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IN THE CALL OF DUTY: A PHENOMENOLOGICAL INQUIRY OF STAFF NURSES WORKING BEYOND FOUR CONSECUTIVE 12-HOUR SHIFTS

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Abstract

Prolonged and consecutive 12-hour shifts place significant physical, emotional, and cognitive demands on staff nurses, with potential implications for nurse well-being and patient safety. This study aimed to explore the lived experiences of staff nurses working beyond four consecutive 12-hour shifts. A descriptive-phenomenological design guided by Colaizzi's (1978) method was employed. Data were collected through in-depth interviews and focus group discussions with fourteen purposively selected staff nurses from the Medical-Surgical wards of a private hospital in Tagum City, Davao del Norte. Data were analyzed using Colaizzi's seven-step analytic process, with participant validation conducted to establish trustworthiness. Three core themes emerged: (1) the clinical reality of extended consecutive shifts, marked by physical and cognitive exhaustion and high-acuity workload with perceived risk; (2) professional navigation, reflecting coping strategies such as self-care, resilience, and collegial support; and (3) systemic needs, highlighting intact core nursing values alongside the need for organizational accountability and advocacy. Sustained consecutive long shifts compromise nurse well-being and heighten perceived risks to patient safety. Organizational support through fair scheduling, adequate staffing, and supportive leadership is essential to promote healthy work environments and ensure safe, compassionate patient care.

Keywords: *Four Consecutive 12-Hour Shifts, Nurses, Descriptive- Phenomenology, Tagum City*

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Introduction

Nursing is a physically and emotionally demanding profession that requires sustained clinical competence, endurance, and psychological resilience. To meet rising healthcare demands, many hospitals in the Philippines have adopted 12-hour shifts to optimize coverage and enhance continuity of care (Aguda et al., 2022). While this system offers some benefits, it also introduces significant strain, particularly when nurses are scheduled for multiple consecutive long shifts. In the researcher's clinical context, ward nurses are often assigned erratic and exhausting rotations (e.g., night–night–night–morning), whereas operating room (OR) nurses typically follow more fixed schedules. This observation reflects unit-specific staffing practices rather than an evidence-based comparison and is presented as a contextual feature of the study setting. Such inconsistencies in workforce planning can undermine staff morale and contribute to fatigue-related risks to nurse well-being and patient safety (Dall'Ora et al., 2020).

International evidence consistently shows that consecutive 12-hour shifts are associated with heightened fatigue, emotional exhaustion, and safety risks. Nurses working multiple long shifts report reduced attentiveness and clinical efficiency, increasing the potential for errors and compromised care quality (Dall'Ora et al., 2023). Night shift nurses are particularly vulnerable, experiencing progressive fatigue, poorer sleep quality, and diminished cognitive functioning compared to day shift nurses (Cockerham et al., 2023; James et al., 2021). Beyond the workplace, fatigue following consecutive night shifts has been linked to impaired driving performance,

underscoring personal safety risks after duty hours (James et al., 2023).

Local studies in the Philippines similarly report that prolonged duty hours contribute to burnout, emotional strain, and lapses in patient care, particularly in understaffed and high-acuity settings (Martinez & Tapia, 2025; Evalaroza & Nieve, 2024). Although nurses employ coping strategies such as rest, emotional regulation, prayer, and relaxation techniques, these individual efforts are often insufficient in the absence of organizational support (Elshall et al., 2020; Saleh et al., 2020). Structural limitations, including inflexible scheduling and limited access to fatigue management resources, further exacerbate prolonged exhaustion and work–life imbalance (Scott-Marshall, 2024).

Despite extensive evidence on fatigue, burnout, and safety outcomes, there is limited qualitative research in the Philippine context that centers on nurses lived experiences of working beyond four consecutive 12-hour shifts, particularly in ward-based clinical settings; consequently, little is known about how nurses make meaning of prolonged duty hours, navigate cumulative strain, and sustain professional commitment under these conditions. This study aims to explore the lived experiences of staff nurses working beyond four consecutive 12-hour shifts. This study aims to explore the lived experiences of staff nurses working beyond four consecutive 12-hour shifts, shedding light on the challenges, coping strategies, and commitment that define their professional lives.

Methods

This study used a descriptive-phenomenological design guided by Colaizzi's (1978) method to explore the lived experiences of staff nurses who worked beyond four consecutive 12-hour shifts. This approach was selected to describe the essence of nurses' experiences as they were lived and expressed by the participants.

The study was conducted in a private hospital in Tagum City, Davao del Norte, where extended 12-hour shifts are routinely assigned in the Medical-Surgical wards. Purposive sampling was used to recruit fourteen (14) staff nurses who met the following criteria: (1) Currently assigned to the Medical-Surgical ward; (2) Had experienced working beyond four consecutive 12-hour shifts; and (3) Willing to participate in the study. Out of the fourteen participants, seven (7) participated in individual in-depth interviews (IDI) and seven (7) participated in focus group discussions (FGD).

Data were collected through semi-structured in-depth interviews and focus group discussions conducted in a private area within the hospital. An interview guide was used to elicit participants' experiences of prolonged consecutive shifts, perceived challenges, coping strategies, and views on organizational support. All sessions were audio-recorded with consent and transcribed verbatim. Field notes were taken after each interview and discussion to capture contextual details. Prior to data collection and throughout the study, the researcher engaged in bracketing to consciously set aside personal assumptions, prior clinical experiences, and expectations related to prolonged duty hours. Reflexive journaling was maintained to document preconceptions, emotional reactions, and analytic decisions. This process helped minimize researcher influence on data interpretation and supported faithful representation of participants' accounts.

The data were analyzed using the seven-step method of Paul Colaizzi (1978). Initially, all interview transcripts were read repeatedly to achieve familiarization and to develop a comprehensive understanding of the participants' lived experiences. Following this, significant statements directly related to the phenomenon of working beyond four consecutive 12-hour shifts were identified and extracted from the transcripts. Each statement was then carefully examined, and meanings were formulated while remaining faithful to the participants' original descriptions.

Subsequently, the formulated meanings were organized into clusters of themes, allowing for the identification of patterns and commonalities across participants' experiences. These clustered themes were then integrated to develop an exhaustive description of the phenomenon, capturing the depth and complexity of the lived experiences. From this exhaustive account, a fundamental structure was derived, providing a concise yet comprehensive representation of the phenomenon under investigation. To ensure the accuracy and authenticity of the findings, the results were returned to selected participants for validation, confirming that the interpretations resonated with their experiences.

To establish rigor, several strategies were employed. Credibility was ensured through member checking, prolonged engagement with participants, and the inclusion of verbatim quotations. Dependability was maintained by systematically documenting the analytic procedures and decision-making processes throughout the study. Confirmability was supported through reflexive journaling and peer debriefing with a qualitative research mentor, ensuring that findings were grounded in the data rather than researcher bias. Transferability was enhanced by providing a rich and detailed description of the research context and participants, allowing readers to determine the applicability of the findings to other settings.

Ethical considerations were strictly observed throughout the study. Prior to data collection, ethical approval was obtained from the hospital's research ethics committee. Written informed consent was secured from all participants, who were also informed of the voluntary nature of their participation and their right to withdraw at any time without penalty. Confidentiality was upheld by assigning codes to participants and removing all identifying information from the transcripts. Furthermore, audio recordings and transcripts were securely stored in password-protected files accessible only to the researcher.

