

Lived Experience of Emerging Re-emerging Infectious Disease (ERID) Unit Nurses: The Untold Battle

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Abstract –*The rise of emerging and re-emerging infections poses an additional burden to nurses who are already at risk to some other forms of occupational hazards. As much as we want to raise our preparedness in the eventuality of an outbreak, we simply can't ignore the perspectives of nurses, who are in the frontlines of this war. This study sought to explore and describe the lived experiences of nurses working in the Emerging Re-emerging Infectious Disease (ERID) Unit of Caraga Regional Hospital. Using Husserl's descriptive phenomenological approach; in-depth individual semi-structured interviews were done among the six informants meeting the preset criteria. The interviews were transcribed and later analyzed using Colaizzi's process for phenomenological data analysis. Five major themes emerged namely: (1) "Clash of Feelings"; (2) "Becoming the ERID Unit Nurse"; (3) "Struggling to Make It Through"; (4) "Rising to the Challenge"; and (5) "The Battle Within". Findings revealed that the nurses are dealing with an array of feelings inside the unit, with fear for their safety at the forefront. The perceived lack of trainings, confusion on the unit's policy, and uncertainty on the unit's capability to manage infections, aggravates these fears. Another significant finding unique to this study is the false perception of comfort and relaxedness associated with the ERID unit and its nurses. This misconception, coupled with the perceived lack of support from the management and colleagues lowered the morale of the nurses and their willingness to remain in the unit.*

Keywords – *Emerging Re-emerging Infections, Lived Experience, Nurse*

INTRODUCTION

Many experts have conducted studies and have contributed for the better understanding, control, and treatment of infectious diseases. Although despite these advances, new infectious diseases continue to appear showing their unpredictability. Smith et al. [1], proved this point when they conducted a research to characterize the change in frequency of infectious disease outbreaks over time worldwide. Based on their analysis the total number of outbreaks and richness of causal diseases have each increased globally since 1980. However, little research is being done to shed light on the experiences of those who are in the frontline of this war on infectious diseases- the nurses. If there are any, most of them are in the traditional scientific method and follows the positivist paradigm, which focuses only on some aspects, pieces of data, of the experience that are quantifiable and measurable. This according to Polit and Beck [2], "reduces the human experience to the few concepts under investigation, and those concepts are defined in advance by the researcher rather emerging from the experiences of those under study."

Knowing the experience of these nurses could never be truly understood by simply conducting surveys or outside observations. I believe that one must be immersed into the "real world" and be personally in touch with these nurses for them to open up. With this in mind, I chose to explore and describe the experience of the ERID unit nurses of Caraga Regional Hospital by delving deeper and deriving their perceptions and experience firsthand.

The ERID program is an infant program established by the Department of Health (DOH) that established ERID units in all government tertiary hospitals in the Philippines. Aim of this is to deal with the threat of emerging infections that may arise anywhere in the country. The researcher is one of the first batch of nurses assigned to the ERID unit of Caraga Regional Hospital in November of 2014.

In the coming months, the unit has had some cases of suspected MERS-CoV. There was also an increase in the admission of other emerging diseases like HIV/AIDs; and re-emerging diseases like rabies, MDR-TB, tetanus and measles. With the unit in its infancy stage as

evidenced by its lack of a complete facility, approved guiding unit policy, and comprehensive training of its staff, I have become interested in investigating the experiences of the nurses working in the ERID unit of Caraga Regional Hospital. As of the making of this thesis, there has been no published research or studies being conducted pertaining the experiences of nurses working in the ERID unit of the CARAGA region.

OBJECTIVES OF THE STUDY

This study aims to explore and describe the lived experiences of nurses working in the Emerging Re-emerging Infectious Disease (ERID) Unit of Caraga Regional Hospital.

MATERIALS AND METHODS

I utilized a qualitative research design following Husserl's descriptive phenomenological approach. Rose, Beeby, & Parker [3] mentioned the purpose of using a phenomenological inquiry, which is to explicate the structure or essence of the lived experience of a phenomenon and its accurate description through the everyday lived experience. In addition, Spiegelberg [4] stressed that the exploration and description of a phenomenon be as free as possible from unexamined biases and presuppositions. As one of the nurses who were first deployed in the unit, it was a challenge to identify my presuppositions and keep them at bay. I dealt with this by bracketing and keeping a journal to write down any biases regarding the phenomenon of interest. This journal has kept me in check of my progress and has warned me of any predilections towards influencing the informants into my presuppositions.

