

## Uncovering Caring Elements within Short Encounter among Emergency Room (E.R.) Staff Nurses at Hospitals in Lanao Del Sur: An Explanatory Sequential Study

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### Abstract

The demanding and fast-paced environment of the emergency room can potentially diminish nurses' caring abilities, which are essential for providing compassionate and effective patient care even in brief interactions. To explore the caring elements exhibited by nurses during short encounters with patients in an emergency setting, a mixed-methods study employing an explanatory sequential approach was conducted. This study involved 97 stratified and purposively selected emergency room nurses from hospitals in Lanao Del Sur, who were observed practicing caring elements based on the content-validated Watson's 10 Carative Elements of Caring. Subsequently, in-depth interviews and focus group discussions were held with six emergency room nurses selected based on specific criteria, utilizing a semi-structured tool. Quantitative data were analyzed using SPSS statistical software version 25, while qualitative data were analyzed using Creswell's strategy and MaxQDA Software. The findings revealed that young female nurses extensively practiced Watson's 10 Carative Elements of Caring during their brief interactions with patients in the emergency room. However, thematic analysis of the qualitative data uncovered challenges to this practice, including resource limitations and understaffing, communication barriers, family involvement in decision-making, and emotional and physical strain, which impacted job satisfaction among the emergency room nurses. In conclusion, this study indicates that despite the challenging nature of the emergency room, nurses can maintain a high level of compassionate care, although factors such as resource limitations and understaffing can hinder their ability to fully implement caring elements, particularly those outlined in Watson's 10 Carative Elements.

**Keywords:** Caring Elements, Emergency Nurse, Short Encounters, Watson's Theory of Caring.

### Introduction

The demanding and fast-paced nature of the emergency room (E.R.) posed unique challenges that significantly undermined the caring skills of nurses. These nurses often found themselves in high-stress situations where quick decision-making was paramount, which detracted from the time and emotional energy they had available to provide compassionate care. Despite these challenges, the elements of caring were essential for delivering effective patient care, even in the brief and intense interactions typical of an E.R. setting (1-3). Compassionate care in the E.R. was not just a desirable trait but a critical component of patient outcomes. Based on a study, when nurses engaged in caring behaviors, patients reported

higher levels of satisfaction and were more likely to adhere to treatment plans (4). However, the high-pressure environment of the E.R. made it difficult for nurses to consistently practice these behaviors, leading to a potential gap in care quality (5, 6). Brief yet compassionate interactions have been shown to significantly influence patients' emotional wellbeing and satisfaction in acute settings, particularly when time is limited (6). These micro-moments, when guided by structured caring frameworks like Watson's Carative Factors and Swanson's Caring Processes, allow nurses to uphold humanistic care even in transient encounters (7). Watson's theory emphasized the humanistic aspects of nursing combined with

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(Received 20<sup>th</sup> January 2025; Accepted 15<sup>th</sup> April 2025; Published 30<sup>th</sup> April 2025)

scientific knowledge, highlighting the importance of the nurse-patient relationship in promoting healing and comfort (7,8). Her 10 Carative Elements provided a framework for understanding and practicing caring in nursing. These elements included cultivating sensitivity to oneself and others, developing a helping-trusting relationship, and promoting transpersonal teaching-learning, among others (7, 9). Several inherent challenges existed that made practicing Watson's Carative Elements difficult in the E.R. environment. These included time constraints, high patient turnover, and the emotional toll of dealing with critically ill or injured patients (10). The study investigated how these challenges affected the implementation of caring practices and what strategies might have helped nurses overcome these obstacles. For instance, implementing brief but meaningful interactions and utilizing teamwork to distribute care responsibilities were potential strategies explored (11, 12). While caring theories have been extensively explored in chronic and long-term care settings, there is a noticeable gap in empirical literature examining their application within brief, high-stress emergency interactions (4). Furthermore, few studies have focused on culturally diverse and resource-constrained settings such as Lanao del Sur, where systemic barriers may hinder the enactment of caring practices. This study fills this void by contextualizing Watson's 10 Carative Elements within the lived experiences of E.R. nurses navigating these complexities

## Methodology

### Study Design

A mixed-methods study through an explanatory sequential approach involves the integration of quantitative and qualitative data in a sequential manner to provide a comprehensive understanding of a research topic. This approach allows researchers to first collect and analyze quantitative data, followed by the collection and analysis of qualitative data to explain or elaborate on the initial quantitative findings (13, 14). The sequential explanatory design ensures that the qualitative data helps to clarify or provide deeper insights into the quantitative results, leading to a more robust interpretation of the overall findings, that is to understand and describe the caring skills of E.R. nurses through Watson's 10 Carative

Elements of Caring to be followed by in-depth interview to uncover the challenges associated with the practice of caring within short encounter with patients at E.R. (15-17).