Results and Discussions

Code Name	Age	Sex	Area of Assignment	Position	Study Group
IDI_01	26	Male	Medical-Surgical Ward	Staff Nurse	IDI
IDI_02	25	Female	Medical-Surgical Ward	Staff Nurse	IDI
IDI_03	25	Female	Medical-Surgical Ward	Staff Nurse	IDI
IDI_04	30	Female	Medical-Surgical Ward	Staff Nurse	IDI
IDI_05	25	Female	Medical-Surgical Ward	Staff Nurse	IDI
IDI_06	26	Female	Medical-Surgical Ward	Staff Nurse	IDI
IDI_07	26	Female	Medical-Surgical Ward	Staff Nurse	IDI
FGD_01	32	Female	Medical-Surgical Ward	Staff Nurse	FGD

FGD_02	35	Male	Medical-Surgical Ward	Staff Nurse	FGD
FGD_03	25	Female	Medical-Surgical Ward	Staff Nurse	FGD
FGD_04	25	Female	Medical-Surgical Ward	Staff Nurse	FGD
FGD_05	25	Female	Medical-Surgical Ward	Staff Nurse	FGD
FGD_06	25	Female	Medical-Surgical Ward	Staff Nurse	FGD
FGD_07	25	Female	Medical-Surgical Ward	Staff Nurse	FGD

Table 1: Participant's Profile

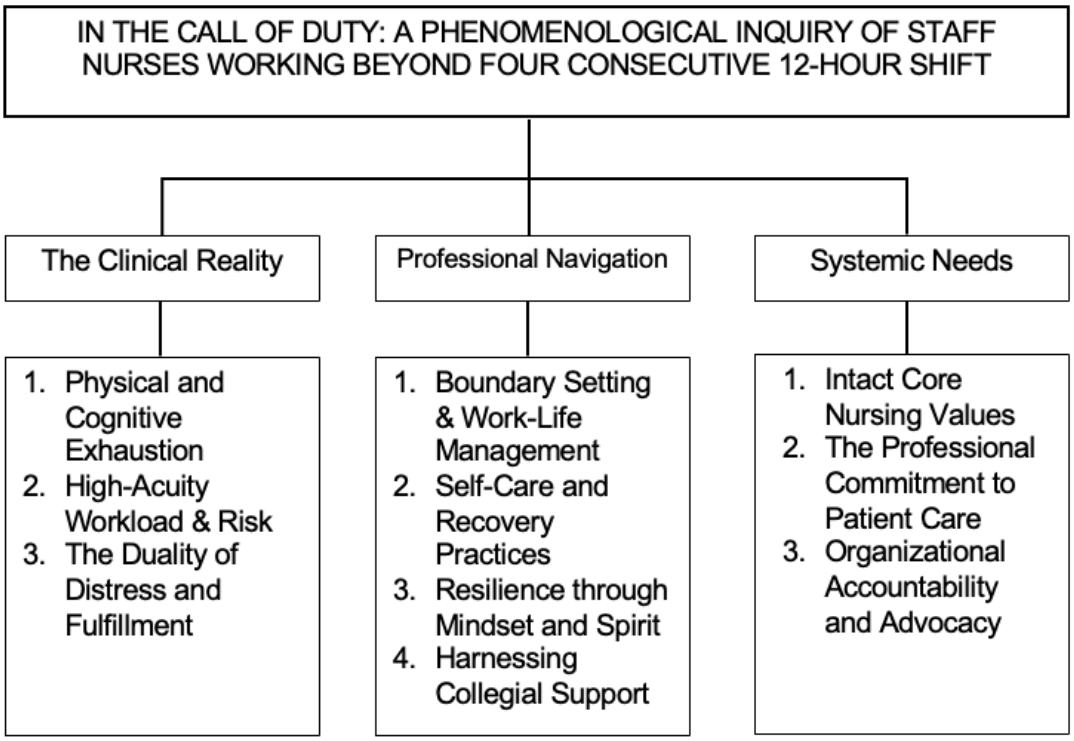

Figure 2: Thematic Map

Figure 2 illustrates the thematic map, showcasing the identified themes and their interconnections. This visual representation serves as a framework for understanding the key findings and insights drawn from the data analysis. The thematic map critically examines the lived experiences of nursing professionals regarding working beyond four consecutive 12-hour shifts, elucidating three principal thematic domains.

First, The Clinical Reality, it encompasses the severe Physical and Cognitive Exhaustion and High-Acuity Workload & Risk encountered by nurses after prolonged work, which is balanced by The Duality of Distress and Fulfillment that inspires them to continue. This intense, demanding environment accentuates the imperative for personal and institutional intervention. Second, Professional Navigation, it encompasses the active strategies nurses employ for endurance. This includes practicing Boundary Setting & Work-Life Management, engaging in Self-Care and Recovery Practices, relying on Resilience through Mindset and Spirit, and Harnessing Collegial Support to sustain their well-being. Nurses are depicted as maintaining a proactive approach to self-preservation and endurance. Lastly, Systemic Needs underscores the significance of Intact Core Nursing Values and the Professional Commitment to Patient Care that drives their dedication. This intrinsic commitment is coupled with the urgent need for Organizational Accountability and Advocacy, emphasizing the necessity of better staffing, compensation, and support from the administration to mitigate the strain imposed by extended schedules. Collectively, these themes provide a robust framework for addressing and deriving insights from the phenomenon of extended shift work and its impact on the nursing profession.

Emergent Theme 1: The Clinical Reality

Clinical reality captures the tangible, day-to-day conditions that staff nurses confronted while working beyond four consecutive 12-hour shifts. It reflects the intersection between the demands of the clinical environment and the physical, emotional, and cognitive states of nurses as their shift sequence progressed. In this study, clinical reality encompassed how nurses experienced and navigated the pressures of patient care while simultaneously coping with cumulative fatigue, fluctuating alertness, and heightened safety concerns. Research consistently demonstrates that nurses who work extended sequences of 12-hour shifts experience significant physiological, cognitive, and safety-related challenges that accumulate over time. The following studies collectively reveal how fatigue, patient safety risks, and coping mechanisms interact to shape nurses' experiences and highlight the pressing need for systemic scheduling reforms.

Cluster Theme 1.1 Physical and Cognitive Exhaustion

The first critical facet of this theme is Physical and Cognitive Exhaustion, representing the cumulative weariness and diminished mental capacity reported by participants. Nurses working extended consecutive 12-hour shifts experience significant physical and cognitive exhaustion, with multiple authors providing distinct yet converging perspectives on this critical occupational health issue. These studies collectively underscore how prolonged work durations erode cognitive performance, compromise safety both within and beyond the clinical setting, and contribute to burnout and organizational strain across the healthcare system.