However, being one of the ERID unit nurse, I believe has given me an advantage, as the informants were more willing to open up and share their experience. Familiarity of the unit and of the informants has also allowed me to note observations which others may not notice.

Informants

The ERID unit of Caraga Regional Hospital has had a total of 13 nurses, including those who have been reassigned to other areas in the hospital. Purposive sampling was used in enlisting the six ERID unit nurses who met the inclusion criteria: (1) currently working in the ERID unit of Caraga Regional Hospital; (2) or previously worked in the ERID unit but re-assigned to other departments due to staff promotion; (3) had 6 months or more experience in the ERID unit; (4) willing to commit their time for the researcher and the conduct of the study. The informants in this study range in age

from 23-31 years old and with length of assignment in the unit ranging from 2.3 years to 11 months. Brief descriptions of the informants are as follows:

1Lyssavirus, has been a nurse for more than 2 years in the ERID unit. This is her first assignment to a special area soon after promotion to a regular position in the hospital.

2Ebola, newlywed and has been a nurse in the ERID unit for more than 2 years. The only member of the unit who has had a formal training on Ebola care and management in Manila.

3Coronavirus, has been a nurse in the ERID unit for 2 years. Has made advocacy for HIV-AIDS awareness through joining various beauty pageanties.

4Influenza, married with one child, has been a nurse in the ERID unit for more than 1 year but has been working for 4 years in the hospital prior to promotion to a regular position.

5Chikungunya, newlywed with one child, has been a nurse in the ERID for 11 months, but has worked for almost five years in the hospital.

6Hantavirus, newlywed with one child, has been a nurse in the institution since 2008. Has been a nurse in the ERID unit for 11 months prior to re-assignment in the Emergency Room of the hospital.

Delimitation

This study is limited to the exploration and description of the lived experiences of the ERID unit nurses of Caraga Regional Hospital only.

Data Gathering Methods

An informed consent providing a confidentiality agreement between the informant and the researcher was secured. Consenting nurses were briefed of the semi-structured, face-to-face interview and of follow-up questions that may ensue depending on the information they provide. All interviews were conducted in a private and quiet location. Codes known only to the researcher were also used to identify data from each of the informants. The interview began with the grand tour question: "Take me back to the first time that you went on duty in the ERID unit where a patient was admitted with emerging or re-emerging infectious disease." The informants were allowed to answer in their preferred dialect and no restriction were given in the use of mixed dialects be it English, Bisaya or Surigaonon. Ample time was given to each informant to think and answer the main questions, and the probing questions that may follow. Pauses were noted and not interrupted. Other non-verbal cues were also documented and noted to increase the

richness of the data during the transcribing and analysis of the data. Data generation continued until such time that data saturation was achieved. All interviews lasted ranging from 28 minutes up to 100 minutes with the average number of minutes that all the interview took at around 57 minutes.

I listened to the audio- recordings of each informant and transcribed it verbatim using oTranscribe, a free web application that is open sourced. The transcripts were read for the second time while listening to the recordings to improve the accuracy of transcription. Direct English language translation was then provided to the vernacular statements made verbatim, instead of writing down interpretation or summarizing the statements made by the informants. This was done to keep the pureness of the statements as translated into the English language. These transcripts were later brought to the informants for verification.

Data Analysis Methods

To aid in the data analysis, the researcher used the steps provided in Colaizzi’s process for phenomenological data analysis [4], [5]. Figure 1 is an illustration of Colaizzi’s phenomenological data analysis as interpreted and developed by Shosha [4].

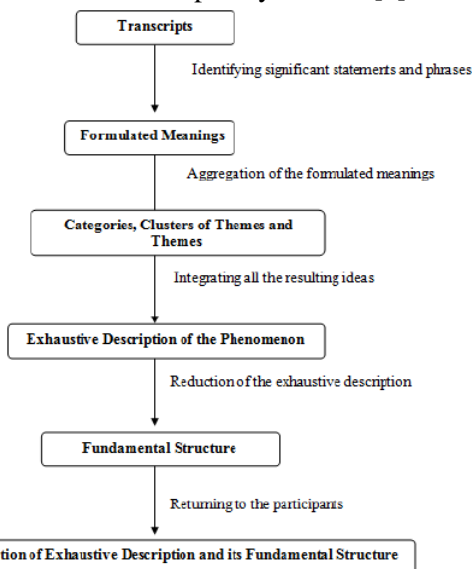


Figure 1. Summary of Colaizzi's strategy adapted by Shosha [4]

Measures Taken to Demonstrate Trustworthiness

Given the qualitative nature of this study, efforts were done to ensure trustworthiness and accurately represented the participant’s experiences. I used the four criteria of Lincoln and Guba [2], [3], which are credibility, dependability, confirmability, and

transferability. To build on credibility, efforts were made to keep the researcher’s biases from influencing the research process through bracketing. To this end, a journal was used to jot down his beliefs and observations to keep him in check prior to and during data generation and analysis.

