing patients with severe symptoms, nurses adapted several limitations, making the best use of what was available. According to (Déry et. al., 2019) nurses working in resource-constrained environments often prioritized care based on clinical judgment, which helped them allocate limited resources to the patients most in need. This decision-making process was central to maintaining patient safety and care quality, and it reflected professional optimism by allowing nurses to continue providing critical care despite systemic challenges. My understanding of symptom-based prioritization has deepened. Initially, I viewed prioritization primarily as a clinical decision-making process, driven by severity of symptoms. However, upon further reflection, I recognized that this practice also embodied professional optimism.

Nurses were not simply reacting to the conditions in front of them, but were actively making decisions that reflected their belief in their ability to affect patient outcomes. In this way, prioritization could become not just a logistical process, but a demonstration of professional resilience, where nurses continue to find ways to care for patients, even in resource-limited environments.

Cluster Theme 2.2. Harmonizing Workflows

The process of harmonizing workflows—a key aspect of collaborative care. Nurses and other healthcare professionals worked together, ensuring that patients received the care they needed at various stages of their treatment. The professional optimism driving these collaborations was evident, as healthcare workers continued to engage in these coordinated efforts, believing that such teamwork would lead to better outcomes for patients, even amidst the complexities of treating MDR-TB. The following quote reflected how the collaboration between different healthcare departments in facilitating patient care;

> *"It's because annex 1 is already a ward for TB patients and especially for multidrug-resistant pulmonary tuberculosis patients. So, I'm already informed about a particular patient, so that's why I already accept and adjust those particular treatment and caring for this particular patient."(Participant 4, Transcript 4, Lines 382-385)*
>
> *"I am informed from the ER if the incoming patient is with MDR-TB." (Participant 6, Transcript 5, Line 653)*
>
> *"The laboratory department has no problem. No matter what, they are all cooperative. When I have a problem, they*

really take action right away." (Participant 5, Transcript 5, Line 548)

On contextualization of data, the nurses' statement revealed the significance of interdepartmental collaboration and harmonizing workflows in the treatment of MDR-TB patients. The act of properly endorsing patients to the NTP coordinator reflected an organized and thoughtful approach to patient care, where the workflow was streamlined to ensure appropriate care at each stage. This was an example of how professional optimism initiated collaborative efforts—healthcare professionals continued to work together with the belief that their combined efforts would lead to successful patient outcomes. It was their optimistic outlook that sustained this level of coordination.

Engaging with the data through the Hermeneutic Circle allowed me to refine my understanding of collaboration. Initially, I interpreted the interdepartmental workflow as a practical, necessary component of care for MDR-TB patients. However, as I revisited the dialogue and considered the broader context of professional optimism, I recognized that this collaboration is not merely procedural—it is underpinned by the belief that effective teamwork improves patient outcomes. The optimism of the healthcare workers was directed to this continued collaboration.

Cluster Theme 2.3. Establishing Rapport

Establishing rapport influenced by professional optimism referred to the trust, understanding, and respect that were cultivated between the healthcare provider and the patient. The nurses' ability to establish rapport through communication was crucial in promoting the patient's understanding and compliance with health instructions, which could improve health outcomes.The quotes provided by the participants fostering patient education;

"If the MDR-TB patient is for x-ray, he really needs to wear a mask all the time. So, we teach him to wear a mask, if he is transferred or traveled within the hospital, especially when the doctor makes rounds." (Participant 1, Transcript 5, Lines 43-45)

"I am telling the patient that they must also wear their PPEs to lessen contact with their next of kin or their family." (Participant 2, Transcript 6, Lines 157-159)

"I think the most effective is constant and good communication with the patient to adhere to medication compliance." (Participant 3, Transcript 6, Lines 281-282)

The nurses' role in patient teaching, which went beyond simply providing information. It involved creating the environment where the patient felt heard, understood, and supported. This teaching was an integral part of the therapeutic rapport being built between the nurses and the patients, as the nurses' approach to educating the patient fostered trust and opened channels for open communication. This teaching may involve a variety of aspects, such as providing information about treatment, self-care techniques, or lifestyle modifications, all may aim at empowering the patient to take an active role in their own health.