Lois James et al. (2020) conducted physiological measurements of sleep patterns using ReadiBand wrist actigraphy, revealing substantial differences in sleep quantity, efficiency, and latency among nurses working 12-hour shifts. Through biomathematical modeling using Sleep, Activity, Fatigue, and Task Effectiveness (SAFTE) software, they identified pronounced declines in cognitive effectiveness, particularly among night shift nurses who frequently entered "high risk" zones during their shifts. This modeling approach provided novel insights into the temporal dynamics of fatigue, emphasizing critical hours when cognitive performance deterioration is most likely to occur. These findings hold strong implications for scheduling practices, shift duration limits, and overtime policies.

These professionals articulated a pervasive sense of depletion, with one stating, *"During my four consecutive shifts, I really felt physically and mentally exhausted"* (IDI-01, Line 13).

This statement reflects not merely temporary tiredness but a deeper, cumulative fatigue that affects both body and mind. The nurses' accounts reveal how continuous exposure to long work hours without adequate rest leads to an erosion of their physical stamina and mental resilience. Such exhaustion underscores the demanding nature of nursing work, which often requires sustained emotional engagement, rapid decision-making, and constant vigilance, all of which become more difficult to maintain under prolonged strain.

The consequence of this strain is often a compromised professional output, as highlighted by a nurse who noted that the work is

"Very draining. Sometimes it can affect your focus as a nurse because you have a straight four-day duty" (FGD-01, Line 173).

This statement captures the cognitive and psychological toll of overwork, suggesting that fatigue does not only diminish energy but also undermines concentration and critical thinking, skills essential for patient safety and effective care delivery. When focus wanes, even routine tasks can become mentally taxing, and the potential for errors increases. This reveals a troubling cycle: the more nurses push through exhaustion, the greater the likelihood that their performance quality will suffer, which can in turn heighten stress and further perpetuate fatigue.

This draining effect is explicitly attributed to a

"Lack of sleep, lack of rest," leading to a state that is simply "draining" (FGD-01, Lines 187–188).

Sleep deprivation and inadequate recovery time are central to the participants' experiences of burnout. Physiologically, insufficient rest disrupts the body's ability to restore energy and maintain alertness, while psychologically, it contributes to emotional exhaustion and detachment. From a phenomenological standpoint, the participants' narratives reveal how exhaustion becomes not just a physical condition but an existential experience, one that colors how they perceive their work, their competence, and even their sense of self as caring professionals. In this sense, fatigue is not only a symptom of overwork but also a lived reality that reshapes how nurses engage with their patients and their profession.

Expanding upon this foundation, Lois James et al. (2021) employed a quasi-experimental design to examine the cognitive and behavioral impacts of consecutive shifts. Their results showed that after three consecutive 12-hour shifts, nurses exhibited significant decreases in sustained attention and predicted cognitive effectiveness, alongside increases in subjective sleepiness. The decline was most pronounced among fatigued night shift nurses and was positively correlated with reduced communication skills. The authors concluded that while nurses often maintain performance in routine domains, variations in cognitive effectiveness can meaningfully influence interpersonal and clinical communication. These findings underscore the importance of employing sensitive performance measures to fully capture the effects of fatigue across consecutive shifts.

Additional insights into fatigue and recovery patterns were provided by K. Cochran et al. (2021), who surveyed 573 nurses across five hospitals. They identified high acute fatigue levels associated with 12-hour shifts, particularly in labor and delivery and medical-surgical units. Night shift nurses and those in behavioral health units were found to have significantly reduced ability to recover between shifts. The authors highlighted that inadequate recovery not only threatens nurse safety but also the quality of patient care. They recommended that nurse leaders ensure duty-free breaks and sufficient recovery time between shifts as essential strategies for mitigating fatigue-related risks.

Cluster Theme 1.2 High-Acuity Workload & Risk

This sub-theme highlights the stressful, unpredictable, and high-risk nature of the work environment, which forces exhausted nurses to manage critical situations and heavy patient loads, thereby increasing the potential for clinical errors. The chaotic and demanding atmosphere within hospital wards amplifies the effects of fatigue, as nurses are required to sustain their focus and composure even when physically and mentally drained. Such conditions create a tension between the professional obligation to deliver safe and compassionate care and the personal struggle to cope with exhaustion.

The environment itself is characterized by its instability:

"The work in the ward is unpredictable, sometimes it's manageable, but other times, it becomes extremely toxic" (IDI-01, Line 14).

This unpredictability reflects the dynamic and volatile nature of clinical settings, where nurses must constantly adapt to shifting patient conditions, staffing shortages, and unexpected emergencies. The use of the term "toxic" metaphorically conveys not only the intensity of workload but also the emotional and psychological strain associated with it. From a phenomenological perspective, such instability fosters a sense of uncertainty and lack of control, which can heighten stress and erode a nurse's sense of stability and well-being.

Nurses frequently face high-acuity, life-threatening events under duress:

"Mga challenges kay kanang naa'y mag-code blue, unya ang pasyente toxic... walay output ang mga pasyente, mao na permi ang mga challenge sa duty" (IDI-02, Lines 101–102).

This local expression vividly captures the immediacy and gravity of the nurses' experiences, code blue situations, critically ill patients, and poor outcomes are part of their daily reality. The phrase underscores how the nurses' professional lives are intertwined with constant exposure to crisis and mortality, which, when coupled with fatigue, may lead to emotional numbing or compassion fatigue. Such circumstances demand rapid decision-making and coordinated teamwork, yet the exhaustion described earlier undermines these very capacities, thereby compounding the stress inherent in such moments.

The simultaneous occurrence of severe incidents and high patient numbers is a major challenge:

"For me, it's challenging because within four consecutive days of 12 hours, there are times when the patient got arrested and then your census is a bit higher" (FGD_04, Lines 215–216).

This scenario illustrates how overlapping pressures, critical events and increased workloads, stretch nurses to their limits. Long consecutive shifts magnify these challenges by reducing opportunities for rest and recovery, leaving nurses physically spent and mentally overextended. The cumulative impact of these stressors contributes to a workplace environment marked by chronic strain, reduced efficiency, and emotional exhaustion. Ultimately, these narratives reveal how unpredictability and overwork interact to create a cycle of fatigue and vulnerability, where nurses must continually navigate between professional duty and personal endurance.

From a regulatory perspective, Heather Katherine Scott-Marshall et al. (2024) offered comprehensive evidence linking extended shifts exceeding 12 hours to elevated occupational fatigue risks and associated hazards. The author noted that while safety-critical industries such as aviation and transportation impose strict governmental limits on work hours, healthcare remains largely unregulated in this regard. This lack of oversight, despite well-documented fatigue-related dangers, underscores an urgent need for policy reforms. Scott-Marshall emphasized that enforcing work-hour limits would not only promote nurse well-being but also enhance

patient safety, workplace satisfaction, and the resilience of healthcare systems.

Ayas et al. (2020) conducted a multicenter study examining the relationship between consecutive nursing shifts and patient safety outcomes, specifically focusing on hypoglycemic events in critically ill patients receiving insulin infusions. Their research revealed a progressive increase in risk as nurses worked consecutive shifts, with odds ratios of 1.68, 2.16, and 2.54 for nurses working their second, third, and fourth consecutive shifts respectively, compared to nurses who had not worked the preceding day. This study provided concrete evidence that extended consecutive shift work directly compromises patient care through increased medical errors.