During data gathering and data analysis, the transcripts of each interview were returned to the informants for clarification of some ambiguous statements, and for verification if the emerging themes were recognized and accepted by the informants. Also, the transcription, data analysis, findings, and interpretation were consulted with the thesis adviser. This parallel exchange with the adviser as part of inquiry audit to achieved dependability, was done to evaluate the accuracy and whether the findings, interpretations, and conclusions were supported by the data. The experiences shared by the informants were thoroughly looked into and provided with a dense and sufficient description of their experiences.

FINDINGS

The researcher, using Colaizzi’s strategy for phenomenological analysis, analyzed transcripts of the interviews from the six informants. From the transcripts, the researcher derived 211 significant statements, with which formulated meanings were extracted. The 211 formulated meanings were then converged to form twelve clustered themes, which in turn was organized to form the five emergent themes. The five emergent themes and subthemes is summarized in Table 1.

Table 1. Emergent Themes and Subthemes

Emergent Theme	Theme Clusters/ Subthemes
I. Clash of Feelings	<ul style="list-style-type: none"> • Sense of Impending Doom • Pride and Honor
II. Becoming the ERID Unit Nurse	<ul style="list-style-type: none"> • Mostly Ready, Always Wary • Bound by Duty • Dawning of Realizations
III. Struggling to Make it Through	<ul style="list-style-type: none"> • Troubles of Being Alone • Awareness of Shortcomings in the Unit • An Impression of Inadequate Support • False Sense of Comfort
IV. Rising to the Challenge	<ul style="list-style-type: none"> • Keeping to The Plan • Making an Appeal • Saying a Prayer for Deliverance
V. The Battle Within	

Theme 1: Clash of Feelings

This theme bares the reactions felt by the informants on their assignment in the ERID unit of Caraga Regional Hospital.

Subtheme 1: Sense of Impending Doom

An array of emotions emerged from each of the informants with fear and anxiety coming in at the forefront on receiving the news of their assignment to the new ERID unit. The subsequent admission of other highly infectious diseases in the unit like MERS CoV, HIV-AIDS, rabies and many more did not help to allay the fears encountered by the nurses.

1Lyssavirus: “*KUYBA. Syempre kay kuan gud mga infectious gud. murag (mmm) kalain sad diha ako dajon ma-assign. Tapos murag kabata pa naku, basin.*” [Fearful. Of course, they are infectious. It is so sad that I have to be assigned there right away and I am still so young.]

2Ebola: “*Kibale, first gajud naku impression kakuyba, kuyba kay syempre kung matakdan kaw jaon na sakit 50-50 gajud either mabuhikaw-less chance pa gajud ang mabuhikay sa news pa daan daghan ang casualties, daghan ang patay.*” [Well, fear was truly my first impression, fear of getting infected by the diseases. You will surely be 50-50, either you live-there’s even a lesser chance if you will truly live because in the news there are many casualties, lots of death.]

Subtheme 2: Pride and Honor

Although overwhelmed by fears and anxiety the informants also felt proud of the confidence entrusted to them by the hospital management.

2Ebola: “*Pero naka-feel sab ako ng wow kagana sab kay sa kadaghan ng nurse dire sa Caraga, ako man gajud ang tag-pili.*” [But I also feel like wow it’s so nice that of all the nurses here in Caraga I was the one chosen.]

1Lyssavirus: “*(laughs) Bitaw, dile kay adtong nag-seminar kami sa Butuan about infection control murag gimention didto na BILIB lage kuno sila sa mga ERID unit nurses dre sa Caraga. [(laughs) No, what I mean is when we went for a seminar in Butuan about infection control they mention there how impressed they are of the ERID unit nurses here in Caraga.]*”

Theme 2: Becoming the ERID Unit Nurse

This theme provides us an insight on how these nurses have taken adjustments to their work and revelations on what drives them to do what they should do.

Subtheme 1: Mostly Ready, Always Weary

This subtheme describes the variable readiness of the nurses and their perpetual consciousness and foresight to take precautionary measures to protect themselves.