The nurses' communication was shaped by their relationship with the patient, and the patient's understanding was enhanced by the trust that had been built through open, empathetic dialogue. This two-way interaction allowed the nurse not only to convey information, but also to address the patient's concerns, fostering a deeper understanding of the health issue at hand. Therapeutic rapport played a vital role in this process. By establishing a trusting relationship, the nurses could create a more receptive environment for the patient to absorb the information and take active steps in managing their health.

In MDR-TB care settings, where adherence to medication regimens and infection control measures were crucial, fostering strong therapeutic rapport through consistent teaching could be the difference between successful treatment, and treatment failure. Patients who perceived their healthcare providers as approachable and supportive were more likely to engage with the educational material and adhere to treatment protocols. In caring for MDR-TB patients, similar findings of (Bradshaw et. al., 2022) suggested that when nurses build trust with patients, those patients were more likely to participate in their own care, including following through with complex medication regimens and infection control strategies. I might have considered patient teaching as simply a process of delivering information, further reflection revealed that effective teaching occurred within the context of therapeutic rapport—a dynamic relationship where both the nurse and patient participated in the communication process.

Another key aspect of establishing rapport was the shattering of stigma, in this setting, where patients may face discrimination or fear of isolation due to their condition, such as those diagnosed with MDR-TB. The nurse's ability to overcome stigma was essential for fostering a supportive environment where the patient felt safe and valued, contributing to

a more effective therapeutic relationship. These quotes of shattering stigma by the participants were expressed as follows;

> *"It should not affect the way you look at your patient. You should treat your patients equally. You should treat them equally, same as to your other patients. But, be sure to have extra protective equipment and apply precautionary measures so that you will not be exposed directly to the MDR-TB category patients." (Participant 1, Transcript 3, Lines 26-29)*
>
> *"Actually, at the first meeting with the patient, I am already requiring them to be with their family member to establish rapport. I don't send them negative words and always words of encouragement." (Participant 3, Transcript 3, Lines 212-215)*
>
> *"When you interact with them, don't show that you are afraid of them." (Participant 7, Transcript 6, Lines 743-744)*

Existing literature highlighted the detrimental effects of stigma on patient outcomes. A study by (Jerome, 2022) emphasized that nurses who actively worked to shatter stigma by engaging with patients empathetically, and without fear created a more supportive care environment, which improved patient adherence and treatment outcomes. Initially, my understanding of shattering stigma focused primarily on societal attitudes towards patients with MDR-TB. Probably by shattering stigma through compassionate care and non-judgmental communication, nurses could contribute to breaking down these barriers within the clinical setting. This realization underscored the importance of therapeutic rapport, which not only enhanced patient trust, but may also lead to better engagement and health outcomes.

Emergent Theme 3: Boosting Nurses' Competency

The emergent theme of boosting nurses' competency could be a critical aspect of improving patient care with these complex and contagious conditions like MDR-TB. Since nurses were the frontline of patient care, and their ability to provide high-quality, informed care could be dependent on the skills and knowledge they possessed. Competency encompassed both clinical knowledge through engaging in specialized training and practical skills on the ability to communicate effectively with patients and colleagues**.**

Furthermore, the manner of boosting Nurses' competency could be represented by the cluster themes: *Enhancing Skills* and *Building a Comprehensive Support System.*

Cluster Theme 3.1. Enhancing Skills

Enhancing skills through specialized training could be crucial in ensuring that nurses were well-prepared to meet the demands of such challenging cases. Yet, a significant gap in the competency of nurses in managing patients with MDR-TB were analyzed. This lack of training could be underscored by the need for structured educational programs and practical training to boost nurses' ability to provide the best possible care. Enhancing skills through specialized training could be crucial in ensuring that nurses were well-prepared to meet the demands of such challenging cases. Participants' statements as expressed;

> *"And to widen our minds, by giving health teachings for the patient, and as well as the watcher, and the other personalities that are part of caring MDR-TB patients through attending seminars." (Participant 4, Transcript 11, Lines 475-479)*
>
> *"That the administration could conduct seminars for the proper care of MDR-TB patients,so that the services of the nurses can be improved." (Participant 6, Transcript 10, Lines 683-684)*
>
> *"To attend more seminars or awareness for this kind of condition, so that it won't create any stigma to the society about one having MDR-TB." (Participant 7, Transcript 10, Lines 773-774)*

Boosting nurses' competency through focused training could be essential for ensuring that they could be equipped with the necessary skills to handle the complexities of MDR-TB care, could reduce the risk of transmission, and may improve patient outcomes. In the perspective of this study, the nurses' statement may reflect a deeper issue of unpreparedness and could be the lack of support for nurses in managing the complexities of MDR-TB. This lack of competency could also hinder the nurses' ability to engage in best practices for infection control, patient education, and ensuring adherence to treatment.

