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LIVED EXPERIENCES OF MENTAL HEALTH STRAIN AND RESILIENCE AMONG COMMUNITY HEALTH NURSES IN THE POST-COVID-19 ERA

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ABSTRACT

This study explored the lived experiences of mental health strain and resilience among community health nurses in the post-COVID-19 era, shedding light on their overwhelming encounters and the strategies used by community health nurses to build resilience. Through in-depth interviews with 10 community health nurses, the study culminated in the overarching theme, The Strain and Resilience of Community Health Nurses' Mental Health in the Post-COVID-19 Era, which underpinned by four major themes: (1) Navigating Post-Pandemic Disruptions, (2) Confronting Professional and Role Demands, (3) Cultivating Coping and Adaptive Strategies, and (4) Sustaining Motivation and Professional Commitment. These themes capture the multifaceted challenges CHNs face, shedding light on the emotional and psychological strains of their roles. The findings underscore that while individual resilience-building efforts are critical, systemic changes within healthcare institutions are essential. Based on these findings, the study recommends that healthcare institutions strengthen mental health support systems by implementing formal programs like counseling, mental health screenings, and peer support groups. Additionally, fostering peer networks and providing regular stress management and resilience-building training will further support nurses in managing the ongoing challenges of their roles. Systemic changes within healthcare institutions are critical to guaranteeing long-term emotional and professional sustainability for CHNs in the post-pandemic era.

Keywords: *Mental Health, challenges, post-COVID-19 era, resilience*

Introduction

According to the World Health Organization (WHO, 2023), mental health is a state of well-being that enables individuals to realize their potential, cope with life's standard stressors, work productively, and contribute meaningfully to their communities.

Amid the COVID-19 pandemic, Liang et al. (2022) show how stress and burnout significantly impact healthcare workers. Secondly, according to Bhakta (2021), mental health problems like anxiety, sadness, and post-traumatic stress disorder might develop because of the demanding nature of working in healthcare.

Various interventions are utilized in modern mental health practices to improve the well-being of health professionals. These include peer support programs, resilience-building workshops, mindfulness-based stress reduction (MBSR) techniques, and cognitive-behavioral therapy (CBT) (Moghimi et al., 2023). Furthermore, healthcare professionals may find it challenging to take care of themselves and get the help they need due to the stressful nature of their job, which includes long hours, many patients, and the possibility of exposure to traumatic events (Stein et al., 2022).

It is important to explore the lived experiences of community health nurses after COVID-19 because they had a lot of stress, burnout, and mental health problems during the pandemic, and they often did not have easy access to mental health resources, especially in rural areas (Liang et al., 2022; Bhakta, 2021). Insights into these experiences facilitate the identification of support gaps and the mitigation of stigma. Furthermore, they provide a foundation for targeted interventions and policy, as evidenced by the Mental Health Act of 2018, which mandates enhanced mental health accessibility in the Philippines. This research is vital for promoting the welfare of

Community Health Nurses (CHNs) and enhancing their mental health support. By addressing the unique challenges these professionals face in the post-pandemic era, this study ultimately aims to elevate the standard of patient care.

This study explored the lived experiences of nurses' mental health in the aftermath of the COVID-19 pandemic in Himamaylan City. By exploring the challenges and prospects within the local context, this study provides vital insights into the mental health experiences of healthcare professionals in Himamaylan City.

Statement of the Problem

This study explored the lived experiences of mental health strain and resilience among community health nurses in the post-COVID-19 era.

Materials and Methods

Research Design

This study utilized a qualitative-phenomenological research design. Qualitative research seeks to gain deep insights into human behavior and social structures by examining the perspectives and experiences of individuals (Girardin, 2023). This approach prioritizes understanding the beliefs, emotional responses, and subjective meanings that participants attach to their social reality.

In this context, the researcher utilized phenomenology to further validate and elaborate on the answers to the mental health strain and resilience of community health nurses encountered post-COVID-19 era.