Building on the theme of fatigue-related safety risks beyond the clinical setting, James and James (2023) investigated the impact of 12-hour shifts on nurses' driving safety, comparing day versus night shift workers. Their findings demonstrated that night shift nurses exhibited significantly greater lane deviation during post-shift drives home compared to day shift nurses, indicating impaired driving safety and increased collision risk. By employing driving simulators with 44 day shift and 49 night shift nurses, the study provided objective evidence that fatigue-related safety compromises extend beyond the workplace and into nurses' personal lives.

Complementing these safety-focused findings, Cockerham et al. (2023) performed a repeated measures study with 81 medical-surgical nurses working three consecutive 12-hour shifts, measuring stress, biomarkers, and fatigue levels. Their research showed that fatigue reported by night shift nurses increased significantly over the three consecutive workdays, demonstrating the cumulative nature of physical strain. Notably, the study also found that social support served as a moderating factor between work-related stress and reported fatigue levels, suggesting that strong workplace relationships may buffer against the physiological effects of fatigue.

Cluster Theme 1.3 The Duality of Distress and Fulfillment

Despite the draining reality, this sub-theme reveals a paradoxical emotional experience in which a deep sense of professional reward and purpose serves as the psychological fuel that sustains nurses' dedication to their work. Amidst exhaustion, stress, and physical strain, the participants find emotional compensation in the knowledge that their efforts directly contribute to patient well-being. This inner sense of fulfillment operates as a counterbalance to the physiological and emotional toll of their duties, providing meaning and motivation that help them endure the demands of their environment.

One nurse succinctly captured this core tension:

"It's tiring, but at the same time fulfilling at the end of the day" (IDI-01, Line 17).

This simple yet profound reflection encapsulates the duality of the nursing experience, where fatigue and fulfillment coexist. The quote underscores how the act of caring, though exhausting, generates a sense of accomplishment that transcends physical weariness. From a phenomenological lens, this statement illustrates the nurses' lived experience of ambivalence: they are simultaneously depleted and uplifted, burdened yet gratified. The emotional reward derived from witnessing patient recovery or offering comfort transforms their exhaustion into a meaningful endeavor rather than mere labor.

The primary motivator for endurance is directly linked to patient care:

"I stay because of the sense of fulfillment I get from helping patients. That inspires me to continue despite the hardships" (IDI-01, Lines 23–24).

This highlights the intrinsic motivation that anchors nurses in their profession, the moral and emotional

satisfaction of serving others. Such purpose-driven commitment aligns with the concept of vocational calling, where care is not simply a job but a moral duty and personal mission. Despite systemic challenges and personal fatigue, the participants' narratives reveal that compassion and empathy remain central to their professional identity. This intrinsic sense of purpose mitigates burnout and reinforces resilience, allowing them to derive strength from their role even in adversity.

Achieving a hard-earned sense of meaning validates their efforts:

"At the same time, you get a sense of meaning when you work hard, at least you took care of your patients even though your duty is long" (FGD_02, Lines 237–239).

This reflection highlights how fulfillment emerges not from ease, but from perseverance through difficulty. Meaning, for these nurses, is constructed through the act of enduring hardship in the service of others. Their satisfaction stems from the recognition that their labor, though physically exhausting, is not in vain, as it translates into tangible care and human connection. The phrase "at least you took care of your patients" reveals a moral anchor: even when faced with fatigue, nurses find solace in knowing they upheld their ethical and professional commitment.

The phenomenon of nurses working beyond four consecutive 12-hour shifts presents a complex interplay of distress and dedication, particularly within the Philippine healthcare context. Alibudbud (2023) provides a foundational understanding of this challenge by identifying burnout among Filipino nurses as a significant threat to an already understaffed healthcare system. The author emphasizes that burnout leads to resignations, career changes, and international migration, thereby creating a cyclical problem that exacerbates local nursing shortages. Furthermore, Alibudbud argues that while workplace mental health programs can provide some relief, the root causes lie in structural factors including low salaries, delayed benefits, understaffing, overwork, and job insecurity that require systemic policy interventions.

Building upon this structural analysis, Delos Santos et al. (2025) conducted a comparative phenomenological study that reveals the nuanced experiences of Filipino nurses working 12-hour shifts both domestically and internationally. Their research, guided by Herzberg's Two-Factor Theory, demonstrates that while nurses in both the Philippines and Saudi Arabia generally favor 12-hour shifts over traditional 8-hour shifts due to fewer workdays and greater continuity of care, significant disparities exist in overall satisfaction levels. The authors found that Saudi-based Filipino nurses expressed higher satisfaction primarily due to better compensation and institutional support, while Philippine-based nurses indicated dissatisfaction related to inadequate salaries and limited organizational recognition. This finding underscores the critical role of extrinsic motivators in shaping nurse satisfaction and retention.

Complementing these findings, James et al. (2021) provide crucial empirical evidence regarding the physiological and cognitive impacts of extended shift work through their quasi-experimental study of 94 registered nurses. Their research reveals that after three consecutive 12-hour shifts, nurses experience measurable decreases in sustained attention and predicted cognitive effectiveness, alongside increased subjective sleepiness. Notably, the authors found that while individual differences varied extensively, nurses maintained their performance levels across most domains, with communication skills being the only area showing significant impairment, particularly among night shift nurses. This research suggests that nurses demonstrate remarkable resilience and dedication despite experiencing fatigue-related cognitive changes.

The psychological toll of extended shift work is further illuminated by Norful et al. (2024), whose comprehensive study across 13 countries, including a substantial sample from the Philippines, reveals alarming

statistics about nurse mental health. Their findings indicate that one-third of nursing respondents endorsed high burnout and intention to leave their jobs, with those reporting work conflict having significantly higher odds of burnout and being three times more likely to screen positive for depression and anxiety. Particularly striking is their finding that nurses endorsing difficulty sleeping were 15 times more likely to screen positive for depression, emphasizing the interconnected nature of work stress, sleep disruption, and mental health outcomes.

Expanding on workplace stressors, Bautista et al. (2020) conducted a detailed analysis of specific stressors affecting 427 staff nurses in Metro Manila, identifying workload as the most frequent stressor. Their structural equation modeling revealed that workload was negatively related to job satisfaction and perceived quality of care, while both workload and conflict with nurses were positively related to turnover intention. This research provides concrete evidence of how specific workplace factors directly impact nurse outcomes and organizational stability.

The broader organizational context is addressed by Falguera et al. (2020), who examined the relationship between nurse practice environment and work outcomes among 549 hospital nurses in the Philippines. Their findings demonstrate that favorable work environments significantly reduce job burnout and job stress while improving quality of patient care. The authors argue that with considerable migration abroad, creating favorable nurse practice environments becomes crucial for engaging and retaining the nursing workforce domestically.

Emergent Theme 2: Professional Navigation

The concept of professional navigation in nursing practice has emerged as a critical framework for understanding how nurses consciously employ multifaceted strategies to mitigate the personal and professional strain associated with extended work schedules. The effects of consecutive 12-hour shifts reveals a complex landscape of adaptive mechanisms that nurses utilize to maintain both their well-being and professional effectiveness. The concept of professional navigation in nursing practice has emerged as a critical framework for understanding how nurses consciously employ multifaceted strategies to mitigate the personal and professional strain associated with extended work schedules. Research examining the effects of consecutive 12-hour shifts reveals a complex landscape of adaptive mechanisms that nurses utilize to maintain both their well-being and professional effectiveness.

