DDC Professional Journal
Vol. 7, No.1, January 2026
ISSN 1908-3130

MORE THAN JUST ACUITY: VOICES OF EMERGENCY DEPARTMENT NURSES IN A PUBLIC HOSPITAL

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Abstract

This study explored and described the experiences of Emergency Department (ED) nurses in a government hospital. Using Van Manen's Hermeneutic Phenomenological approach rigor was established through verification, validation and triangulation. Data were gathered from in-depth interviews and focus group discussions with fourteen ED nurses who were purposively selected. Findings revealed that the experiences of ED nurses caring for patients in government hospital included The Paradox of ED Work, Pervasive Stress from Demands and Scarcity, Systemic failure and Ethical Burden, Calling and Erosion of Health, Watcher Interference as a Direct Threat to Care, and Non-judgmental Guidance Fostering Motivation and Learning. Their means of coping were focused on the Professional Duty and Personal Well-Being, Professional Strategies and Competencies, Reward-Based Coping, Communication and Conflict Management, Active Self-Care and Wellness, Boundary Setting and Compartmentalization, Collaborative Synergy, and Spiritual and Behavioral Approach. In addition, the insights that ED nurses wanted to share with their peers and the nursing practice in general included Fortified Advocacy, Mandate for Foundational Competence and Intellectual Humility, Sustaining the Calling through Self-Advocacy and Boundary Enforcement, The call for Systemic Investment and Professional Security, and lastly, Valuing Patient Safety and Quality Care. Emergency department nurses' resilience emerges from a dynamic interplay of shared experiences, collective support, intentional self-care and advocacy that were shaped by both personal and institutional pressures. Strengthening organizational support systems, reinforcing team-based structures, and institutionalizing self-care practices promote nurse well-being and ensure high-quality emergency care.

Keywords: *Emergency Department Nurses, Hermeneutic-Phenomenology, Digos City, Davao del Sur, Philippines*

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Introduction

Emergency Departments (EDs), particularly in government hospitals, continue to experience severe overcrowding that disrupts triage and delays timely care. Nurses required to rapidly assess and prioritize patients despite growing patient volumes and limited resources. These conditions increase workload pressures, intensify burnout, and compromise the quality of emergency care (Aljohani et al., 2021; Jung et al., 2021).

Globally, low- and middle-income countries face a shortage of trained emergency nurses due to limited specialty training, inadequate continuing professional development, and the migration of nurses to higher-income nations. These conditions contribute not only to staffing deficits but also to gaps in clinical preparedness, decision making confidence, and professional support among emergency nurses. The absence of structured emergency nursing programs leaves many general nurses unprepared for trauma and crisis care, which heightens stress, and contributes to poorer patient outcomes (Dong et al., 2020; Javanmardnejad et al., 2021).

In the Philippines, ED nurses manage chronic understaffing, resource constraints, and the lingering pressures of the COVID-19 pandemic. These systemic challenges are further intensified by migration of Filipino nurses to countries offering better compensation and working conditions, directly affecting staffing stability in ED (Labrague, 2024). As a result, nurse-to-patient ratios in many government hospitals exceed recommended levels, increasing risks of burnout, psychological distress, and job dissatisfaction (Cangco et al., 2023).

EDs in the Davao Region, especially those in district and municipal hospitals, face high patient loads, limited emergency equipment, and a shortage of nurses trained specifically in

emergency care. General nurses are frequently assigned to ED roles without adequate preparation or support. These conditions contribute to prolonged wait times, triage errors, and delays in trauma and resuscitation care (Berdida & Alhudaib, 2024; Rubio & Sali, 2022). Beyond operational challenges, these realities also shape nurses' emotional strain, ethical tensions, and professional identity as they navigate high-stakes clinical environments with limited resources.

However, the situation of ED nurses in government hospitals in Digos City remains underexamined despite its implications for local healthcare delivery. ED nurses continue to work under heavy workloads and staffing limitations that may not consistently meet recommended national or international staffing standards, reflecting broader workforce challenges in the Philippines where chronic understaffing and nurse emigration contribute to persistent service gaps (Tomacruz et al., 2025). More importantly, limited research has explored how these systemic and staffing conditions are experienced by ED nurses themselves. There is a notable lack of qualitative and phenomenological studies that capture their lived experiences, coping strategies, ethical challenges, and professional realities, particularly within government hospital settings in Digos City.