The consequences of inadequate training may be particularly concerning. MDR-TB is a highly contagious and complex disease that may require healthcare providers to be well-versed in proper infection control practices, medication regimens, patient education, and coordination with other

healthcare providers. Probably, without proper training, nurses may struggle to manage these aspects effectively, may be leading to potential patient harm or may affect increase in the spread of the disease. Existing literature supported the critical role of competency in the effective care of patients with MDR-TB. According to research by (Mussie et. al., 2021), nurses who received specialized training in MDR-TB care were better equipped to manage infection control protocols, educate patients, and adhere to treatment regimens, leading to better patient outcomes. Furthermore, a study by (Kurtović et. al., 2024) underscored the importance of continuous professional development for nurses in ensuring that their skills remained up-to-date and aligned with the latest best practices in TB care.

I viewed competency enhancement as an individual responsibility—encouraging nurses to seek additional education and training. However, I have come to recognize that boosting nurses' competency could be a systemic issue that required institutional support. This may include providing structured training opportunities, fostering a culture of continuous learning, and ensuring that nurses had access to the resources and knowledge they may need to care for MDR-TB patients. This shift in perspective led me to understand that institutional commitment was crucial in creating an environment where nurses could feel empowered to grow professionally. By implementing supportive policies and offering mentorship programs, healthcare organizations could play a vital role in bridging the competency gap and enhancing the overall quality of patient care.

Cluster Theme 3.2.

Comprehensive support system in healthcare refers to the interconnected network of services and resources that may ensure patients receive holistic care throughout their healthcare journey. Central to these support systems could be an effective referral system especially in caring for MDR-TB patients, since this was a part of the National Tuberculosis Program (NTP) and a systematic process in accessing medication supply.

Effective referral systems could allow nurses to connect patients to their barangays though the regional health care units. This system could play a crucial role in enhancing patient outcomes and ensuring continuity of care. Building an effective and accessible referral system could be essential for ensuring that MDR-TB patients were referred in a timely manner to their appropriate community health care units. The participants expressed these statements;

> *"Yes, especially in contacting or calling the MHO, the municipal health offices when MDR-TB patients are going to be discharged in our facility. So, I have to coordinate with them, because they are NGOs or community-based care in the municipal health offices in their community." (Participant 2, Transcript 5, Lines 148-150)*
>
> *"In terms of coordinating with other departments, so of course the patient started at the emergency department and then, referred to the NTP coordinator." (Participant 4, Transcript 5, Lines 420-421)*
>
> *"When the patients' status is May-Go-Home, I endorse them to the rural health unit, and to RHU nurses to monitor the treatment outcome of the patient, if they are really taking the medicine." (Participant 5, Transcript 8, Lines 683-684)*

Building a comprehensive support system through access to an improved referral system was deemed necessary. The dialogue could reflect the challenges healthcare workers faced when they were unable to efficiently refer patients to the regional health unit, maybe due to gaps in the current system. By improving access to these referral systems, both the quality of care provided to patients and the work environment for healthcare providers could be significantly improved. The dialogue may speak to the frustration healthcare workers felt when they were unable to access the proper resources or services for their patients. In this context, the referral system may not merely be a procedural tool, but a means of empowerment for both healthcare providers and patients. Probably by improving the system, nurses could feel more confident that their patients could be receiving the best possible care.

Research demonstrated the positive impact of an efficient referral system on healthcare delivery of MDR-TB cases. According to a study by (Seyed-Nezhad et. al., 2021) improved referral processes could lead to faster diagnosis and treatment, reducing delays in care and preventing complications. Furthermore, an effective referral system could link to better patient satisfaction, as patients may feel that their care needs were being met in a timely and coordinated manner. In applying the Hermeneutic Circle, my understanding of the referral system has deepened when analyzed within that could suggest that the referral system was about communication. Improving the referral system could mean enhancing the collaboration between departments, ensuring that patients received timely and coordinated care.