5Chikungunya: “*Ahmm..now I felt that even if the cases are hard but then we have our PPEs. I am confident about 60% that we will not be infected by those diseases (laughs) but only 60%, but the 40% left I have my worries because ahmm like the MDR, it will be lifetime for you to deal with that disease if you will be infected.*”

Subtheme 2: Bound by Duty

The informants show that their sense of duty and commitment to the profession pervades deeper than their fears of the unit and the cases that they encounter.

2Ebola: “*Syempre ang first gajud nimo kuanon protection sa imo self, pero as a nurse man gud, kinahanglan nimo buhaton kay imo man jaon tagpanumpaang pagkapasar nimo na ma-registered nurse kaw to care sa imohang pasyente.*” [Of course, my first priority is protection of myself but as a nurse, I have to do what must be done because I swore an oath that I will be a registered nurse to care for patients.]

Subtheme 3: Dawning of Realizations

Learning inside the ERID unit continues for the informants and this is what the next subtheme tells. The informants have also come to realize certain truths giving them a new perspective in their work and of their unit.

1Lyssavirus: “*Tapos sa kadugayan murag nakuan naku na mas well-protected ako dire kay murag makahibayo man ako sa case ng pasyente unlike sa ward... So, anytime musyod kami sa pasyente nakawear na gjud kami ng mga PPE.*” [Then in the long run I have realized that I am well-protected here because you know the cases of the patients unlike in the ward. So anytime we enter the patient’s room we always wear our PPE.]

6Hantavirus: “*Oo naay mga instances na murag na-feel naku na helpless ako especially kung...kanang ang imo more mahatag more on murag supportive nalang gani.*” [Yes, there are instances that I felt helpless especially when all that you can give to the patient is supportive care only.]

Theme 3: Struggling to Make it Through

This theme discusses the struggles that the ERID unit nurses are bearing given the high expectations that their assignment demands but with the paucity of support coming from all sectors.

Subtheme 1: Troubles of Being Alone

In this subtheme, the informants were unanimous in sharing their difficulties in going on duty alone or without a partner in the unit.

4Influenza: *“Yes, it’s a big problem if you are alone really not just in that case, in that rabies case or in...if by...if you have patients. It is a risk if something happens to the patient and you are not there then it’s very risky to you, you might be investigated for why and why are you alone? You should have called for another nurse and something like that. So, it’s very difficult if you are alone.”*

Subtheme 2: Awareness of Shortcomings in the Unit

Like any other new units, especially one hurriedly done to immediately respond to a growing threat, issues arise from all fronts. The following subtheme talks about the encounters made by the informants and their awareness of the shortcomings in the unit’s supplies, physical layout, and the policies and protocols.

5Chikungunya: *“Second the availability of complete equipment, our ambubag for example ahmm, there’s a new ambubag that we can use but then if we have already used that one it will be soaked and you will use the old one which is already damaged.”*

2Ebola: *“Waya tay fit test tapos sige ta nagfollow up waya gihapon.”* [We have no fit test and we continuously do follow up but until now no results.]

In this second part, it details the impression made by the informants on the physical structure and preparedness of the ERID unit.

1Lyssavirus: *“Para sa ako ang building is dili gajud laong na kuan sija appropriate gani gajud. Murag dili laong na isolated gajud. Tapos ang building dili laong na well-constructed kay jaon ghapon mga problems sa exhaust fan, aw jaon sa ventilation gani sad.”* [For me the building is not appropriate, It’s not like it’s that isolated. The building is not well constructed also because there are still issues with the exhaust fan, the ventilation.]

In this third part, it talks about the impression made by the informants who are bound to the current policies, and the lack of strength, implementation and compliance thereof.

6Hantavirus: *“O para sa ako ang policy nato medyo weak pa gyud... Makalaong ko na weak kay jaon pay mga confusion especially kung jaon mga cases na mu-arise na di kapugngan tapos wala sa polisiya, medyo lisod labina kay naay mga doctors muhangyo for example isingit nila ang mga ingana na cases tapos feeling nako kay wala sa polisiya.”* [Yeah, for me the policy is a little weak...I say weak because there are confusions especially if there are inevitable cases that arrive and are not covered by the policy. It’s difficult especially if the doctors make requests to admit their patients but I think are not allowed in the policy.]

Subtheme 3: An Impression of Inadequate Support

This subtheme talks about the sentiments shared by the informant on the lack of support and recognition of the unit and the nurses from the hospital management and the people outside the unit.

