



TWO SIDES, SAME COIN: POSTTRAUMATIC GROWTH AMONG SELECTED NURSES WITH HISTORY OF COVID-19 VIRUS IN BATAAN, PHILIPPINES

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ABSTRACT

Over the past three years, the pandemic has substantially altered the field of healthcare. Consequently, the general well-being of nurses was negatively impacted as a result of this change. It affects both their professional and personal lives, specifically their psychological, social, and physical sequelae. However, positive transformation, also known as posttraumatic growth, is possible. In the current study, the objective is to provide an account and analysis of the essence of the experience of posttraumatic growth among nurses after being exposed to COVID-19 during the pandemic. Twelve participants from Bataan, Philippines, were interviewed in person using a semi-structured interview format based on descriptive phenomenology. The study's findings unveiled three distinct themes, each of which possesses its own complementary opposition. One of the dichotomies is referred to as "heads," while the other is known as "tails" to represent the idea of "two sides of the same coin." The three dichotomies are spirituality vs. uncertainty, affinity vs. incompatibility, and prosperity vs. adversity. The findings will provide mental health providers with guidance regarding the causes and conditions that promote posttraumatic growth. Furthermore, the aforementioned research will contribute valuable insights into the areas of nursing, clinical psychology, and positive psychology in the Philippines.

Keywords: COVID-19; descriptive phenomenology; nurses; pandemic; posttraumatic growth

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INTRODUCTION

The COVID-19 pandemic changed the way we live, from the educational system up to the healthcare system. Especially in the healthcare system, where medical workers from all over the world see a wide range of changes in experience. Nurses are the cornerstone of any healthcare system, said Dr. Tedros Adhanom Ghebreyesus. He also said that nurses reported being more stressed, having fewer "flow" moments, and being less happy with their jobs, lives, work performance, and general health than they were before the pandemic (Bartzik et al., 2021).

Several studies indicate that the mentioned occurrence has a detrimental effect on the general well-being of nurses. This impact is particularly exclusive among those who acquired the COVID-19 virus during the pandemic, affecting both their work and personal lives. In terms of psychological effects, the changes they experienced were depression, sleeplessness, rumination, job stress, crying episodes, and anxiety about spreading the illness to family members (Haussl et al., 2021; Galletta et al., 2021). More so, involvement in treating COVID-19 in patients puts medical staff, particularly nurses, at significant risk for negative psychological effects that might lead to long-term problems if not properly evaluated and treated (Kisely et al. 2020). In terms of physical changes, the most frequent bodily effects were found to be headaches, diarrhea, tight muscles, skin redness, and increased perspiration (Haussl et al., 2021). Social isolation, lack of social support, and increased usage of social media were the social changes experienced by nurses during the pandemic (Haussl et al., 2021; Kisely et al., 2020). To make

it worse, nurses in the Philippines face in the context of the pandemic is the low salary compared to other countries, despite their heavy workloads and life-threatening issues. Public hospital nurses often start with a monthly salary of around PHP33,575 (about US\$670). Meanwhile, in private hospitals, the entry level is as low as PHP8000 (about US\$160) (France-Prese, 2021). These earnings are not enough to pay for the cost of living in the Philippines, especially for those nurses working in private hospitals. Some nurses even report to work without insurance or hazard pay despite the elevated health risks and dangers during the outbreak. One of the most frequently mentioned reasons for leaving jobs was a low salary.

Considering the detrimental changes experienced by nurses with a history of COVID-19, it becomes crucial to explore the positive transformations that occur for nurses after the pandemic. This approach aims to paint a complete picture, recognizing that growth following a highly challenging event involves positive psychological transformation arising from overcoming extremely difficult life situations (Tedeschi and Calhoun, 2004). In the aftermath of these challenges, individuals may find themselves better equipped to discover meaning in their relationships, cultivate increased self-sufficiency, adjust their priorities, develop a heightened appreciation for life's smaller joys, and foster a deeper existential or spiritual existence (Tominaga et al., 2019).

This study offers a holistic view of nurses' experiences during the COVID-19 pandemic by emphasizing the positive aspects often overlooked in most research on healthcare professionals. By doing so, it provides a comprehensive understanding of their journey during this critical time, enriching the existing international literature with a more balanced perspective. More so, to the knowledge of the researchers, there is no study on posttraumatic growth in COVID-19 survivors in the Philippines. However, there are some studies that highlight posttraumatic growth in other traumatic events such as traumatic loss, disability, and calamities (Villazor and De Guzman, 2022; Bautista et al., 2017). The themes or main findings that are highlighted in their studies include an increase in spirituality, improved relationships, regard for others, a redefined orientation of life, and rediscovery of the self. In line with this, there is a more pressing need to study posttraumatic growth among COVID survivors in the context of Filipino culture.