Addressing this gap is essential to understanding the human dimensions of emergency nursing beyond patient acuity and to generating insights that can inform workforce planning, institutional support, and policy development. This study therefore seeks to explore the lived experiences of ED nurses, aligning with the need to foreground their voices and interpret how organizational pressures, ethical demands, and emotional labor shape their practice.

Methods

This qualitative study used a hermeneutic phenomenological design based on Max van Manen's approach to explore the lived experiences of Emergency Department (ED) nurses in a public hospital in Digos City, Davao del Sur, Philippines. Hermeneutic phenomenology was chosen because it enables an interpretive understanding of the meanings embedded in nurses' experiences, rather than merely describing events, making it appropriate for examining the human, ethical, and emotional dimensions of ED practice The ED's high patient load and limited resources provided the contextual backdrop for understanding nurses' professional experiences. The setting is a government hospital ED that serves a large catchment population, manages high daily patient volumes, and operates with limited staffing and emergency resources, conditions typical of district-level facilities in the region.

Participants and Sampling Participants were fourteen (14) registered nurses purposively selected for their direct ED work experience of at least six months. Seven nurses participated in individual in-depth interviews and seven in a focus group discussion to capture both individual and collective perspectives on ED practice. Exclusion criteria included nurses assigned primarily to administrative roles, probationary staff, and those without recent ED clinical exposure. The sample size was guided by the principle of data saturation, wherein no new themes emerged from subsequent interviews and discussions.

Data were gathered through semi-structured interviews conducted in English or Filipino, depending on participant preference. Interviews lasted 30–60 minutes, were audio-recorded with consent, and supplemented by field notes and limited non-intrusive observation to document contextual and non-verbal cues. A brief demographic questionnaire was completed by participants prior to interviewing. Individual interviews allowed participants to share personal experiences and sensitive insights, while the focus group discussion facilitated shared reflections, collective meaning-making, and validation of common ED experiences.

Interviews were conducted in both Filipino and English and transcribed verbatim to accurately capture participants response.

Authorization was obtained from hospital management, and written informed consent was secured from all participants.
Confidentiality and privacy were protected through anonymization and secure data storage in accordance with ethical and data privacy standards.

Transcripts were transcribed verbatim and analyzed following van Manen's phenomenological reflection and thematic analysis. This involved repeated readings, identification of meaning units, and organization into themes guided by existential lifeworld's (lived space, body, time, and relationships). For example, statements describing physical exhaustion and overcrowding were initially coded as "Pervasive Stress from Demands and Scarcity," which were later grouped with similar meaning units to form broader themes related to system pressures and emotional burden.

Reflexive journaling and peer debriefing enhanced rigor and trustworthiness. Credibility was ensured through prolonged engagement with participants, member validation during discussions, and careful transcription review. Dependability was supported through documentation of analytic decisions and an audit trail. Confirmability was strengthened through reflexive journaling and peer examination of emerging themes.

Researcher reflexivity was maintained by acknowledging the researcher's professional background in emergency nursing and prior exposure to ED settings, which informed sensitivity to participants' experiences while requiring conscious bracketing of assumptions during analysis.

Results and Discussion

Table 1 shows the participants' profile. Participants varied in age, sex, and years of experience in the Emergency Department (ED), ranging from less than one year to fifteen years. These variations provided diverse perspectives, allowing insights into how both novice and experienced nurses interpret workload pressures, ethical dilemmas, and coping strategies in ED practice. Nurses with longer ED experience often described more adaptive coping and professional confidence, while less experienced nurses emphasized uncertainty and emotional strain, highlighting how experience shapes the meaning of ED work.