3Coronavirus: *“Like I don’t see, like ERID unit was really appreciated at all in this institution.”*

4Influenza: *“Ahmm amo ra man ng tag-disregard ra bitaw nila ba (smiles then giggles). Kay when you say ERID unit, diba maglisod pa gani sila pagbisista sa ERID unit. Mga senior igo ra mucheck sa census. If there will be only one patient and then there are two nurses, mapullout ang isa without knowing the case of the patient if ...even when you say that its level 4 pull-outon gihapon. Way ila kuan, paki sa ERID unit.”* [It seems they have disregarded us because when you say ERID unit, remember how they find it difficult to visit the unit. The seniors just come to check for the census. If there will be only one patient and then there are two nurses, the other nurse is pulled out without even knowing the case of the patient, even when you say that its level 4 they still pullout the nurse. They don’t have, they don’t care about the ERID unit.]

Subtheme 4: False Sense of Comfort

The informants were particularly compelled to put on record the real situation in the unit in contrast to the perceived relaxed and comfortable arrangement that other personnel of the hospital think of the ERID unit and the staff.

5Chikungunya: *“In the IPCR, mu-suggest pa ang iban mga supervisor na gamyan ang ato grado kay way daw ato ahmm, icompare kuno sa lain na ward kay ubos kuno ang ato work load which is wrong. I suggest na they should have their duty here in the ERID unit so that they will know kung uno ang ato workload, kung uno kabug-at.”* [In the IPCR, the supervisors suggested that the grades be lowered because compared to other wards our workload is lower which is very wrong. I suggest that they should have their duty here in the ERID unit so that they will know what our workload is, how heavy our workload is.]

2Ebola: *“Tapos kadelikado nan trabaho, mulaong pa gajud sila na kahayahay ra kuno namo.* [Our job is very risky. They say that we are easygoing, that we are comfortable.]

Theme 4: Rising to the Challenge

This theme shows us the resolve of the nurses to fulfil their duty and the plan of action that they have made collaboratively to come out intact.

Subtheme 1: Keeping to the Plan

This subtheme tells of the course of action that the informants take to maintain safety in the unit. Like a caveat that the informants made for themselves and their future members.

4Influenza: *“Well, if you are assigned in the ERID unit you should be prepared at all times.”*

5Chikungunya: *“Through monthly meetings, i-elaborate nimo sa ila, i-open up nimo sa ila those things that, mga errors gani para next time dili na gani makuan.”* [Through monthly meetings, you elaborate to them, open up those things, those errors so that next time it would not come back.]

Subtheme 2: Making a Plea

Here in this subtheme, the informants have voiced out their appeal in seeming response to the frustrations and shortcomings they have encountered in the unit.

First, the informants address the importance of having a fellow nurse as partner in duty especially on night shift.

1Lyssavirus: *“So dapat mas gana siguro kung tag-duha gajud kada shift. Kay labon na pagwear sad nan mga PPE's, kay lisod sad kung mirror ra imo kuan kaatbang. Labon na kung mga MERS Cov na gajud. So dapat jaon gajud imo trained observer. So dapat tag-duha gajud kada shift.”* [It would have been better if there

are two who go on duty per shift because it is difficult to wear PPEs with only the mirror as your tool. Especially if it is already MERS CoV case, you should have a trained observer so you should have two nurses in every shift.]

6Hantavirus: *“Ang ako unta gusto bisan naa ray mabilin sa unit bisan while nag-refer ako. Jaon ray nagtan-aw sa pasyente kay lain man gud biyaan ang unit kung walay nurse or ang nurse station.”* [What I would have wanted is for someone to stay in the unit while I make the referral. At least someone has to look after the patient because it is just not good to leave the unit without a nurse or the nurse station.]

Second, the informants voiced out their demand for a more comprehensive training and knowledge enhancement in the ERID unit through seminars and other activities that would increase their confidence in handling of cases in the ERID unit.

3Coronavirus: *“I keep on repeating it because as an ERID nurse I find it necessary or how do you call that one obligation to take some training or seminars, updates about these ERID case that we will encounter because it is not really a joke to be like infected or to get these diseases wherein we are a healthcare professional.”*

Third, is a call for action to bring the attention of the hospital management to the future of the ERID unit, to address its needs and realize its full potential.