Pélissier et al. (2020) conducted a comprehensive examination of vigilance and sleepiness patterns among nurses working 12-hour shifts, revealing that while psychomotor vigilance test results gradually deteriorated over the course of duty time, nurses did not demonstrate significantly excessive sleepiness or vigilance impairment that compromised their self-perception of work quality. Importantly, their investigation identified specific coping strategies that nurses preferred, particularly the strategic use of napping during night shifts to maintain alertness. This finding suggests that nurses actively engage in conscious decision-making processes to counteract the physiological challenges of extended work periods, demonstrating a form of professional navigation that prioritizes patient safety while acknowledging human limitations.

Furthermore, the work of Norful et al. (2024) expanded the understanding of professional navigation by identifying modifiable factors that serve as protective mechanisms against psychological distress. Their comprehensive study across 13 countries involving 2,864 nurses revealed that those who reported clear workplace goals and assignments, increased engagement, good sleep health, and robust social support networks demonstrated significantly lower risks for burnout, depression, and anxiety. This research illuminates how professional navigation extends beyond individual coping strategies to encompass broader

organizational and social support systems that nurses actively cultivate and utilize.

Complementing these findings, Delos Santos et al. (2025) contributed valuable insights into how nurses navigate the decision-making process regarding shift preferences, revealing that nurses in both the Philippines and Saudi Arabia generally favored 12-hour shifts over traditional 8-hour shifts due to perceived benefits including fewer workdays, greater continuity of care, and cost savings. This preference suggests that professional navigation involves not only managing the challenges of extended shifts but also recognizing and leveraging their potential advantages for both personal and professional outcomes.

Cluster Theme 2.1 Self-Care and Recovery Practices

This sub-theme explores the deliberate strategies and restorative activities nurses engage in to recuperate from the physical, mental, and emotional toll of prolonged work. Following extended or consecutive shifts, these self-care practices become essential acts of survival and self-preservation, allowing nurses to maintain their functional capacity and emotional stability. The participants' narratives reveal that recovery is not an incidental process but an intentional and necessary component of their professional lives. Their responses illustrate how self-care becomes both a coping mechanism and a form of self-compassion that helps them sustain their commitment to care work despite the persistent demands of their environment.

One participant prioritizes immediate rest:

"After my shift, I usually go straight to sleep to regain my energy for the next duty" (IDI-01, Line 47).

This highlights how physiological recovery, particularly sleep, is foundational to the restoration of well-being. The emphasis on sleep underscores the biological imperative for recuperation, especially when consecutive shifts disrupt normal circadian rhythms. From a phenomenological standpoint, this act of resting is not merely physical recovery but also symbolic of reclaiming personal time after the self has been extended in service to others. In this sense, rest becomes both a bodily and existential necessity, a return to equilibrium after being immersed in the intense demands of caregiving.

Recovery also extends beyond sleep to encompass personal leisure and emotional restoration:

"I usually unwind and pamper myself to cope with the exhaustion I feel after several consecutive shifts" (IDI-01, Line 34).

This statement reveals that self-care is multidimensional, involving activities that nurture both body and mind. Engaging in leisure or self-pampering practices serves as a means of psychological decompression, a way to reclaim control, joy, and self-identity beyond the professional role. Such moments of personal indulgence may appear simple, yet they carry deep restorative value, symbolizing self-acknowledgment and the validation of one's efforts amid the often thankless nature of care work.

Another nurse described the immediate post-shift self-reward:

"Lami kaayo ipahilot after four days nga duty. Pahilot ang lawas, molakaw-lakaw o mulaag, mag-shopping kung naay kwarta, ug magsige og kaon" (IDI-02, Line 114).

This local and vivid expression portrays self-care as a culturally grounded, sensory experience that celebrates relief and pleasure after hardship. The reference to massage, walking, shopping, and eating emphasizes embodied recovery, restoring comfort, circulation, and satisfaction to a fatigued body. Such activities illustrate how self-care is not merely about rest but about re-experiencing vitality and enjoyment, reaffirming the nurses' humanity in the face of relentless occupational demands.

The nursing profession faces significant challenges regarding self-care practices, with mounting evidence demonstrating both the critical need for and barriers to effective self-care implementation among healthcare professionals. Nursing, recognized as a highly stressful profession, presents unique occupational hazards that directly impact practitioners' ability to maintain their own well-being while providing quality patient care Khumjanbeni Murry et al., 2022. This stress can substantially impede nurses' work effectiveness, leading to workplace errors, burnout, and ultimately driving professionals to leave the field entirely. Consequently, self-care activities emerge as essential interventions to promote both mental and physical health among nurses, thereby enabling them to better cope with the inherent stressors of their profession.

Cluster Theme 2.2 Resilience Through Mind and Spirit

This sub-theme highlights the cognitive and spiritual strategies that nurses employ to sustain a positive outlook, regulate stress, and motivate themselves amid fatigue and adversity. Beyond physical endurance, their capacity to persist is rooted in an inner resilience cultivated through mental reframing and faith-based grounding. These coping mechanisms reveal that the nurses' strength does not solely depend on external support or rest but also arises from an intentional and deeply personal process of self-encouragement and spiritual renewal. Such internal fortitude serves as the psychological armor that enables them to continue providing quality care despite the exhausting and unpredictable nature of their work.

Nurses use positive self-talk to motivate themselves to complete the shift: *"Whenever I feel challenged or tired, I remind myself that tomorrow is another day and I can still do better. That keeps me motivated to finish the shift productively"* (IDI-01, Lines 54–55).

This reflection illustrates the use of cognitive reframing, transforming moments of exhaustion into opportunities for perseverance and growth. By reminding themselves that challenges are temporary, nurses adopt a mindset of optimism and self-efficacy, which counteracts feelings of helplessness. This form of positive internal dialogue not only maintains motivation but also reinforces a sense of agency and control in circumstances that often feel overwhelming. From a phenomenological perspective, such mindset shifts represent acts of self-preservation that sustain their emotional equilibrium amid the chaos of clinical work.

Spiritual grounding also emerges as a vital resource for maintaining emotional stability and mental clarity. One nurse shared:

"Gina-prepare nako akong kaugalingon before duty. Simba ko kada Sunday, mag-reflect ko, ug mag-ampo kay Lord before ko muadto sa duty" (IDI-03, Line 132).

This statement conveys how faith-based practices, attending church, reflection, and prayer, function as preparatory rituals that fortify the self before entering the demanding hospital environment. These spiritual acts provide a sense of peace, purpose, and moral strength, offering a deeper meaning to their work beyond the technical aspects of nursing. Spirituality, in this context, becomes both a coping mechanism and a source of resilience, allowing nurses to transcend exhaustion by connecting their labor to a higher purpose or divine guidance.

Another participant draws strength from a forward-looking perspective:

"I just remind myself that the next day might be more rewarding. I look forward to a better shift next time" (IDI-01, Lines 38–39).