Code Name	Sex	Age	Status	Years in ED	Study Group
P1	F	43	S	2	IDI
P2	F	30	S	3	IDI
P3	M	36	M	5	IDI
P4	M	40	M	8	IDI
P5	M	25	S	3	IDI
P6	M	40	M	15	IDI
P7	F	44	S	8	IDI
P8	F	23	S	9mos.	FGD
P9	F	24	S	1	FGD
P10	M	33	M	10	FGD
P11	F	27	S	7	FGD
P12	F	23	S	9mos.	FGD
P13	F	39	M	2	FGD
P14	F	25	S	9mos	FGD

Table 1: Participant's profile.

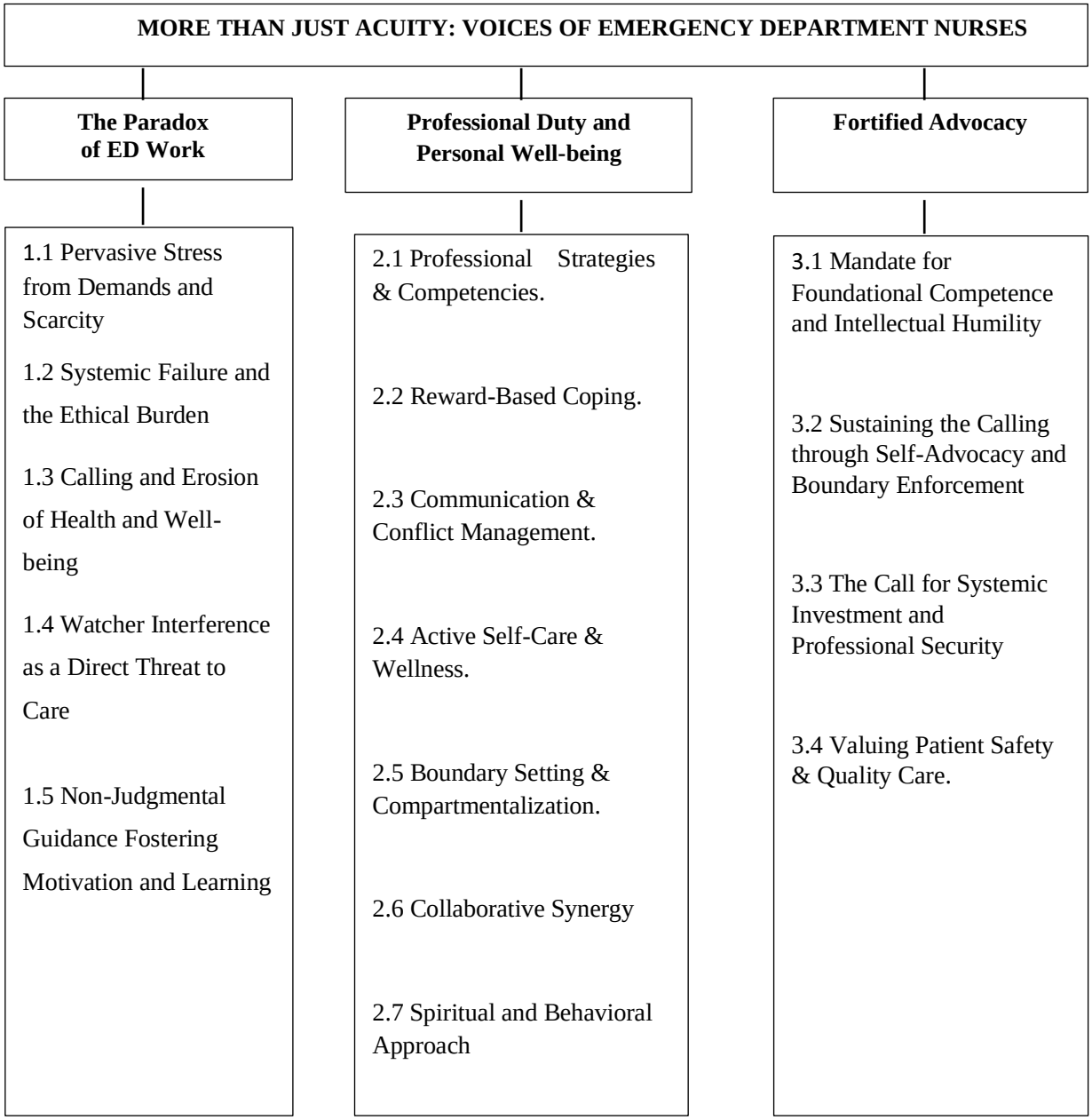

Figure 1. Thematic Map

Figure 1 presents the thematic map derived from the analytic process. The map was developed through iterative coding, clustering of meaning units, and interpretive reflection guided by van Manen's lifeworld framework. It visually illustrates how the three emergent themes and their cluster themes are interconnected, reflecting the dynamic relationship between system pressures, personal resilience, and professional advocacy in ED nursing practice.