Participants

The participants for this study comprised 10 registered nurses currently employed at the Himamaylan City Health Office (CHO). These individuals were specifically selected based on their professional history as community-based nurses assigned to the Himamaylan City COVID-19 Quarantine Facility and other barangay-based health units. To ensure the depth and relevance of the data, the researchers utilized a purposive sampling method centered on specific inclusion criteria. Primarily, participants were required to be registered nurses with a minimum of one year of professional experience, ensuring they could provide a substantive reflection on their lived experiences.

Furthermore, the selection process remained inclusive of diverse demographic profiles, accepting participants regardless of their age, gender, educational attainment, marital status, or assigned work shifts. A fundamental requirement for inclusion was the participants' willingness to cooperate and their voluntary consent to engage in the research process.

Sampling Technique

The researcher employed purposive sampling, a non-probability sampling technique, to select participants for this study. This specific group was chosen to provide profound insights into their lived experiences regarding mental health resilience. Data collection continued until data saturation was achieved—the point at which no new or relevant information emerged from the interviews.

Research Instrument

The researcher utilized an interview guide as the primary research instrument. As Verlinden (2020) asserts, a structured guide provides an essential framework to mitigate interviewer bias by delineating the specific order and nature of the inquiries.

The central research question was: "What are your lived experiences as a community health nurse in the post-COVID-19 era?" To facilitate deeper reflection, the researcher employed two targeted follow-up queries: "How did the COVID-19 pandemic impact your life as a community health nurse?" and "What challenges emerged or intensified during your adaptation to professional life post-pandemic?"

Data Gathering Procedure

The research process followed four stages: data collection, analysis, presentation, and results formulation. The collection phase began by securing administrative clearances from the College of Nursing and the Campus Research Coordinator, followed by issuing letters of intent to purposively selected participants at the Himamaylan City Health Office. Ethical integrity was maintained by providing participants with comprehensive informed consent forms, detailing the study's objectives, voluntary nature, and potential risks.

To ensure privacy and encourage open communication, the researcher guaranteed anonymity and allowed participants to select comfortable, stress-free interview locations, such as private offices or residences. Data were gathered through semi-structured, in-person interviews, utilizing active listening and non-verbal cues to elicit candid responses.

Each session concluded with a final opportunity for participant input, followed by a formal debriefing to address emotional impacts and outline next steps. The researcher then recorded field notes to document situational observations. Data collection continued until thematic saturation was reached with the ten participants, at which point the interviews concluded. The resulting data were then transitioned to the analysis phase for transcription, coding, and thematic development.

Data Analysis

To systematically analyze the lived experiences of community health nurses regarding their mental health in the post-COVID-19 era, this study utilized Colaizzi's (1978) method of phenomenological data analysis, as detailed by Morrow et al. (2015) and Wirihana et al. (2018). This method provides a rigorous, seven-step framework for organizing and interpreting qualitative data, beginning with familiarization, where the researcher repeatedly reads the transcripts to gain a deep understanding of the narratives. This is followed by identifying significant statements directly pertaining to the phenomenon, which are then formulated into abstract meanings. These meanings are arranged into clusters of themes to identify recurring patterns, which are subsequently synthesized into an exhaustive description of the nurses' experiences. Finally, the researcher produces a statement of the fundamental structure of the phenomenon and conducts validation by returning to participants to verify that the findings accurately reflect their lived experiences.

Ethical Considerations

The researcher prioritized shielding participant identities to prevent potential professional repercussions or personal harm. To ensure anonymity, all identifying information, including names and specific identifiers, was removed from the transcripts. The researcher ensured that participants fully understood their rights, specifically the right to withdraw from the study at any time without facing negative consequences. Consequently, the researcher implemented protective measures to safeguard the participants' psychological well-being throughout the interview and debriefing phases, ensuring the research process did not exacerbate existing stressors. To acknowledge the time and effort contributed by the respondents, a token of appreciation in the form of a tumbler gift set was provided. To ensure that this incentive did not act as an undue influence or affect the authenticity of the responses, the tokens were distributed only upon the conclusion of the interviews.