### Participants and Study Setting

The quantitative strand of the study focuses on Emergency Room (E.R.) staff nurses from both government and private hospitals in Lanao del Sur, Philippines. These nurses, who play a vital role in providing immediate and critical care in the emergency department, have one year or more experienced brief encounters in patient care. The study includes registered E.R. nurses actively working in the hospital and willing to participate. Exclusion criterion considered those nurses not officially designated in the E.R., less than a year of experience in the E.R., and not willing to participate. These criteria ensure the relevance and validity of the respondents to the research objectives. For the qualitative strand, five E.R. staff nurses from the quantitative sample have been selected for follow-up interviews based on their extreme responses in the quantitative data. There was a total of 97 sample populations of E.R. staff nurses from six hospitals in Lanao del Sur - Amai Pakpak Medical Center (APMC), Tamparan District Hospital, Balindong District Hospital, Dr. Abdullah Hospital Foundation Inc., Mindalano Specialist Medical Foundation, and Tamparan Medical Foundation Inc. Respondents were equally represented from these secondary and tertiary hospitals.

### Instruments or Tool

This study has a four-part instrument or tool used for gathering data. Part 1 and 2 address the quantitative stand while 3 and 4 are the qualitative counterparts. The part 1 of the tool gathers personal information about the respondents, including their name (optional), age, gender, civil status, highest educational attainment, and years in service. Part 2 assesses the respondents' practice of caring within short encounters using Jean Watson's ten carative elements using a scale from 1 to 4 (Never to Always). Then, part 3 section consists of open-ended questions exploring specific challenges encountered by E.R. staff nurses when incorporating Jean Watson's carative elements into caring practices within short encounters, then part 4 includes open-ended questions that inquire about how the ten carative elements contribute to fostering a holistic and

humanistic approach to patient care in the Emergency Room setting. The tool underwent content validation by five experts and pilot tested with Cronbach's alpha ( $n=31$ ) which yielded reliable result of 0.93 based on standards (18, 19).

### Data Collection

The researchers adhered to the institution's data gathering protocols, complied with ethics requirements, and sought permission from key officials such as the dean, chief of hospitals, and administrators. The Human Resource department facilitated contact with respondents through a permission letter that included the final questionnaire. A site visit was conducted to distribute printed questionnaires to available respondents, following standard health protocols like wearing facemasks, social distancing, and handwashing. Consent was explained and secured. Data collection took place in 2024, followed by tabulation and analysis for presentation. For the qualitative data collection, interviews were scheduled at convenient times in the hospital to avoid disrupting the E.R. nurses' duties. Participants were asked for consent to record the interviews. Responses were coded and analyzed, aligning them with the quantitative data results.

### Data Analysis

The Statistical Product and Service Solutions (SPSS) version 26 software was used for quantitative data analysis in this study. The analysis employed descriptive statistics to describe the personal profile of respondents, using frequencies and percentages. Then, mean and standard for the data gathered on the Watson's 10 Carative Elements of Caring. Subsequently, qualitative data were manually transcribed and matched with corresponding variables for thematic analysis. This process involved transcribing recorded data, familiarizing with the

data, producing initial codes, searching for themes, reviewing themes, and defining and labeling themes. The researchers closely verified the accuracy and truthfulness of the data through follow-up interviews with participants.