Results and Discussion

This study explored the lived experiences of Emergency Department (ED) nurses in a government hospital, revealing three emergent themes encompassing both the challenges and resilience strategies of frontline nursing. Each theme is further supported by cluster themes that provide nuanced insight into nurses' professional and personal experiences (see Figure 1).

Emergent Theme 1: The Paradox of ED Work

The first theme captures the dual reality of ED nursing**,** characterized by high stress, moral dilemmas, and resource scarcity, alongside professional fulfillment and purpose.

- Nurses described constant pressure from overcrowding, limited staff, and insufficient equipment**,** leading to physical fatigue and emotional exhaustion (Cluster Theme 1.1: *Pervasive Stress from Demands and Scarcity*). This was expressed through some of the sample statements:

  "it's always overcrowded. We never know when patients will come all at once... it becomes extremely busy... The space becomes too cramped... we also deal with watchers—some are irate or toxic, which can be very challenging." (SS1, Lines 3-6, P1)

  "Severe shortage of nurses, sometimes as high as 1 nurse for every 20 patients... patients often arrive simultaneously... Supplies are also limited, so patients sometimes have to purchase their own." (SS13, Lines 66-68, P5)

- They also faced ethical challenges when prioritizing care under constrained conditions, experiencing moral distress as a result (Cluster Theme 1.2: *Systemic Failure and Ethical Burden*). These ethical tensions influenced nurses' professional identity and decision-making, as they navigated between providing optimal care and responding to systemic limitations. Moral distress often affected confidence, emotional stability, and perceptions of professional accountability.

  "Triage is always a major challenge... cannot save everyone... With limited staff, you must prioritize and focus on the patients you can realistically save... heavy burden... I am only human... Patient care inevitably suffers when resources are insufficient... survival mode." (SS32, Lines 153-156, P7)

  "It feels like a heavy burden knowing that I am only human, not a superhero... Patient care inevitably suffers when resources are insufficient... managing the workload often feels like survival mode." (SS30, Lines 145-148, P14)

- Despite these pressures, nurses reported deriving meaning from patient recovery and professional achievement**,** though often at the cost of personal health (Cluster Theme 1.3: *Calling and Erosion of Health and Well-being*). Nurses reflected that:

  "Working in the emergency room is very fulfilling... Every day is fast-paced and active... constantly have to think about what to do... Physically, it's tiring... knowing that I did my best makes the work very rewarding." (SS38, Lines 181-183, P1)

  "Work is meaningful and fulfilling, physically exhausting, can lead to burnout. Emotionally, there are times I cry after a shift simply from exhaustion." (SS45,Lines 214-216,P7).

- Additional stress arose from watcher interference**,** referring to patient relatives or accompanying family members who may unintentionally disrupt care delivery (Cluster Theme 1.4: *Watcher Interference as a Direct Threat to Care*). Participants expressed that:

  "Performing rapid assessments are extremely challenging another, more urgent case to arrive. Difficult and demanding watchers make it even harder to decide who to prioritize" (SS54, Lines243-245, P8)

  "Many patients do not understand the concept of triage. They often expect to be seen first simply because they arrived first" (SS53, Lines 240-241, P13)

- Importantly, the presence of supportive senior nurses provided guidance and motivation, fostering resilience and confidence among less experienced staff (Cluster Theme 1.5: *Non-Judgmental Guidance Fostering Motivation and Learning*).

  "My colleagues are always willing to explain and guide me without making me feel humiliated... This creates a sense of

responsibility, motivates me to learn and encourages me to work harder." (SS56, Lines 257-258, P12)

"ED staff actively teaches and supports you, creating a positive work environment that makes you want to come to work... I'd rather work in a busy ED... but a positive atmosphere." (SS56, Lines 252-255, P9).