Results and Discussion

Socio-demographic Profile of Nurses

The ten participants, consisting of registered nurses with 5 to 12 years of experience at the Himamaylan City Health Office and local clinics, reported a universal struggle with physical exhaustion and emotional drainage during and after the pandemic. A primary theme across all profiles was the severe disruption of work-life balance; married nurses with children, such as Michael, Sheena, Joy, Charm, Mae, Rose, and Nick, faced intense pressure juggling increased patient loads and evolving health protocols with the constant fear of infecting their families. This stress was mirrored in different ways by Mark, who struggled with the blurred boundaries of remote work, and Sarah, who navigated the dual burden of professional nursing and being the primary caregiver for her elderly parents.

The collective experiences of these healthcare workers highlight the heavy toll of long hours, staff shortages, and the emotional weight of providing patient care with limited resources. While more seasoned professionals like

Michael and Mae drew on their years of experience to foster resilience, the study reveals that the "new normal" remains characterized by burnout and fatigue. Ultimately, these profiles underscore a critical and ongoing need for enhanced mental health support systems, as the psychological impact of the crisis continues to affect the well-being of community health nurses in the post-pandemic era.

Table 1. *Socio-demographic profile of the participants*

Name	Age (in years)	Sex	Marital Status	No. of Children	Years in Service	Work Assignment
Nurse Michael	43	M	Married	2	11	City Health Office
Nurse Sheena	37	F	Married	2	8	City Health Office
Nuese Sarah	33	F	Single	Senior Parents	7	Brgy. Health Unit
Nurse Mark	35	M	Married	2	5	City Health Office
Nurse Joy	38	F	Married	4	8	Brgy. Health Unit
Nurse Charm	36	F	Married	1	6	City Health Officer
Nurse Mae	45	F	Married	3	12	City Health Office
Nurse Rose	39	F	Married	2	9	Clinic
Nurse Russel	36	M	Married	2	6	Clinic
Nurse Nick	37	M	Married	3	7	City Health Office

Thematic Insights on the Lived Experiences of Community Health Nurses on Mental Health Strain in the Post-COVID 19 Era

The experiences of community health nurses (CHNs) in the post-COVID-19 era revealed four major themes, each reflecting the complex mental health strain they navigated in the aftermath of the pandemic. The themes are (1) Navigating Post-Pandemic Disruptions, (2) Confronting Professional and Role Demands, (3) Cultivating Coping and Adaptive Strategies, and (4) Sustaining Motivation and Professional Commitment. These themes capture the multifaceted challenges faced by CHNs, shedding light on the emotional and psychological impacts of their roles.

Theme 1: Navigating Post-Pandemic Disruptions

The pandemic introduced significant disruptions to the occupational structures of community health nursing. Rapid shifts in patient demand required nurses to internalize evolving health protocols and safety measures under extreme pressure. Greenberg et al. (2020) observed that healthcare personnel experienced heightened stress during this period due to the volatility of treatment methods. Participants reported that the necessity of maintaining high-quality care amidst such unpredictability served as a primary stressor.

Using Nola Pender's Health Promotion Model (HPM), these environmental disruptions can be seen as overwhelming the nurses' specialized abilities. "Behavior-specific cognitions"—such as feeling overburdened and an inability to manage familial duties—hindered self-care practices. Consequently, participants faced adverse

behavioral outcomes, including burnout and a fractured work-life balance, as external constraints exceeded their capacity for health-promoting decision-making.

Furthermore, the sudden shift in work schedules left little time for personal recovery. Participants emphasized the difficulty of "disconnecting" from work, particularly when increased professional responsibilities intensified mental stress (Liu et al., 2020). For instance, Nurse Sarah noted that the pressure to accomplish more with fewer resources—while also managing caregiving duties for her elderly parents—resulted in a profound physical and emotional toll.

Theme 2: Confronting Professional and Role Demands

In the post-pandemic landscape, CHNs have faced a surge in patient needs compounded by chronic staffing shortages. Kumagai et al. (2021) indicate that despite a rebound in healthcare employment, staffing deficits persist in high-demand sectors, forcing professionals to oversee more patients with fewer resources. This environment fosters stress and job dissatisfaction, as nurses must often prioritize volume over the quality of service (Liu et al., 2020).