## Results

### Quantitative Strand

Result in Table 1 shows that Emergency Room (E.R.) staff nurses in government and private hospitals in Lanao del Sur are relatively young female (86%), single (89%), with aged between 20-30 years (43%) and 31-40 years (44.5%). Few of the baccalaureate degree nurses pursued master's degree in nursing (14%) and most of them were in the service for 1 to 3 years (32%) and 7 to 10 years (30%). In Table 2, E.R. nurses practice in the Watson's 10 Carative Elements of Caring shows that it is always being practiced ( $M=3.66$ ). The E.R. nurses with their short encounter with patients have practiced each element of caring in terms of formation of a humanistic-altruistic system of values ( $M = 3.75$ ,  $SD = .407$ ); instillation of faith-hope ( $M = 3.63$ ,  $SD = .497$ ); cultivation of sensitivity to self and others ( $M = 3.63$ ,  $SD = .523$ ); development of a helping-trusting relationship ( $M = 3.74$ ,  $SD = .414$ ); promotion and acceptance of the expression of positive and negative feelings ( $M = 3.60$ ,  $SD = .561$ ); systematic use of a scientific problem-solving method for decision making ( $M = 3.63$ ,  $SD = .514$ ); promotion of interpersonal teaching-learning ( $M = 3.65$ ,  $SD = .757$ ); provision for a supportive, protective, and corrective mental, physical, sociocultural, and spiritual environment ( $M = 3.70$ ,  $SD = .414$ ); assistance with gratification of human needs ( $M = 3.67$ ,  $SD = .533$ ); and, allowance for existential-phenomenological forces ( $M = 3.63$ ,  $SD = .501$ ).

**Table 1:** Respondents' Profile

Respondent's Profile		Freq.	% Dist.
Age	20-30 years old	42	0.43
	31-40 years old	43	0.44
	41-50 years old	11	0.11
	51-65 years old	1	0.01
Gender	Male	13	13.4
	Female	84	86.6
Civil Status	Single	58	59.8
	Married	35	36.1
	Widowed	3	3.1

	Separated	1	1.0
Highest Educational Attainment	College Graduate	84	86.6
	Masters' Level	10	10.3
	Master's Degree Graduate	3	3.1
	Less than a year	9	9.3
Years in Service	1 to 3 years	31	32.0
	4 to 6 years	16	16.5
	7 to 10 years	30	30.9
	More than 10 years	11	11.3
(n) Total:		97	100.0

**Table 2:** E.R. Nurses Extent of Practice of the 10 Carative Elements of Caring

	Watson's 10 Carative Elements of Caring	Mean	SD	Descriptive Interpretation
1	Formation of a Humanistic-Altruistic System of Values	3.75	.407	Always
2	Instillation of Faith-Hope	3.63	.497	Always
3	Cultivation of Sensitivity to Self and Others	3.63	.523	Always
4	Development of a Helping-Trusting Relationship	3.74	.414	Always
5	Promotion and Acceptance of the Expression of Positive and Negative Feelings	3.60	.561	Always
6	Systematic Use of a Scientific Problem-Solving Method for Decision Making	3.63	.514	Always
7	Promotion of Interpersonal Teaching-Learning	3.65	.757	Always
8	Provision for a Supportive, Protective, and Corrective Mental, Physical, Sociocultural, and Spiritual Environment	3.70	.414	Always
9	Assistance with Gratification of Human Needs	3.67	.533	Always
10	The nurse strives to create a caring and supportive environment.	3.63	.501	Always
Weighted Mean:		3.66		Always

Note: 1.00-1.80 = Never

2.61-3.40 = Often

1.81-2.60 = Seldom

3.41-4.20 = Always

## Qualitative Strand

The E.R. nurses who participated in the quantitative strand with extreme responses has been selected for in-depth interview session. Three from each highest and lowest rating of E.R. nurses with the practice of 10 carative elements of caring has been selected. Yet, one declined which yielded 5 participants interviewed. The interview centers on the challenges and factors influencing their practice and or translation of caring elements within their short encounter with patients in the E.R. Qualitative analysis of data shows three major themes with three corresponding subthemes anchored from categories. Summary of the result is presented in Table 3. The first theme, "Resource Limitations and Understaffing," highlights significant resource challenges, including a lack of essential resources, limited medical supplies, and inadequate staffing levels. These constraints lead to overwhelming workloads, stress from