These paradoxes persist in public hospital EDs due to structural constraints, chronic understaffing, and resource limitations that force nurses to continuously balance professional ideals with operational realities. The coexistence of stress and fulfillment reflects the adaptive meaning-making processes of nurses working within constrained healthcare systems.

These findings align with literature noting the paradoxical nature of ED work, wherein high stress coexists with professional satisfaction and meaning-making (Happell et al., 2013; Van Manen, 1990).

Emergent Theme 2: Professional Duty and Personal Well-being

The second theme highlights how nurses cultivate resilience to balance professional responsibility with self-preservation. Nurses emphasized that technical expertise alone is insufficient; maintaining composure requires emotional intelligence, adaptability, and deliberate self-care. Coping strategies emerged across three broad domains: personal, interpersonal, and organizational. *Personal coping* strategies included mastery of clinical skills, emotional regulation, self-care practices, boundary setting, and spiritual grounding. *Interpersonal coping* strategies involved communication, teamwork, peer support, and mentorship from senior nurses. *Organizational coping* strategies reflected adaptive workflow coordination, informal leadership, and collaborative problem-solving in resource-limited environments.

Cluster themes illustrate these strategies:

- *Professional Strategies and Competencies (2.1)*: mastery of clinical skills and rapid decision-making provided confidence and reduced uncertainty.

"Key really is proper triaging... work prioritization is essential... helps keep the ED running smoothly... keep patients informed... updating them on their condition... can prevent misunderstandings." (SS58, Lines264-266, P3)

"Ask for help when needed... Improvise with available supplies... Approach your work with awareness and a positive attitude." (SS59, Lines 269-270, P14).

- *Reward-Based Coping (2.2)*: motivation was sustained through patient gratitude, peer recognition, and creative problem-solving.

"I eat... give myself a small reward... proper triaging... Time management is also key... act fast to solve problems... stay focused with the support of your colleagues." (SS64, Lines284-286, P1).

"Short-staffed... equipment and supplies are often lacking... Can't immediately do everything... write prescriptions or call other wards... work-life balance... spend time with family and partner... enjoy coffee, going on dates." (SS65, Lines287-291, P2).

- *Communication and Conflict Management (2.3)*: effective dialogue and conflict resolution preserved workflow and team cohesion.

"High patient volume is a major challenge... communicate with other wards to help decongest the ED... strong collaboration with other teams…" (SS66, Lines 292-294, P9)

"Communication and teamwork are essential... improvise or ask patient watchers to help buy medications... suggest alternatives to doctors..." (SS67, Lines 296-298, P10).

- *Active Self-Care and Wellness (2.4)*: deliberate rest, mindfulness, and wellness practices maintained physical and mental energy.

"Taking care of myself outside work helps a lot... When I get to relax, I can face my next duty more focused and confident... I feel refreshed, like it's a new day to start... recharge my body, mind, and soul." (SS70, Lines 307-309, P2).

"It helps me maintain my emotional and physical energy, as well as my stamina... so I can provide proper care to my patients.

Without it, I'd become completely exhausted." (SS72, Lines 313-315, P8).

- *Boundary Setting and Compartmentalization (2.5)*: separating professional stress from personal life prevented burnout and compassion fatigue.

  "Set boundaries, making sure that whatever happens at the hospital doesn't come home with me... accept that I can't do everything... focus on doing our best" (SS80, Lines 341-343, P5).

  "I've also learned to prioritize, making sure I get rest and time to relax on my days off... set clear boundaries by not bringing work problems home." (SS81, Lines 3345-346, P2).

- *Collaborative Synergy and Senior Nurse Leadership (2.6)*: peer-led leadership and teamwork facilitated operational stability in the absence of formal management.

  "Working with my colleagues and supervisors is very positive, good communication and mutual respect, helping each other whenever someone is overwhelmed, in other words, they've got your back." (SS101,Lines 422-424, P5).

  "Supervisors are not always present... the senior nurse on duty becomes the go-to person... ward staff can be informed and help." (SS99, Lines 414-416, P1).