This forward-focused attitude reflects hope as a sustaining force, an emotional resource that helps nurses endure

hardship with anticipation of renewal. By envisioning a better tomorrow, they prevent the fatigue of the present from defining their overall experience. This mindset aligns with the concept of resilient optimism, where maintaining a positive orientation toward the future serves as a buffer against burnout and despair.

The concept of resilience through mind and spirit among nurses, particularly in the Philippine context, represents a multifaceted phenomenon that encompasses various dimensions of self-care, spiritual practices, and psychological well-being. Contemporary research reveals that while spiritual elements such as prayer may serve as foundational components of nurse resilience, significant systemic barriers often impede their implementation in practice.

Complementing these perspectives, Sist et al. (2022) provide a comprehensive framework for understanding self-care that encompasses spiritual elements within a broader conceptual model. Their scoping review identifies spirituality as one of the key themes addressed in resilience workshops designed to reduce work-related stress among healthcare professionals. The authors demonstrate that self-care interventions must address multiple dimensions simultaneously, including physical, psychological, social, spiritual, and emotional aspects. Sist and colleagues reveal that effective self-care programs incorporate spiritual practices alongside mindfulness, compassion, and resilience-building activities. Their analysis of various intervention models shows that spirituality-focused components, when integrated with other self-care strategies, contribute to improved professional quality of life and reduced burnout. Additionally, the authors emphasize that spiritual self-care practices require supportive organizational environments that provide protected time and space for such activities, highlighting the interconnection between individual spiritual practices and systemic support structures.

Furthermore, Williams et al. (2021) expand the understanding of spiritual and mental self-care by identifying specific evidence-based interventions that can enhance nurses' quality of life. Their comprehensive analysis reveals that spiritual well-being is intrinsically linked to other self-care practices, including stress reduction techniques, mindfulness training, and participation in support groups. The authors advocate for the creation of designated sanctuary spaces within clinical settings, which could serve as venues for prayer, meditation, and other spiritual practices. Williams and colleagues emphasize that spiritual self-care practices must be integrated with physical and mental health strategies to achieve optimal outcomes. Their work demonstrates that nurses who engage in regular spiritual practices, combined with proper sleep, nutrition, and exercise, exhibit greater resilience and job satisfaction.

Cluster Theme 2.3 Boundary Setting & Work-Life Management

This sub-theme illustrates the methods nurses employ to compartmentalize their professional and personal lives, actively creating a psychological and temporal separation that protects their well-being and sustains their social relationships. The ability to draw these boundaries is essential for mitigating burnout and maintaining a healthy sense of self outside the demands of the workplace. For many nurses, the deliberate effort to "switch off" from work serves as both a survival mechanism and a means of preserving emotional balance amid the intensity of clinical care.

Nurses establish clear rules for separating work from personal time:

"I set boundaries between work and personal life. When I'm at work, I stay focused on my tasks. But when I'm off duty, I make sure to spend time for myself and rest" (IDI-01, Lines 42–43).

This statement demonstrates an intentional structuring of time and attention, allowing nurses to contain work-related stress within designated boundaries. By maintaining a mental division between their professional responsibilities and personal

lives, they protect themselves from the spillover of occupational fatigue into their private spheres. Phenomenologically, this boundary-setting reflects an act of self-agency, an assertion of control over one's own emotional and temporal space, which is often constrained by the unpredictable nature of healthcare work.

Time is also intentionally reserved for nurturing social connections:

"*After completing my four consecutive shifts, I make time for my personal life. During my rest days, I spend time bonding with my family and friends"* (IDI-01, Lines 27–28).

This highlights the restorative power of social relationships in counteracting isolation and emotional exhaustion. Family and social bonds serve as a source of emotional grounding, helping nurses reaffirm their identity beyond their professional role. Through these interactions, they experience belonging and renewal, which counterbalance the depersonalization that often accompanies burnout. In this sense, connection and companionship function as informal but vital coping mechanisms, reinforcing resilience through shared presence and emotional reciprocity.

A key strategy also involves mental detachment from work once the shift ends: *"If I'm off duty, I don't stress about the other shifts; I just focus on my off duty"* (FGD_01, Line 273).

This statement encapsulates cognitive boundary management, the conscious decision to disengage from work-related concerns during personal time. Such psychological detachment allows the mind to recover, reducing rumination and emotional exhaustion. By focusing solely on the present moment during off-duty hours, nurses reclaim a sense of peace and autonomy, shielding themselves from the continuous mental occupation of their work roles.

The literature on boundary setting and work-life management among nurses reveals a complex interplay of individual, organizational, and contextual factors that significantly impact professional well-being and healthcare delivery. Contemporary research demonstrates that nurses face unprecedented challenges in maintaining equilibrium between their professional responsibilities and personal lives, necessitating comprehensive boundary management strategies.

Moreover, Navajas-Romero et al. (2020) provide empirical evidence through their analysis of the Job Demands-Control-Support model among European nurses. Their comprehensive study of 991 nursing professionals reveals that physical demands significantly impact work-life balance more than psychological demands, with nurses experiencing particular strain from handling infectious materials, lifting patients, and maintaining physically demanding positions. The research demonstrates that job control, particularly decision authority, moderates the relationship between psychological demands and work-life balance, suggesting that increased autonomy can buffer the negative effects of work stress. Additionally, their findings indicate that supervisor support, rather than co-worker support, plays a crucial moderating role in managing the impact of physical demands on work-life balance.

Complementing these findings, M. Kheiri et al. (2021) conducted a correlational study examining factors affecting quality of work-life among nurses, revealing that working in multiple hospitals, maintaining second jobs, and health information-seeking behaviors significantly predict work-life quality. Their research indicates that nurses who work additional jobs experience lower quality of work-life, suggesting that financial constraints force nurses into unsustainable work patterns that compromise their well-being. The study demonstrates that health information-seeking behaviors positively influence quality of work-life, potentially by enhancing nurses' ability to manage both professional responsibilities and personal health effectively.

Cluster Theme 2.4 Harnessing Collegial Support

This sub-theme highlights the pivotal role of collegial relationships and teamwork as vital sources of emotional sustenance and stress alleviation within the demanding clinical environment. In the face of exhaustion, unpredictability, and emotional strain, nurses often turn to their peers as their most immediate and reliable form of support. These relationships extend beyond professional collaboration, they embody a shared understanding and empathy that can only arise from experiencing the same challenges together. Collegial support thus becomes both a practical resource for managing workload and a psychological refuge that mitigates the isolating effects of fatigue.

Nurses seek comfort and connection from their team:

"I cope when, for example, I have a lot of encounters during my shift. So I just stay with my colleagues. I get along with them" (FGD_01, Lines 247–249).

This statement illustrates the significance of interpersonal connection in buffering stress. The simple act of being with colleagues fosters a sense of belonging and emotional validation, reminding nurses that they are not alone in their struggles. From a phenomenological standpoint, this shared presence generates a sense of collective resilience, where emotional burdens are lightened through social interaction and mutual understanding. In this way, collegial relationships serve as an informal but essential coping mechanism, transforming the workplace into a space of solidarity rather than isolation.

A supportive team also serves as a compelling reason for retention and continued commitment to the profession:

"Ang mga staff sa field kay buotan kaayo. Dili ka nila biyaan. Tabangan ka kung naa kay pangutana, labi na ang mga supervisor, dali ra sila motabang. Mao na isa sa mga rason nga nag-stay ko" (IDI-02, Lines 105–107).