Under the HPM framework, staffing shortages act as significant "barriers to action." Nurses often subordinate their own well-being to professional duties, leading to emotional exhaustion. This "behavior-specific affect" arises when interpersonal influences are characterized by demand rather than support. Participants described feeling emotionally drained, particularly when addressing the mental health needs of patients while grappling with their own anxiety. Research by Medicina (2025) suggests that this emotional stress often persists long after the initial crisis, leading to a sense of professional isolation. Meese et al. (2024) underscore that without robust social support networks, this isolation exacerbates burnout.

Theme 3. Cultivating Coping and Adaptive Strategies

Despite these challenges, CHNs demonstrated remarkable resilience. According to the American Nurses Association (2024), resilience in nursing is a dynamic process that allows practitioners to maintain equilibrium amidst shifting demands. Participants reported that remaining composed and adaptable was essential for their psychological survival.

Pender’s HPM provides a basis for understanding this resilience as a "health-promoting behavior." Personal traits, such as self-efficacy, enabled nurses to transition toward self-care and peer support. Positive affect generated by these practices mitigated burnout. Strategies such as prioritizing sleep, seeking emotional assistance from colleagues, and engaging in self-reflection were cited as vital. Many nurses highlighted that mutual support among peers reduced feelings of isolation and improved job satisfaction, emphasizing the need for organizational cultures that prioritize mental health advocacy as a sustained commitment rather than a transient initiative (Anger, Dimoff, & Alley, 2024).

Theme 4. Sustaining Motivation and Professional Commitment

A primary motivator for CHNs was the reaffirmation of their professional purpose. Nurses such as Sarah, Joy, and Mae noted that their intrinsic desire to serve the community, coupled with the gratitude of patients, rendered their challenges surmountable. This sense of purpose aligns with the HPM’s definition of resilience as a dynamic process driven by perceived self-efficacy.

To maintain long-term career resilience, participants emphasized the importance of setting boundaries. Nurse Michael and Nurse Nick both noted that prioritizing personal health and family time enhanced their ability to persist in their careers. Peer support remained a cornerstone of motivation; Nurse Russel reflected that sharing experiences with coworkers fostered a sense of collective resilience (Weng et al., 2023). Ultimately, the ability to learn from the pandemic's hardships fostered a "growth mindset," enabling nurses to adapt their stress-management strategies and remain devoted to the nursing profession (Wang et al., 2021).

FINAL THEME
"THE STRAIN AND RESILIENCE OF COMMUNITY HEALTH NURSES' MENTAL HEALTH IN THE POST-COVID-19 ERA"

This theme encapsulates the professional strains, emotional toll, coping mechanisms, and personal growth experienced by community health nurses (CHNs) as they navigated their mental health in the post-pandemic era. The findings illuminate the systemic challenges faced by these practitioners while highlighting the adaptive strategies they developed during this transformative period.

Nola Pender's Health Promotion Model (HPM) serves as a critical framework for analyzing the psychological trajectory of the participants. The "strains" and "occupational trauma" reported by the nurses exemplify perceived barriers to action, which Pender defines as obstacles that diminish commitment to health-promoting practices while elevating psychological distress. The transition from feeling "emotionally drained" to actively advocating for systemic support illustrates a significant shift in activity-related affect. By managing the emotional distress precipitated by the pandemic, nurses progressed toward health-promoting behaviors that prioritized their own well-being. Ultimately, Pender's theory demonstrates that participant adaptability is not merely a survival instinct but a complex interplay of interpersonal influences (such as peer support) and a reassessment of competing demands. This allowed participants to cultivate personal growth despite the persistent pressures of increased service demands and diminishing resources.

Participants experienced the emotional toll of the pandemic firsthand, characterized by a heightened sense of burden and resource scarcity. Their narratives indicate that workplace stressors—specifically increased patient volumes and chronic understaffing—significantly compromised their mental health. Stress and anxiety intensified due to occupational trauma and the emotional turmoil of being unable to provide comprehensive care to every patient, a struggle often exacerbated by the perception of neglecting their families.

As the pandemic subsided, emotional fatigue and burnout continued to affect the participants. These findings echo global research indicating that emotional exhaustion persists long after the immediate health crisis has passed. Pappa et al. (2020) assert that stress among healthcare personnel can remain elevated for years following a pandemic peak, as practitioners find it challenging to adjust to a "new normal" that mandates elevated standards of care amidst constrained institutional support.