multitasking, and the challenge of balancing patient care with administrative duties. These resource limitations directly impact patient care, affecting the quality and timeliness of care, forcing nurses to prioritize urgent cases, and compromising overall patient safety. The second theme, "Communication and Patient-Significant Other Dynamics," addresses the barriers nurses face in effectively communicating with patients and their families. Language and cultural barriers, difficulties in conveying medical information, and frequent misinterpretations and misunderstandings hinder effective communication. Additionally, the involvement of families in decision-making presents challenges, as nurses must navigate complex family dynamics and negotiate conflicts between patient autonomy and family preferences. Managing patient and family expectations is also crucial, with nurses often needing to reconcile unrealistic demands with clinical protocols and

resource constraints. The third theme, "Emotional and Physical Strain," delves into the significant emotional and physical burdens placed on E.R. nurses. Emotionally, nurses need resilience to cope with the trauma and suffering they witness, requiring effective coping strategies to maintain their well-being. Physically, the high-pressure

environment leads to exhaustion, fatigue, and burnout, emphasizing the importance of self-care practices. These strains impact job satisfaction, contributing to burnout and compassion fatigue, and highlighting the need to address work-related stressors to enhance nurse well-being and retention.

**Table 3:** Themes, Subthemes and Categories about Challenges in Incorporating Carative Elements at E.R

Themes	Subthemes	Categories
Theme 1: Resource Limitations and Understaffing	1. Resource Challenges	a. Lack of essential resources b. Limited medical supplies c. Inadequate staffing levels
	2. Workload Management	a. Overwhelming workloads b. Stress from multitasking c. Balancing care and admin
	3. Impact on Patient Care	a. Quality and timeliness affected b. Prioritizing urgent cases c. Compromised patient safety
Theme 2: Communication and Patient-Significant Other Dynamics	1. Communication Barriers	a. Language and cultural barriers b. Conveying medical information c. Misinterpretation and misunderstandings
	2. Family Involvement and Decision-Making	a. Complex family dynamics b. Involving families in decisions c. Negotiating patient-family conflicts
	3. Managing Expectations	a. Unrealistic patient expectations b. Managing expectations vs. protocols c. Setting realistic expectations
Theme 3: Emotional and Physical Strain	1. Emotional Impact	a. Emotional resilience needed b. Witnessing suffering and trauma c. Coping strategies essential
	2. Physical Exhaustion	a. Physical exhaustion b. Nurse fatigue and burnout c. Prioritizing self-care
	3. Impact on Job Satisfaction	a. Negative impact on satisfaction b. Burnout and compassion fatigue c. Addressing work stressors

### Theme 1: Resource Limitations and Understaffing

Resource limitations and understaffing are significant challenges in emergency room (ER) settings, impacting both ER nurses and patient care. The following discussion elaborates on these challenges as reflected through the narratives of ER nurses who practice caring elements within their short encounters with patients. Resource challenges are a primary concern for ER nurses, who often face a lack of essential resources

necessary to perform their duties effectively. This scarcity affects their ability to provide optimal care and meet patient needs. For instance, Participant number 3 stated, "We often run out of basic supplies, making it difficult to deliver even the most fundamental care. It's frustrating when we can't provide what's needed due to a lack of resources. "Moreover, limited availability of medical supplies is a recurring issue, forcing ER nurses to improvise or make difficult decisions about resource allocation. Participant number 5 remarked, "There are times when we have to

decide who gets the available supplies and who doesn't. It's heartbreaking to know that not everyone can get the care they deserve simply because we don't have enough supplies. "Simultaneously, inadequate staffing levels further exacerbate the problem, as there are not enough personnel to handle the patient load effectively. Participant number 4 shared, "We're often short-staffed, which means that each of us has to take on more work than we can handle. It leads to burnout and affects the quality of care we can provide." These challenges lead to overwhelming workloads for ER nurses, who must manage high patient volumes and insufficient staffing. Participant number 2 noted, "Some days, the workload is so overwhelming that it feels impossible to keep up. We're constantly moving from one patient to the next without a moment to breathe." Furthermore, the need to multitask adds to the stress, as ER nurses juggle multiple responsibilities simultaneously. Participant number 1 commented, "Multitasking is a part of the job, but when you're doing it under constant pressure and with insufficient resources, it becomes incredibly stressful. It's a challenge to maintain focus and deliver quality care." Also, balancing direct patient care with administrative duties is another significant challenge, often leading to a compromise in one area or the other. Participant number 3 expressed, "Balancing patient care with administrative tasks is tough. Sometimes, I feel like I'm spending more time on paperwork than with the patients who need my attention." Consequently, the quality and timeliness of patient care are often compromised due to the combined effects of resource limitations and overwhelming workloads. Participant number 1 mentioned, "We strive to provide the best care possible, but the reality is that resource limitations and high workloads often delay treatment and affect the overall quality of care we can offer." ER nurses are frequently forced to prioritize urgent cases, sometimes at the expense of other patients who also require attention. Participant number 5 stated, "With limited resources and staff, we have to prioritize the most urgent cases. Unfortunately, this means that some patients don't get the timely care they need, which is not ideal." Ultimately, compromised patient safety is a critical concern arising from the challenges of resource limitations and understaffing. Participant number 1 observed,