- *Spiritual and Behavioral Approaches (2.7)*: faith, humor, and optimism reinforced psychological resilience.

  "Pray every day... focus on time management and rely on teamwork... discussing problems with your teammates helps reduce stress... take short breaks to breathe... joke around during our shift to lighten the mood... treat even toxic days as ordinary ones." (SS109, Lines 457-459, P6).

  "Be professional, treating my work seriously but still with a soft heart... detach just enough to survive, but not become emotionally hardened... eating out, coffee dates with co-workers, or recreational activities... helps me detox from a toxic work environment... joking and sharing frustrations." (SS111, Lines 464-467, P7).

These findings demonstrate that resilience is not solely an individual trait but a socially constructed process shaped by workplace relationships, institutional context, and shared professional values.

These strategies underscore the interconnectedness of professional competence and personal well-being, aligning with literature that highlights the protective role of self-care, adaptive coping, and peer support in high-acuity nursing (Alharbi et al., 2020; Hunsaker et al., 2015).

Emergent Theme 3: Fortified Advocacy

The third theme reflects how resilience extends into advocacy for professional integrity, patient safety, and systemic improvement**.** Nurses demonstrated awareness that personal endurance alone is insufficient without structural support. Cluster themes reveal this multidimensional advocacy:

- *Mandate for Foundational Competence and Intellectual Humility (3.1)*: continuous learning and humility ensured safe, high-quality care.

  "Never be afraid to ask questions and to learn from every case... Mistakes are opportunities to improve... learn from it rather than getting discouraged... love my work, I enjoy it and learn from it, which... helps reduce stress." (SS119, Lines 494-497, P2).

  "Stay organized, be helpful to your co-workers, and work as a team... remain calm and expect the unexpected... embrace challenges... be willing to undergo training and never hesitate to ask questions." (SS119, Lines 498-501, P3).

- *Sustaining the Calling through Self-Advocacy and Boundary Enforcement (3.2)*: setting limits and speaking up about workload and emotional strain protected personal well-being.

  "As long as you stay true to the calling of our profession, you can handle anything... you're not alone, you have your co-workers to back you up." (SS141,Lines 584-587, P13).

"Develop mental stability, quick thinking, and decision-making skills... build a strong personality to handle the intense pressure... without taking things personally." (SS142, Lines 588-590, P12).

- *The Call for Systemic Investment and Professional Security (3.3)*: nurses emphasized the need for adequate staffing, fair compensation, and institutional support to sustain practice.

"Better pay and benefits would truly motivate us to improve ourselves... hospital doesn't fully cover continuous learning... having extra support for trainings and seminars." (SS156, Lines 643-645, P14).

"Sufficient supplies, better salary pays and benefits." (SS156, Lines648, P12).

"Continuous education through trainings and seminars... cultivating the right work attitude and being open-minded to learning new things." (SS157, Lines 649-651, P11).

- *Valuing Patient Safety and Quality Care (3.4)*: professional satisfaction remained rooted in maintaining ethical standards and ensuring patient safety despite systemic challenges.

"Allow me to avoid errors when caring for patients... make sure to provide safe and consistent care." (SS170, Lines 703-705, P3).

"I can work more efficiently and give my patients the best possible care." (SS171, Lines 707-708, P4).

However, advocacy within under-resourced public hospitals is often constrained by hierarchical structures, limited decision-making authority, and resource scarcity. Nurses' efforts to advocate are frequently shaped by institutional realities, requiring negotiation, persistence, and collective voice rather than individual action alone.

This theme aligns with research emphasizing that nursing resilience is both individual and systemic**,** requiring supportive policies, adequate resources, and organizational recognition to sustain the quality of emergency care (Aiken et al., 2018; Mantzorou et al., 2020).

Collectively, the three emergent themes reveal a holistic portrait of ED nursing**,** where high-pressure work environments, personal resilience, and systemic advocacy intersect. Nurses navigate the paradox of stress and fulfillment, employ strategic self-care and professional mastery**,** and engage in advocacy that combines personal fortitude with systemic awareness**.** Importantly, these findings foreground nurses' lived experiences and voices, demonstrating how organizational conditions, ethical tensions, and emotional labor shape their practice beyond patient acuity. These findings highlight the need for interventions at both individual and institutional levels**,** ensuring sustainable, safe, and ethically grounded emergency care.