Despite these systemic hurdles, the resilience displayed by community health nurses underscores their professional and personal fortitude. The ability to maintain functionality under conditions of chronic stress reflects the collective strength of the healthcare workforce. Participants emphasized that seeking assistance and reducing the stigma surrounding mental health are vital for long-term recovery. Willingness to engage with peers or mental health professionals is a cornerstone of building resilience; evidence suggests that fostering a culture of support is essential for sustaining emotional equilibrium and professional efficacy (Anger et al., 2024). Furthermore, the establishment of clear work-life boundaries emerged as a crucial coping mechanism, allowing nurses to preserve their well-being and engage fully in their personal lives.

Mindfulness and reflective techniques have become essential tools for participants in managing occupational stress. These practices facilitate emotional regulation, aligning with findings by Jin et al. (2025), which demonstrate that mindfulness and self-care interventions effectively reduce emotional weariness. Additionally, organizational support remains a primary determinant of resilience in the post-pandemic context. Peer support systems and mental health education within healthcare environments are vital for alleviating psychological distress (Moisoglou et al., 2024). When operating within supportive environments, nurses are better equipped to manage workplace stress, maintain motivation, and continue delivering high-quality patient care.

In summary, the mental health experiences of community health nurses in the post-COVID-19 era represent a complex intersection of persisting challenges and adaptive responses. While the pandemic has left a lasting impact on the nursing workforce, resilience—bolstered by individual coping skills, work-life balance, and robust organizational structures—has enabled these professionals to persevere. The participants' experiences indicate that while the emotional toll of healthcare is significant, systemic support and strong coping strategies can facilitate both individual and collective healing.

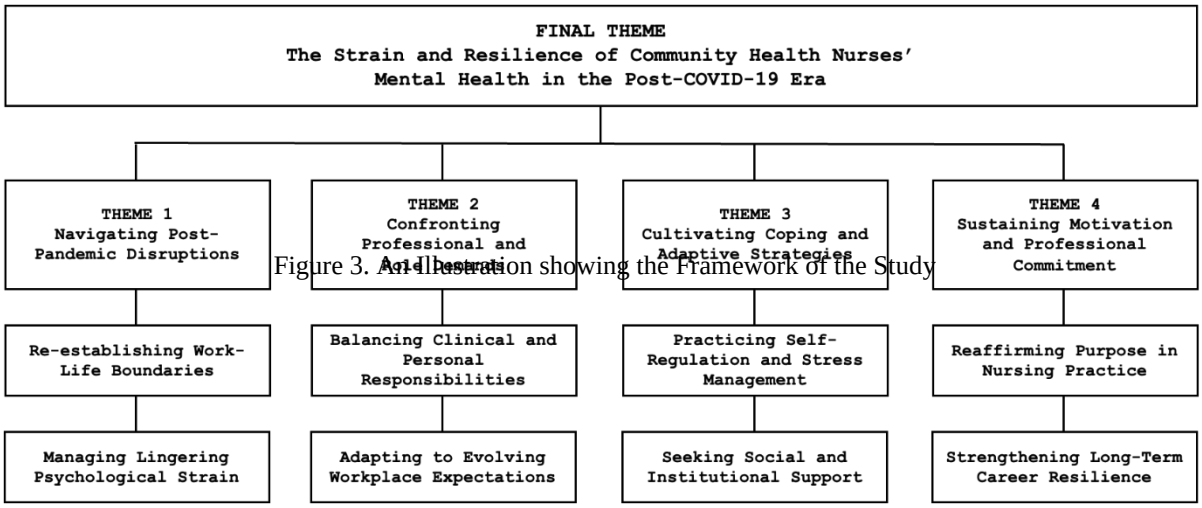

Figure 3. An Illustration showing the Framework of the Study

Conclusions

This study provides significant insights into the mental health challenges and professional resilience of community health nurses (CHNs) in the post-COVID-19 era, illuminating both the persistent difficulties they encounter and the fortitude derived from individual and collective adaptive strategies. The findings demonstrate that the pandemic has had a profound impact on the psychological and physical well-being of nurses, characterized by increased workloads, emotional exhaustion, and chronic stress. Despite these systemic obstacles, nurses have demonstrated extraordinary resilience by adapting to evolving professional expectations and employing effective coping mechanisms, such as peer support, self-care routines, and the establishment of a sustainable work-life balance. The core phenomenon of this research is substantiated by three primary themes: (1) Navigating the Storm: The Emotional and Life Disruptions of Community Health Nurses in the Post-COVID Era; (2) Forging Resilience in the Aftermath: Managing Post-Pandemic Workloads and Mental Health Struggles; and (3) Cultivating Resilience: Adaptation, Emotional Endurance, and Mental Health Insights in Healthcare.