"Patient safety is always our top priority, but when we're stretched thin and lacking resources, it's hard to maintain the high standards we aim for. It's a constant worry that something might go wrong." These reflections from ER nurses highlight the profound impact of resource limitations and understaffing on their ability to provide effective and timely care. The narratives underscore the urgent need for addressing these issues to improve healthcare delivery and ensure patient safety.

## **Theme 2: Communication and Patient-Significant Other Dynamics**

Effective communication and managing patient-significant other dynamics are crucial aspects of care in the emergency room (ER), where ER nurses often face significant challenges. The following discussion elaborates on these challenges as reflected through the narratives of ER nurses who practice caring elements within their short encounters with patients and their families. Primarily, communication barriers are a significant issue in the ER. ER nurses often encounter language and cultural barriers that hinder effective communication. Participant number 2 noted, "It's challenging when you can't communicate effectively with patients due to language differences. It makes it hard to understand their needs and explain their condition to them." Also, conveying medical information in a way that patients and their families can understand is crucial but often difficult. Participant number 5 remarked, "We have to simplify complex medical terms so that patients and their families can understand the situation, which is not always easy." Misinterpretation and misunderstandings are common and can lead to significant issues in patient care. Participant number 4 shared, "Sometimes, despite our best efforts, there are misunderstandings that can affect the patient's care and lead to unnecessary stress for the family." Moreover, family involvement in decision-making adds another layer of complexity. Complex family dynamics can complicate the decision-making process. Participant number 1 stated, "Family dynamics can be very complex, and sometimes family members have conflicting opinions about the patient's care, which makes it hard to reach a consensus." Involving families in decisions is essential but can be challenging to manage. Participant number 3 mentioned, "It's important to involve families in the decision-making process,

but it requires careful handling to ensure that everyone feels heard and respected.” Negotiating patient-family conflicts requires sensitivity and skill. Participant number 4 observed, “There are times when patients and their families have different views on the treatment, and it’s our job to mediate and find a balance that respects the patient’s wishes and the family’s concerns.” Furthermore, managing expectations is a critical aspect of ER care. Unrealistic patient expectations can create stress for both patients and healthcare providers. Participant number 3 explained, “Patients often have unrealistic expectations about what can be done in the ER, and it’s challenging to manage those expectations while providing the best care possible.” Balancing these expectations with medical protocols requires careful communication and empathy. Participant number 3 commented, “We have to follow strict protocols, but at the same time, we need to manage patients’ and families’ expectations, which can be very challenging.” Setting realistic expectations from the outset helps in providing effective care and reducing stress. Participant number 1 noted, “Setting realistic expectations is key. It helps patients and their families understand what to expect and reduces misunderstandings and frustrations. “These reflections from ER nurses highlight the significant impact of communication barriers, family involvement in decision-making and managing expectations on their ability to provide effective and compassionate care. The narratives underscore the need for effective communication strategies and skills to navigate the complexities of patient-significant other dynamics in the ER.