5Chikungunya: *“Tapos ang ERID unit for me is a special unit so they should treat us also like how they treat ICU. Dili i-treat and ERID unit na amo ra gani dili ward, jaon mas ubos pa gani sa ward ang ila pag-treat sa ERID unit.”* [The ERID unit for me is a special unit so they should treat us also like how they treat ICU. They should not treat the ERID unit like it's not a ward. It seems they are treating the ERID unit as something lower than a ward.]

Subtheme 3: Saying a Prayer of Deliverance

This subtheme is a reflection of the informants' submission to God to address all the uncertainties that they feel in the unit and in providing spiritual care to their patients.

2Ebola: *“Amo jaon ampo ra gajud ako kanunay. Salig ra lamang sa Ginoo na di kaw matakdan nang jaon na sakit.”* [Just always pray. Trust in the Lord that those diseases will not infect you.]

5Chikungunya: *“So ang 50% excited kaw na kay basin makuan pa kami ng case na matreat namo*

ang 50% sad na kuan basin di namo kaya. Pero tan-aw naku kaya siguro, ampo ra.” [So the 50% excited is because we might encounter cases that we can treat. Then there’s another 50% because we might not make it but I think we can, just pray.]

Theme 5: The Battle Within

This theme is a reflection of the mixed feelings of the informants with regards to their stay in the unit and in continuing the battle. The informants shared their desire to stay and uphold their duty, to leave and be assigned to another unit and the conflict that tore their resolve apart.

2Ebola: *“Sa pagkakuman gajud manong, to be honest with you ho, gusto ko na gajud mag-resign dire, sa tinooray. Kay nilaong gajud ako na dili naman ako happy (tears welling down from the eyes)... Kay first, grabe ka-risky sa trabaho. Na-burnt out na ako sa unit, tapos na-burnt out na ako sa hospital alone na bagan kagana na gani sige mag-leave.” [For now, to be honest with you I want to resign, honestly. I said to myself I am no longer happy because of the risky nature of our job. I feel that I am burnt out of the unit, burnt out of the hospital that I feel like going on leave all the time.]*

4Influenza: *“Well, I think I’m gonna stay for the obvious reason that no one wants to be here.”*

DISCUSSION

The announcement for the creation of a unit capable of dealing with the threats of highly infectious diseases coming in the region was done following the 2014 outbreak of Ebola virus in West Africa. The response was a coordinated effort made by the Philippine government and the World Health Organization (WHO) to mobilize and prepare treatment centers in all points of the country. Hence, the creation of a new unit was made and regular nurses were assigned to operate it [6].

The informants’ assignment to the new unit, with limited knowledge and preparation constitutes to a loss of control. Seligman [7] defines “loss of control” as a situation where there is uncontrolled and unpredictable events leading to anxiety, which leads further to feeling of helplessness. The fear of the unknown is the kind of fear that manifest when we are faced with an unknown or unfamiliar situation. According to the Third Quarter 2014 Social Weather Survey, fielded over September 26-29, 2014, seven in ten or 73% of Filipino adults know of the Ebola virus disease. However, only 6% of this has an extensive knowledge of the disease, 23% has adequate

knowledge, and the large portion consisting of 44% admits to having a little knowledge [8].

The news of an Ebola outbreak elsewhere in the world is enough to scare anyone even from distances miles away from the area of infection. However, the announcement of the creation of a unit intended to address this global threat when and if it arrives in the Philippines just made it more real, and closer than it appears for the nurses who are assigned to operate this new unit. This created a mixture of uncertainty, fear, and anxiety. Tam et al. [9] said that these perceptions of risk are the ones, which contribute greatly to the staffs’ psychological morbidity more than the actual exposure to the infection.

Despite the prevailing feelings of fear among the nurses, some saw their assignment in the ERID unit as source of pride and honor. The nurses also saw their assignment as a form of recognition of their knowledge and skills, and a show of trust and confidence from the hospital management. A sense of heroism also pervaded among the informants. However, the informants remain to be cautious and wary of the cases of their patients especially in performing procedures.

In the months that followed their first assignment and duty in the ERID unit, the informants shared their individual experiences, and the difficulties they have encountered so far. The informants showed how the situations they have encountered have caused them so much stress, especially in seeking help and responding to the emergency needs of their patients alone in the unit. They have also shared their awareness and feelings on the shortcomings of the unit concerning the availability of tested PPEs and other equipment, the structure of the ERID unit, and its governing policy, protocol and infection control guidelines. On top of that, the nurses feel the lack of support in the workplace and feels that their efforts have not been duly recognized by the institution and by their colleagues. The informants consider the lack of trainings, the relocation of the unit, poor working conditions in the new unit, and the constant pull outs of staff as reason for this feeling of no support. When care falls short of standards, whether because of resource allocation (e.g., workforce shortages and lack of needed medical equipment) or lack of appropriate policies and standards, nurses shoulder much of the responsibility [10].