This local expression conveys a deep appreciation for camaraderie and collective reliability. The description of colleagues who are "buotan kaayo" (very kind) and always willing to help reflects a workplace culture grounded in mutual care. The participant's acknowledgment that such support is one of the main reasons for staying underscores how collegiality not only alleviates day-to-day stress but also fosters organizational loyalty and professional satisfaction. In an environment where physical exhaustion and emotional strain are constant, the presence of empathetic and cooperative peers becomes a sustaining force that reinforces resilience and retention.

Even simple social exchanges during shifts provide emotional relief: *"Sometimes, when I'm comfortable with my workmates at the shift, I get along with them, just by talking to them"* (FGD_03, Line 255).

This brief but meaningful interaction highlights the therapeutic power of communication. Engaging in casual conversation offers a momentary reprieve from the clinical pressures, allowing nurses to decompress and regulate their emotions in real time. Such micro-interactions, though seemingly ordinary, play a crucial role in maintaining morale and psychological balance during long and demanding shifts.

Collegial support among nurses represents a fundamental aspect of professional practice that significantly influences both individual and organizational outcomes. Building upon extensive research in this domain, Kangasniemi et al. (2023) conducted a comprehensive evolutionary concept analysis that revealed collegiality as a value-based concept characterized by achieving mutual goals together with equality, reciprocity, trusted advocacy, powerful self-regulation, and engaged belongingness. Their analysis demonstrated that nurses' collegiality emerges from existing professional groups, connections between professionals, and professional self-

esteem, ultimately strengthening nurses' professional status, job satisfaction, and their ability to provide optimal patient care.

Emergent Theme 3. Systemic Needs

The systemic needs for improving patient care quality and sustaining nurses' professional commitment despite extended work hours represent a multifaceted challenge requiring comprehensive organizational interventions. Research from multiple contexts demonstrates that institutional support mechanisms are fundamental to addressing the complex interplay between work demands and professional satisfaction among nursing personnel.

Sy et al. (2023) revealed that only 55.5% of nurses reported high work-related quality of life, with particularly concerning findings regarding working conditions, where 54.9% of nurses scored low. Furthermore, their analysis demonstrated significant variations in quality of work life across different positions, with head nurses reporting the highest perceived quality compared to staff nurses and charge nurses. The study also identified that nurses in pay-patient services experienced lower quality of working life, while those in office and outpatient services demonstrated more positive outcomes. These findings underscore the critical need for targeted interventions that address specific workplace conditions and hierarchical disparities within healthcare institutions.

Complementing these findings, Kandel and Chhetri (2021) provided quantitative evidence from 95 nurses in a tertiary hospital setting, revealing that 86.3% of respondents achieved moderate work-life balance, while only 3.2% maintained optimal balance. Their analysis identified significant relationships between work-life balance and family structure, work experience, and the number of earning family members. Notably, their research demonstrated that joint family systems and multiple earning members within households contributed positively to nurses' ability to maintain work-life equilibrium, suggesting that social support systems play crucial roles in professional sustainability.

Clustered Theme 3.1 Intact Core Nursing Values

This sub-theme emphasizes the enduring influence of nurses' foundational moral principles and professional ethics, such as compassion, integrity, respect, and holistic care, which serve as their inner compass amid the stress and fatigue of clinical work. These deeply held values, often cultivated during formal nursing education and reinforced through daily practice, function as stabilizing anchors that guide decision-making, sustain motivation, and reaffirm purpose. In the face of exhaustion and adversity, the participants' narratives reveal that it is their unwavering adherence to these values that allows them to remain grounded in their professional identity and continue delivering quality care.

The core values learned during training remain a guiding force:

"The values I learned in school, especially compassion and integrity, guide me in my work" (IDI-01, Line 61).

This statement underscores the enduring role of nursing education in shaping moral consciousness. The values instilled early in their professional formation become more than abstract ideals; they evolve into practical frameworks for navigating ethical challenges and emotional strain. Integrity ensures accountability and consistency even when fatigue threatens performance, while compassion transforms duty into purposeful service. From a phenomenological lens, these values are not merely remembered principles but lived experiences, internalized through years of practice and embodied in every act of care.

Compassion, in particular, emerges as a powerful motivator to persist despite hardship:

"There are times when you feel pity for patients, and that compassion drives me to keep going" (IDI-01, Line 62).

This expression reflects the emotional and moral dimension of nursing as a vocation rooted in empathy. The feeling of pity, more aptly understood as empathetic concern, becomes a catalyst for endurance. It bridges the emotional gap between exhaustion and purpose, reminding nurses why they chose the profession in the first place. Compassion thus functions as both a moral impulse and a source of strength, allowing nurses to transcend fatigue by finding meaning in the act of alleviating others' suffering.

Dedication is further sustained by a holistic philosophy of care:

"You have to be respectful and take holistic care towards the patient. These are the values that drive you to commit to your profession despite what type of working hours you have" (FGD_03, Lines 323–324).

This perspective reflects a deep understanding of nursing as not merely a technical or procedural role but a holistic and relational practice. Respect for patients as whole persons, physically, emotionally, and spiritually, reinforces the ethical dimension of the nurse-patient relationship. Even under extreme fatigue and demanding schedules, the adherence to holistic and respectful care reaffirms their professional integrity and preserves the essence of nursing humanity.

The concept of intact core nursing values represents a multifaceted foundation that encompasses professional identity, ethical principles, and caring practices within the nursing profession. Professional identity in nursing is fundamentally defined as "sense of oneself, and in relationship with others, that is influenced by characteristics, norms, and values of the nursing discipline, resulting in an individual thinking, acting and feeling like a nurse" (Brewington et al., 2020). This comprehensive definition establishes the framework through which nurses understand their professional essence and guides their practice decisions.

Cluster Theme 3.2 The Professional Commitment to Patient Care

This sub-theme captures the nurses' enduring dedication to their central professional purpose, the direct care and assistance of patients. Despite fatigue, unpredictability, and the emotional toll of their work, nurses remain anchored by a profound sense of duty and fulfillment derived from their caregiving role. Their commitment is not merely a product of obligation but an ongoing emotional and ethical investment that is continually renewed through meaningful encounters with patients and the tangible outcomes of their care. This deep-rooted sense of purpose sustains their professional identity and reinforces their motivation to persevere even in the most demanding circumstances.

Commitment is often fueled by the visible success of their patient care efforts: *"Kung makita nako nga natabangan nako sila, makafeel ko nga nindot gyud akong profession"* (Participant 2/IDI-02, Line 140).

Translated as *"When I see that I have helped them, I feel that my profession is truly good,"* this statement encapsulates the reciprocal relationship between caring and fulfillment. The nurse's satisfaction emerges from witnessing the positive impact of their interventions, a moment that validates their labor and reaffirms the moral worth of their profession. From a phenomenological standpoint, these experiences transform exhaustion into affirmation, as the act of healing or alleviating suffering restores a sense of purpose and self-efficacy.