### **Theme 3: Emotional and Physical Strain**

Emotional and physical strain is a significant theme in the experiences of emergency room (ER) nurses, profoundly affecting their well-being and job satisfaction. The following discussion explores these challenges through the reflections of ER nurses who practice caring elements within their brief encounters with patients. First and foremost, the emotional impact of working in the ER requires considerable emotional resilience. ER nurses often witness suffering and trauma, which can be emotionally taxing. Participant number 1 shared, “Seeing patients in critical conditions every day takes a toll on you emotionally. You need to be

resilient to keep going.” Also, coping strategies are essential for managing this emotional burden. Participant number 2 noted, “We develop coping mechanisms to deal with the constant exposure to trauma and suffering. It’s crucial for our mental health and ability to provide care.” Simultaneously, physical exhaustion is a common issue among ER nurses. The demanding nature of the job leads to significant physical strain. Participant number 4 mentioned, “We’re on our feet for long hours, often without breaks, which leads to extreme physical exhaustion.” Nurse fatigue and burnout are prevalent problems that further exacerbate the strain. Participant number 5 observed, “The constant physical demands and long shifts contribute to nurse fatigue and burnout, making it hard to maintain the energy needed to care for patients.” Consequently, prioritizing self-care becomes essential to mitigate these effects. Participant number 3 stated, “It’s vital to prioritize self-care, even when it feels like there’s no time for it. Taking care of ourselves is necessary to keep providing quality care to our patients.” The impact of emotional and physical strain on job satisfaction cannot be understated. These stresses often lead to a negative impact on job satisfaction. Participant number 1 remarked, “The emotional and physical toll of the job can make it hard to stay satisfied with the work. It’s a constant challenge.” Burnout and compassion fatigue are common outcomes that diminish job satisfaction. Participant number 5 commented, “Burnout and compassion fatigue are real issues that affect our ability to find joy and fulfillment in our work.” Addressing work stressors is crucial to improving job satisfaction and overall well-being. Participant number 3 emphasized, “Addressing the sources of stress in the workplace is essential. We need support and resources to manage the emotional and physical demands of the job.”

These reflections from ER nurses highlight the profound impact of emotional and physical strain on their professional lives and personal well-being. The narratives underscore the importance of developing resilience, effective coping strategies, and prioritizing self-care to mitigate the negative effects of this strain and enhance job satisfaction.

### **Discussion**

This study provides insightful data on the demographic characteristics and caring practices

of Emergency Room (ER) staff nurses in government and private hospitals in Lanao del Sur. Quantitative findings reveal that the majority of these nurses are relatively young females, predominantly single, with most being in the early stages of their careers. Despite the high stress and demanding environment of the ER, these nurses consistently practice Watson's 10 Caring Elements of Caring. Consequently, qualitative data further highlight the significant challenges faced by these nurses, including resource limitations, communication barriers, and emotional and physical strain, which impact their ability to provide optimal patient care. The findings of this study align with Watson's caring factors, especially in cultivating a helping-trusting relationship and addressing human needs despite situational constraints. Moreover, the nurses' actions reflect the moral sensitivity where attentiveness and responsibility are prioritized even when time is scarce (10). This congruence confirms that caring practices persist even in emergent clinical settings when framed as both ethical and relational commitments. Existing literature supports the notion that demographic characteristics such as age, gender, and marital status can significantly influence the professional experiences and practices of nurses. For instance, young and single nurses may experience higher levels of stress due to less experience and lack of familial support, impacting their ability to cope with the demanding nature of ER work (20-24). Furthermore, the consistent practice of Watson's caring elements aligns with studies indicating that despite challenging work conditions, nurses often uphold high standards of patient care due to strong professional commitment and intrinsic motivation (25, 26). This dedication is crucial for maintaining patient satisfaction and trust, especially in high-stress environments like the ER (8, 14, 27). The qualitative findings on resource limitations and communication barriers are also well-supported by previous research. Studies have shown that inadequate staffing and insufficient medical supplies are common issues in healthcare settings, leading to compromised patient care and increased nurse burnout (28-30). Subsequently, as identified in this study, language and cultural barriers significantly hinder effective communication, which is essential for accurate diagnosis and treatment planning. Effective