Conclusion

This study concludes that the experiences of Emergency Department (ED) nurses extend far beyond managing patient acuity and are deeply shaped by organizational constraints, ethical tensions, and emotional labor inherent in overcrowded public hospital settings. The findings reveal that nurses continuously negotiate between professional duty and personal well-being while navigating systemic limitations such as understaffing, inadequate resources, and high patient demand. These realities influence nurses' professional identity, decision-making, and moral responsibility, reinforcing both resilience and vulnerability in practice.

The paradox of fulfillment and exhaustion reflects the ethical and existential nature of emergency nursing, where meaning is often derived from patient recovery and teamwork despite structural barriers. Nurses' coping strategies and advocacy efforts demonstrate adaptive resilience, yet they also underscore the limits of individual endurance when institutional support is insufficient. Ultimately, the lived experiences of ED nurses mirror broader workforce challenges, including burnout, retention issues, and threats to the quality and safety of care.

Limitations and Delimitations

This study has several limitations that should be considered when interpreting the findings. First, the research was conducted in a single government hospital, which may limit the transferability of results to other healthcare settings with different organizational structures and resource conditions. Second, the sample size was relatively small and focused solely on Emergency Department nurses, reflecting the depth-oriented nature of qualitative inquiry rather than broad generalizability. Third, participants' experiences

were shaped by context-specific factors such as local staffing patterns, institutional policies, and patient demographics, which may differ across regions and healthcare systems.

Despite these limitations, the hermeneutic phenomenological approach allowed for an in-depth exploration of nurses' lived experiences, providing meaningful insights into the ethical, emotional, and professional realities of emergency nursing practice in resource-constrained environments.

Implications

This study offers insights into the complex experiences of Emergency Department (ED) nurses in overcrowded settings, highlighting how workload, ethical dilemmas, and emotional strain shape professional practice, resilience, and fulfillment.

At the organizational level, the findings emphasize how staffing shortages, overcrowding, and limited resources directly influence health system performance, patient safety, and workforce sustainability. These conditions not only affect service delivery but also shape nurses' morale, professional identity, and long-term commitment to emergency care.

Findings underscore the need for sustainable staffing models, adequate nurse-to-patient ratios, and efficient triage systems to reduce stress and moral distress. Psychological support programs, debriefings, and formal recognition of senior nurses as mentors are essential for fostering teamwork and maintaining competence under pressure.

In nursing education, simulation-based crisis management, ethical decision-making, and resilience training can better prepare future nurses for high-acuity environments.

From a theoretical perspective, the study highlights how individual lived experiences reflect broader organizational and policy realities. Nurses' coping, advocacy, and ethical decision-making are shaped by structural conditions, emphasizing the need to integrate workforce well-being into health system planning and governance.

For research and policy, the study encourages further exploration of nurse well-being, burnout prevention, and institutional reforms, including interventions that address overcrowding and improve patient flow. Overall, the findings call for a shift from expecting endurance to promoting empowerment, ensuring that ED nurses can provide quality care without compromising their health, ethics, or professional growth.

Recommendations

This study highlights the lived experiences of Emergency Department (ED) nurses facing overcrowding, providing in-depth insights rather than broadly generalizable findings.

Future research should involve larger, more diverse samples across multiple hospitals to explore how staffing, institutional culture, and patient demographics influence nurse experiences. Incorporating methods such as observation, reflective journaling, or longitudinal follow-up could further reveal coping strategies, team dynamics, and ethical challenges.

Studies may also examine the impact of overcrowding on nurse retention, mental health, and the effectiveness of institutional support systems. Evaluating leadership practices, interprofessional collaboration, and resilience-building programs can inform strategies to enhance nurse well-being and improve emergency care delivery.

At the policy level, there is a need to strengthen workforce planning, invest in emergency nursing specialization, and develop institutional mechanisms that support ethical practice, mental health, and professional sustainability. Health systems should prioritize interventions that address staffing adequacy, patient flow management, and workplace safety to ensure resilient and responsive emergency services.

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