In the context of nursing practice, the nurses were confronted with unique sets of experiences caring for patients afflicted with MDR-TB. These had provided deep insights into the cognitive dissonance faced by nurses in response to resource scarcity and safety concerns. By understanding the meanings behind their actions, the readers gained a more nuanced understanding of the challenges they face. These findings may underscore the need for systemic change in healthcare to address resource limitations, and provide emotional and practical support to healthcare workers. Further research could explore how cognitive dissonance may manifest in other healthcare settings, and how organizational interventions could alleviate the stress associated with resource constraints.

Also, in this study, personal and professional optimism highlighted the crucial role of resilience and hope in coping and navigating the experiences of nurses while working in high-risk environments; caring for people living with multidrug-resistant tuberculosis (MDR-TB). Nurses who exhibit personal and professional optimism may demonstrate an ability to maintain a positive outlook, despite the systemic barriers, limited resources, and emotional toll of the work. This optimism may foster a sense of agency, encouraging nurses to take proactive steps to protect their health and well-being, such as implementing personal protective measures, or seeking external support. Professionally, it could translate into a commitment to patient care and teamwork, ensuring that, despite the challenges, nurses remained dedicated to providing quality care. Personal and professional optimism may not only help nurses cope with the stress of their work, but also enhance the quality of care they provide, contributing to better outcomes for both patients and healthcare teams.

Furthermore, the need to enhance nurses' competency through targeted training in MDR-TB care influenced the impact that these experiences have on nurses' professional growth and development. Nurses who were well-prepared could be better equipped to manage patient care, follow infection control protocols, and improve patient outcomes. Training programs should be developed that address both clinical and practical aspects of MDR-TB management, with a focus on infection prevention, patient education, and treatment adherence. Future research could explore the most effective methods for delivering MDR-TB training to nurses, including the use of simulations, online courses, and hands-on workshops to ensure competency across diverse healthcare settings.

The study's findings may serve as a beacon for Nursing education programs, which could guide them towards a more comprehensive preparation of students for the demands of caring for patients with MDR-TB disease. Delving into the lived experiences and challenges encountered by Nurses in this specialized field, the study could offer a balanced understanding that educational institutions could leverage on determining which could develop more programs. May incorporate these insights which institutions could better equip future Nurses with the requisite skills and knowledge essential for success in patient care.

Other coping strategies may be employed by Nurses and may evaluate their effectiveness in managing various challenges. Investigating the long-term impact of intervention plans, such as enhancing skills and building a comprehensive support system on patient care outcomes and Nurses well-being could provide valuable insights for future research. Further research into the role of establishing therapeutic rapport could uncover best practices and strategies for enhancing teamwork and communication among other healthcare professionals.

Recommendation for the Future Researcher

Research findings from a qualitative, phenomenological focused study like this could rarely be generalizable or transferable to other situations. Contents that phenomenology aimed at producing a thorough explanation of the phenomena that could lead to discovering the basic framework of lived experiences. Furthermore, the data gathering of the study was through In-Depth-Interview only with a sample size of eight participants. It was conducted in a secondary level hospital in Digos City. If it was feasible, the future researcher should also consider conducting the study in a tertiary hospital with MDR-TB inpatients cared for by registered nurses using an additional data gathering method like Focus-Group-Discussion.

Building on the findings of this study, which highlighted the challenges faced by nurses caring for patients with multidrug-resistant tuberculosis (MDR-TB), future researchers would have an essential opportunity to explore the broader systemic and individual factors that influence nursing practice in these high-risk settings. These findings provided a clear foundation for future research aimed at improving nursing practice and healthcare systems in environments dealing with infectious diseases like MDR-TB.

Finally, future researchers in this area should be multidisciplinary, involving public health, psychology, and healthcare policy, to develop a comprehensive understanding of the challenges faced by nurses working with MDR-TB patients. By

addressing the psychological, educational, infrastructural, and systemic barriers identified in this study, researchers could contribute to the development of more effective interventions, policies, and support systems that could empower nurses to provide safe, high-quality care in these high-risk environments. Such research would benefit, not only the healthcare workforce, but also the patients they cared for, ensuring that healthcare systems would be better equipped to manage the complexities of infectious diseases like MDR-TB.

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