communication is often impeded by these barriers, leading to misunderstandings and suboptimal patient outcomes (24, 31). The involvement of families in decision-making processes further complicates the communication dynamics, requiring nurses to navigate complex family dynamics and mediate conflicts, which is a common challenge, reported in multicultural healthcare settings (8, 32). An unexpected finding in this study was the high level of practice of Watson's 10 Caring Elements despite the significant challenges faced by the ER nurses. This result suggests a remarkable level of resilience and dedication among the nurses, which may be attributed to strong professional ethics and intrinsic motivation to provide quality care. This resilience is crucial in the ER, where the high-pressure environment requires quick decision-making and the ability to manage multiple tasks simultaneously. The consistent practice of caring elements, even under stress, highlights the importance of fostering a supportive work environment that reinforces these positive practices (3, 29). Cultural sensitivity emerged as a critical mediator of caring interactions. Nurses described navigating family-based decision-making hierarchies and adjusting communication styles to respect religious and cultural expectations, reflecting deeply embedded Filipino values such as *pakikipagkapwa* and *paggalang*. These cultural nuances underscore the importance of culturally responsive care frameworks in E.R. settings where time constraints limit comprehensive cultural assessments (8). However, the study has several limitations. The sample size is relatively small and specific to the nurses in Lanao del Sur, which may limit the generalizability of the findings to other populations or healthcare settings. The subjective nature of qualitative data analysis may introduce researcher bias, despite efforts to maintain transparency and provide a detailed description of the research context. Moreover, the explanatory sequential design of the study limits the ability to draw causal inferences. Future research should consider larger and more diverse samples, longitudinal designs to explore changes over time, and strategies to mitigate potential biases in qualitative analysis.



## Conclusion

In conclusion, this study highlights the significant challenges faced by ER nurses in Lanao del Sur, including resource limitations, communication barriers, and emotional and physical strain. Despite these challenges, the nurses consistently practice high levels of caring, as outlined by Watson's 10 Carative Elements. Addressing the highlighted challenges through better resource allocation, improved communication strategies, and supportive work environments is crucial for enhancing nurse well-being, job satisfaction, and the quality of patient care. Based on the findings, hospitals may benefit from establishing caring behavior reinforcement programs, such as short-form workshops on micro-caring techniques and empathy communication. Institutional support should also focus on integrating Watson's Carative Factors into nurse orientation and continuing education. Policies promoting adequate staffing, emotional support debriefing, and culturally-sensitive communication training are essential to sustain caring behaviors even in fast-paced environments.

## Abbreviations

None.

## Acknowledgement

Authors express their gratitude to the people from the institutions that made assistance in the completion of the study. Special thanks to administration of Mindanao State University system and the healthcare settings where the study has been conducted.

## Author Contributions

A.N.N. U. Sarip: Conceptualization, design, data acquisition, and data analysis, H.K. Pangandaman: Conceptualization, design, data acquisition, and data analysis, N.T. Datumanong: Conceptualization, design, data acquisition, and data analysis, M.R.L. Diamla: Conceptualization, design, data acquisition, and data analysis, R.M. Raki-in: Conceptualization, design, data acquisition, and data analysis, M.A.A. Hayudini: data analysis and interpretation, critical revision of manuscript, statistical analysis, supervision, and final approval, A.T. Jalilul: critical revision of manuscript and final approval, B.J.K. Wahab: data analysis and interpretation, critical revision of manuscript, statistical analysis, supervision, and final approval,

A.M. Jikirani: data analysis and interpretation, critical revision of manuscript, statistical analysis, supervision, and final approval, R.A.N. Acosta: data analysis and interpretation, critical revision of manuscript, statistical analysis, supervision, and final approval, N.N. Pingay: data analysis and interpretation, critical revision of manuscript, statistical analysis, supervision, and final approval.

## Conflict of Interest

None.

## Ethics Approval

The study strictly adhered to ethical guidelines, obtaining all necessary approvals and permissions both from the university and clinical setting. The College of Health Sciences - Research Ethics Committee of the Mindanao State University has reviewed and cleared the study and granted approval on 3<sup>rd</sup> of March 2024 (Code: CHS-REC-2024-07). In compliance to International Standardization (ISO) of a tertiary hospital in conducting research, the study was subsequently reviewed ethics compliance in the clinical setting through the Amai Pakpak Medical Center-Research Ethics Committee which also granted approval on 18<sup>th</sup> of April 2024 (Code: APMC-REC-2024-21). The study also ensured that participants had a comprehensive understanding of the study, respecting their autonomy and right to self-determination, and confidentiality was emphasized.

## Funding

Solely funded by the authors.

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