Another let-down that the informants felt in the ERID unit was the misconception of comfort in the unit which seemed to overshadow the reality of the threats that each of the staff regularly face in their duty. The staff feels that their assignment and their work in the unit have been

taken lightly and misconstrued by people outside the unit. Ironically, people outside the unit seemed to be afraid to even enter the nurse's station more so when the ERID staffs ask for assistance in emergencies, a sign that they have perceived the threat and danger of being in the unit. This finding is also reflected in a study conducted by Ramathuba & Maselesele [11] when they correlated nurses' lack of support from their professional colleagues to stigma-by-association and stigma surrounding HIV. That is why they wanted for people to understand that the amount of stress and the fear that they constantly feel is tantamount to the difficulty of being in the unit. The discrimination of the ERID unit nurses and the misconception of comfort in the unit could be because the ERID unit has not been engaged in major incidents involving highly infectious diseases like Ebola with the exception to some suspected cases of MERS CoV.

Despite the odds, instead of becoming a liability to the unit, each member has taken it among themselves to become an asset of the hospital in the battle against highly infectious diseases by keeping themselves ready, prepared, healthy and safe at all times. Cooper [12] emphasized the importance of preparedness, through anticipation of emergent threats and potential crisis, to develop a strategic approach to an unprecedented event. The realization of a potential threat of an outbreak or other highly infectious disease coming to the unit has influenced the consciousness of the nurses in the ERID unit. They have begun to anticipate problems where areas of concerns exist and so have decided to make appeals for the immediate solution towards the shortcomings they have encountered in and from the unit.

In the uncertainties that the informants face in the ERID unit, they have somehow found a common ground of assurance through their display of spirituality. The informants offer prayers just before doing anything and entrust their wellness and safety to the Lord God on top of their preparedness and confidence in the use of PPE and performing skills in the unit. Cavendish, Konecny, Luise, & Lanza [13] recognized the empowerment that prayers do to performance enhancement and link it to the commitment of nurses to the delivery of care. In addition, Wright [14] said that our experience as a nurse brings us closer to realization of our sense of mortality and this leads us to draw upon our deepest resources for support.

Though it seems the informants have made it their duty and obligation to remain in the ERID unit, the informants however, are in no way morally wrong to discuss their hesitation to stay. This is in contrast to the findings of Ives et al. [15] where participants felt that

they have a duty to work, and not doing so would be morally wrong. Sokol [16] realized the vagueness of this concept when he suggested that the definition and scope of the term "duty to care" be modified in favor of more specific descriptions of the obligations of healthcare workers, where limits are set following considerations on working environment's risk level, healthcare workers capacity and multiple roles and responsibility other than the patient.

CONCLUSION AND RECOMMENDATION

Our world faces the uncertainty of when and where the next threat of emerging and re-emerging infection will poise to strike. Many countries remain to be vulnerable to these threats and are incapable of mounting the same level of preparedness that First World countries could, when faced with the same kind of threat. However, our previous encounters with these infectious diseases such as the pandemic influenza, MERS CoV, and the Ebola Virus Disease have shown to us that no country in the world is safe from the grips of this stealthy threat. In times like this, the need to exhaust all measures to learn and understand the situation is foremost. We learn from our previous encounters and aim to address areas where we fall short.

This study provides us with a first-hand glimpse into the lived experience of the nurses working in the Emerging Re-emerging Infectious Disease unit of Caraga Regional Hospital in the Philippines. The findings of this study reveal that the nurses are dealing with an array of feelings inside the unit. Their enduring fear of getting infections from diseases classified as deadly and relatively new is prominent in the unit. The perceived lack of trainings, the confusions on the unit's policy, and the uncertainty on the unit's capacity and preparedness to treat and contain infections, aggravates the fears felt by the nurses. Interestingly, the nurses in the unit also draw from these fears and stick to the infection control guidelines to keep themselves safe and protected. Another significant finding unique to this study is the false perception of comfort and relaxedness associated with the ERID unit and its nurses. This misconception, coupled with the perceived lack of support from the management and colleagues lowers the morale of the nurses and their willingness to remain in the unit. It is the aim of every health institution to raise their preparedness for the onslaught of these emerging and re-emerging infectious diseases.