Gratitude from patients also plays a pivotal role in reinforcing nurses' commitment:

"I feel grateful to the patients... That boosts my commitment as a nurse" (FGD_01, Lines 307–308).

This expression highlights the mutual emotional exchange inherent in caregiving relationships. The gratitude expressed by patients becomes more than appreciation, it functions as a moral and emotional feedback loop that revitalizes the caregiver. Being recognized or thanked validates the nurse's effort and provides psychological reinforcement, reminding them that their work holds intrinsic human value. Such moments of gratitude serve as emotional nourishment, offsetting the exhaustion accumulated from long shifts and high-stress situations.

Similarly, seeing positive patient outcomes provides a profound source of inspiration:

"When I see patients who are okay, I feel more inspired to help and assist them in their health care" (FGD_04, Line 314).

This statement reveals that witnessing patient recovery or improvement serves as a reaffirmation of purpose and professional efficacy. The transformation of patients from illness to wellness symbolizes the ultimate fulfillment of nursing duty, giving nurses a sense of shared victory. The phrase "I feel more inspired" conveys a regenerative cycle, success in patient care renews motivation, which in turn strengthens ongoing commitment. This process reflects the deeply relational nature of nursing, where meaning is continuously co-created between caregiver and recipient.

Clustered Theme 3.3 Organizational Accountability and Advocacy

This sub-theme underscores the nurses' collective recognition that personal resilience and professional dedication alone are insufficient to sustain high-quality care in the absence of systemic support. Their narratives highlight the need for organizational accountability and administrative responsiveness in addressing structural challenges, particularly those related to staffing, workload, and compensation. The participants' reflections reveal a growing awareness of advocacy not only as a professional responsibility toward patients but also as a moral duty toward themselves and their colleagues. This advocacy reflects a shift from individual coping to a collective call for institutional reform that fosters both nurse well-being and patient safety.

Teamwork is identified as one of the most effective tools for improving patient care:

"The teamwork sa mga nurses mao gyud ang makapa-improve sa quality sa patient care" (Participant 2/IDI-02, Line 153).

Translated as "The teamwork among nurses truly improves the quality of patient care," this statement emphasizes that collaboration among staff members serves as an immediate form of structural support within the limits of the existing system. Even when organizational shortcomings persist, nurses rely on solidarity and mutual assistance to maintain the standard of care. This highlights teamwork as both a practical solution and a symbolic form of resistance, an act of collective resilience that compensates for institutional deficiencies.

Nurses also call explicitly for organizational interventions that address the root causes of fatigue and burnout:

"For the administration, I hope they ensure proper staffing and support"

(IDI-01, Line 66).

This plea encapsulates the participants' recognition that chronic understaffing undermines not only their well-being but also patient safety and care quality. The statement conveys a desire for administrative empathy and action, acknowledging that sustainable care delivery depends on adequate manpower and institutional support systems. It also reflects the nurses' awareness of their own limits, signaling a mature understanding that self-

care and professional values cannot fully counterbalance structural inadequacies.

The consensus for improving patient care also centers on compensation and staffing:

"I think the most effective way to improve patient care for nurses is to increase the salary so that they can work" (FGD_01, Line 346).

This sentiment points to the economic dimension of professional motivation, where fair remuneration is viewed not simply as financial reward but as a recognition of effort, skill, and sacrifice. Adequate compensation directly affects morale, retention, and performance, factors that collectively determine the overall quality of patient care. The nurses' call for improved wages thus reflects a broader demand for respect and dignity within the healthcare system, underscoring the link between structural justice and professional commitment.

Taken together, these accounts reveal that nurses' advocacy extends beyond individual needs to encompass a vision for systemic change. Their reflections articulate a form of structural consciousness, an awareness that optimal patient outcomes depend on equitable, well-supported working conditions. Organizational accountability, therefore, is not merely an administrative responsibility but a moral and ethical imperative. By voicing their concerns and hopes for reform, the participants position themselves not just as caregivers but as advocates for the sustainability of the profession itself. This sub-theme ultimately highlights that enduring commitment in nursing requires a partnership between individual resilience and institutional responsibility.

Implications

The study provides meaningful insights into the lived experiences, coping strategies, and systemic challenges faced by nurses working prolonged duty cycles. The narratives of nine staff nurses reveal the interplay of physical exhaustion, emotional strain, and professional responsibility, alongside efforts to sustain commitment and quality care. Through the emergent themes—*Clinical Reality*, *Professional Navigation*, and *Systemic Needs*—the findings highlight important implications for nursing practice, education, administration, and research.

Prolonged consecutive shifts were found to intensify fatigue, impair cognitive functioning, and reduce focus, potentially affecting both nurse well-being and patient safety. These findings emphasize the need for evidence-based scheduling, adequate rest periods, and balanced workload distribution to mitigate fatigue-related risks. Despite these challenges, nurses expressed a dual experience of distress and fulfillment, reflecting a deep sense of professional purpose.

Participants also demonstrated adaptive strategies such as boundary setting, self-care, and reliance on collegial support. Their resilience, often grounded in mindset and spirituality, underscores the importance of institutional support through wellness programs, resilience training, and peer support systems. Such initiatives can enhance emotional stability, job satisfaction, and retention while maintaining care quality. System-level findings highlight that nurses continue to uphold professional values despite staffing shortages and heavy workloads. This underscores the need for organizational accountability, including safer staffing models, supportive leadership, and inclusive decision-making processes. Recognizing nurses' contributions and integrating their perspectives into policy development can strengthen both clinical outcomes and workplace culture.

Implications for nursing education point to the importance of developing not only technical competence but also emotional resilience and ethical awareness. Integrating experiential learning, mentorship, and reflective practices into curricula can better prepare students for real-world demands. Emphasizing self-care and stress management fosters a holistic view of professionalism.

For practicing nurses, continuous education and reflective practice remain essential in sustaining competence and preventing burnout. Structured reflection and supervision can support emotional processing and professional growth. For nurse administrators, prioritizing safety through non-punitive reporting systems, appropriate staffing, and supportive work environments is critical. Investing in wellness infrastructures and flexible scheduling can promote both efficiency and compassionate care.

Limitations

This phenomenological study was delimited to fourteen (14) staff nurses assigned to the Medical-Surgical Ward of a selected private hospital in Tagum City, Davao del Norte. The participants were purposively selected based on their experience of working beyond four consecutive 12-hour shifts. Data were collected through a combination of seven (7) in-depth interviews (IDIs) and one focus group discussion (FGD) involving seven (7) participants. A sequential qualitative approach was employed, wherein IDIs preceded the FGD, and a uniform interview guide was utilized to ensure consistency in data collection across both methods.Despite efforts to ensure methodological rigor, several limitations should be acknowledged. The relatively small sample size and the focus on a single clinical setting limit the transferability of the findings to other healthcare contexts, such as public hospitals or different nursing specialties.

Finally, the study's emphasis on lived experiences prioritizes subjective interpretations, which, while essential in phenomenological inquiry, may not fully capture broader structural or organizational determinants influencing prolonged duty cycles. Nonetheless, these limitations are inherent in qualitative research, and strategies such as the use of a structured interview guide, member checking, and transparent documentation of analytic procedures were employed to strengthen the credibility, dependability, and overall trustworthiness of the findings.

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