Furthermore, this research contributes substantially to the existing body of knowledge by documenting the specific post-pandemic challenges faced by nurses and their subsequent recovery strategies. Sub-themes such as "Torn Between Roles: Navigating Life's Disruptions" and "The Heavy Price: Enduring the Emotional and Psychological Toll" illustrate the complex emotional burden carried by frontline workers. Additionally, the analysis of supportive relationships and resilience-building strategies highlights the critical role of peer encouragement in mitigating emotional weariness and professional burnout. These insights enhance the academic understanding of healthcare personnel in post-crisis settings, emphasizing the necessity of mental health advocacy and systemic measures to support the nursing workforce.

The ramifications of this study are vital for healthcare organizations seeking to support community health nurses through institutional reform. The results indicate that systemic changes are necessary to meet the ongoing mental health requirements of the nursing staff. While individual resilience is important, the study underscores the necessity for sustained organizational interventions, including formalized peer support networks, mental health education to reduce stigma, and policies designed to protect work-life integration. Implementing these improvements is essential for establishing supportive work environments that promote emotional well-being and ensure the long-term sustainability of the nursing profession. By prioritizing these interventions, healthcare organizations can foster stronger clinical teams, ultimately leading to improved patient outcomes and a more resilient health system.

Recommendations

Based on the findings of this study, the following recommendations are proposed to enhance the mental health and professional sustainability of community health nurses in the post-pandemic era:

Institutionalizing Mental Health Support Systems: Healthcare organizations should establish formal mental health initiatives, including professional counseling services, periodic psychological screenings, and peer support groups. By increasing the accessibility of these services, institutions can proactively address secondary traumatic stress, burnout, and compassion fatigue among nursing staff.

Promoting Work-Life Integration: Organizations should implement policies that support work-life balance, such as flexible scheduling and mandatory recuperation periods. Encouraging nurses to establish clear boundaries between professional and personal spheres is essential to mitigate emotional exhaustion and ensure long-term workforce retention.

Optimizing Staffing and Resource Allocation: Healthcare facilities must prioritize adequate staffing levels and the efficient distribution of resources. Reducing the patient-to-nurse ratio will alleviate the excessive cognitive and physical burden on current employees, allowing them to provide high-quality care without compromising their psychological well-being.

Formalizing Peer Support Networks: Cultivating a culture of teamwork and lateral support is critical. Implementing regular peer debriefings or structured group sessions allows nurses to articulate their experiences, exchange adaptive coping strategies, and foster collective resilience within the healthcare environment.

Providing Continuous Resilience and Stress Management Training: Institutions should offer recurring professional development focused on stress management, mindfulness, and resilience-building. These evidence-based approaches equip nurses with the emotional regulation skills necessary to navigate high-pressure clinical scenarios effectively.

Advocating for Cultural Shifts in Mental Health: Healthcare leadership must strive to foster an organizational culture that de-stigmatizes mental health challenges. Creating an environment where nurses feel psychologically safe to seek assistance without fear of professional judgment is fundamental to individual and systemic health.

Implementing Long-Term Mental Health Monitoring: Longitudinal monitoring of staff well-being, particularly for those in high-stress community health roles, is recommended. Routine assessments facilitate the early identification of emerging psychological issues, allowing for timely interventions before burnout or anxiety disorders escalate.

In conclusion, while individual resilience remains a significant asset, the healthcare system must provide the institutional framework necessary to sustain the mental well-being of its workforce. By adopting these systemic recommendations, healthcare organizations can create a supportive environment that fosters both personal and professional growth, ultimately enhancing the quality of care provided to the community.

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