Based on the findings and the conclusion drawn from this study, the following recommendations were made. First, institutions must turn their actions towards the

empowerment of their nurses and keeping foremost their safety through the establishment of safe environments, provision of appropriate and adequate supply of PPE, and devising of tough policies. Secondly, for future researchers to explore further the lived experiences of the nurses working in other highly infectious units by using other methods of data gathering such as FGD to achieve triangulation of data and increase the trustworthiness of the study.

REFERENCES

- [1] Smith KF, Goldberg M, Rosenthal S, Carlson L, Chen J, Chen C, Ramachandran S. (2014). Global rise in human infectious disease outbreaks. *J. R. Soc. Interface* 11: 20140950. <http://dx.doi.org/10.1098/rsif.2014.0950>
- [2] Polit, D. F., & Beck, C. T. (2012). *Literature Reviews: Finding and Critiquing Evidence in Nursing Research: Generating and Assessing Evidence for Nursing Practice* (Ninth ed., p. 14). Wolters Kluwer Health | Lippincott Williams & Wilkins.
- [3] Streubert, H. J., & Carpenter, D. R. (2011). *The Conduct of Qualitative Research: Common Essential Elements in Qualitative Research in Nursing: Advancing the Humanistic Imperative* (5th ed., pp. 78). Wolters Kluwer Health | Lippincott Williams & Wilkins.
- [4] Shosha, G. A. (2012). Employment of Colaizzi's strategy in descriptive phenomenology: A reflection of a researcher. *European Scientific Journal*, 8(27).
- [5] Wojnar, D. M., & Swanson, K. M. (2007). Phenomenology an exploration. *Journal of holistic nursing*, 25(3), 172-180.
- [6] Emerging and Re-emerging Infectious Disease Program. (n.d.). Retrieved from <https://goo.gl/cypThz>
- [7] Kelvens, C. (n.d.). Fear and Anxiety. Retrieved June 04, 2017, from <https://goo.gl/r1wpPo>
- [8] Social Weather Stations. (2014). Third Quarter 2014 Social Weather Survey: 73% Know of Ebola but Most Only Have Partial Knowledge of It; 82% of Those Who Knew of Ebola Are Worried about Catching it. Retrieved April 16, 2017, from <https://goo.gl/DVXCr5>
- [9] Cruickshank, S. L. (2007). The lived experience of nurses working in medical/surgical intensive care settings that pose high infection risks: A qualitative study (Order No. 1441484). Available from Nursing & Allied Health Database. (304740323). Retrieved from <https://goo.gl/QJ8Kpg>
- [10] Hughes RG. (2008). Nurses at the "Sharp End" of Patient Care. In: Hughes RG, editor. *Patient Safety and Quality: An Evidence-Based Handbook for Nurses*. Rockville (MD): Agency for Healthcare Research and Quality (US); Chapter 2. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK2672/>
- [11] Ramathuba, D. U., & Maselesele, M. D. (2013). Nurses' perceptions of support in caring for people living with HIV and AIDS (PLWHA) in Vhembe District, Limpopo Province. *International Journal of Research In Medical and Health Sciences*, 3, 2nd ser., 1-11. Retrieved April 6, 2017, from <https://goo.gl/1FyEyf>
- [12] Wraith, C., & Stephenson, N. (2009). Risk, insurance, preparedness and the disappearance of the population: The case of pandemic influenza. *Health Sociology Review*, 18(3), 220-233. Retrieved from <https://goo.gl/jhyoH8>
- [13] Cavendish, R., Konecny, L., Luise, B. K., & Lanza, M. (2004). Nurses Enhance Performance Through Prayer. *Holistic Nursing Practice*, 18(1), 26-31. doi:10.1097/00004650-200401000-00005
- [14] Wright, S. G. (2002). Examining the impact of spirituality on nurses and health-care provision. Retrieved March 30, 2017, from <https://goo.gl/y55MWk>
- [15] Ives, J., Greenfield, S., Parry, J. M., Draper, H., Gratus, C., Petts, J. I., & Wilson, S. (2009). Healthcare workers' attitudes to working during pandemic influenza: a qualitative study. *BMC Public Health*, 9, 56. <http://doi.org/10.1186/1471-2458-9-56>
- [16] Sokol, D. K. (2006). Virulent Epidemics and Scope of Healthcare Workers' Duty of Care. *Emerging Infectious Diseases*, 12(8), 1238-1241. <http://doi.org/10.3201/eid1208.060360>

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