The present study is in line with the sustainable goals of the World Health Organization that deal with good health and well-being. Positive and bad experiences typically co-occur. Posttraumatic growth highlights the good aspects of survivors' experiences. It is worthwhile to look into. It emphasizes the nurses' fortitude, progress, and constructive transformation in facing challenging events during the pandemic. However, it is important to note that posttraumatic growth is not a common occurrence or that all nurses will automatically experience posttraumatic growth. The purpose of this study was to describe the nurses' positive experiences who acquired COVID-19, which were lacking in other studies, in order to begin filling in the gaps of holistic experience during the pandemic. The following are the aims of this study: 1) To discern the essence of posttraumatic growth among the nurses of Bataan with history of COVID-19 virus. 2) To create a simulacrum or illustration that captures the essence of posttraumatic growth among the nurses of Bataan with history of COVID-19 virus.

METHOD

Research Design

The research design used for the study was descriptive phenomenology. The objective was to ascertain the core of each participant's level of experience. The "essence" of the subject being researched, or the characteristics that set it apart from other things was revealed through

descriptive phenomenology (Giorgi & Giorgi, 2003 as cited by Meyers, 2019). The study demonstrated how critical it was to understand how issues and crises fit into the wider picture. Thus, the purpose of this study was to further knowledge about PTG and to supplement what was currently known.

Selection

The participants of the study were comprised of twelve (12) nurses from different hospitals in Bataan Province. According to Ellis (2016), participants between 6 and 20 individuals are sufficient for phenomenology research. More so, their age range was from 25 to 40 years old, and they had been working as nurses for the last ten years. These nurses tested positive for IPCTR and experienced COVID-19 virus symptoms. Moreover, the nurses should have had at least a 2.50 average on the Posttraumatic Growth Inventory, indicating that they were experiencing posttraumatic growth prior to the interview. This threshold suggests that the nurses had begun to develop positive psychological changes in response to the challenges they faced during the pandemic. The nurses who had undergone any psychological intervention, such as psychotherapy or counseling, were the exclusion criteria of the study. As much as possible, the researchers preferred to have participants who were experiencing posttraumatic growth without any psychological interventions. The sampling technique employed in the research was purposive sampling.

Instrumentation

The instruments utilized in the study included the Demographic Information Form or the robofoto, Interview Guide, and Posttraumatic Growth Inventory. The robofoto obtained personal information from the participants, such as their age, income, education level, religion, marital status, gender, number of years as a nurse, etc. Prior to the actual interview, the researchers asked questions to establish rapport, including inquiries about how things were going and the participants' employment status. The interview guide comprised a set of semi-structured questions designed to delve into the meaning of the nurses' experiences during the pandemic and how they grew afterward. The researcher formulated semi-structured questions by following specific steps. Various aspects of the experience or subject under study were identified. Subsequently, a definition of posttraumatic growth that best described it was determined, with references considered. Apriori codes, representing the most important words or phrases, were identified for each definition. These keywords were carefully considered when creating different semi-structured questionnaires. Experts in the fields of qualitative research and psychotraumatology reviewed the questions to ensure their accuracy. The Posttraumatic Growth Inventory (PTGI) was employed to determine if participants had a mean score of at least 2.50. This inventory consisted of 21 items with a 6-point Likert scale ranging from 0 (not at all) to 5 (very much) to assess the extent of change experienced by the participants.

Data Gathering Procedure

To identify nurses for the study, the researcher contacted numerous hospitals. Following this, those who qualified were given informed consent forms, and interviews were scheduled at their desired time and location. Face-to-face interviews were performed in coffee shops, offices, and within the hospitals. Each nurse's interview, which lasted 45 to 60 minutes, tried to capture the essence of their experiences. The interviews were recorded using electronic voice recorders, and noteworthy observations and responses were also captured using the traditional "note and pen" method.

Ethics

All of the steps that were taken were approved by the Research and Development Office of Bataan Peninsula State University. The researcher also followed the Code of Ethics of Psychologists in the Philippines, section 10 (2008–2009) very carefully, which is part of the Research and Data Privacy Act of the Philippines.

Data Analysis

The transcripts of the twelve (12) recorded nurse interviews were created. The researchers examined the data using Colaizzi's (1978, as cited by Sosha, 2012) approach for descriptive phenomenological data analysis. To begin, the verbatim text of the instructors' replies was read and reread several times to build familiarity, fully analyze the data's similarities and distinctions, and seek patterns in each selection's answers. Then, for each transcript, relevant significant statements were extracted. The statements were recorded on a separate sheet with transcript, page, and line numbers indicated. The essential statements were then extensively examined to produce articulated meanings. The meanings developed were divided into categories, clusters of themes or sub-themes, and themes. Following that, the findings were incorporated into extensive descriptions of technostress. Redundant descriptions were then deleted from the basic framework to streamline the findings. Finally, the research findings were distributed to those who participated in the study for verification. Following Colaizzi's approach, the respondents' verbalizations were associated with or supplemented by various related literature.

RESULT

The study's results showed three different themes, and each one has a contrast that works well with it. One of the opposites is called "heads," and the other is called "tails," to show that they are "two sides of the same coin." Spirituality vs. uncertainty, affinity vs. incompatibility, and prosperity vs. adversity are the three opposites.

1. Spirituality VS. Uncertainty

This duality theme encapsulates the contrasting dynamics of faith and anxiety, stability and instability, confidence and concern of the nurses' perspectives. It signifies a spectrum where spirituality serves as the antithesis of uncertainty. In navigating the challenges posed by the pandemic, nurses grapple with finding solace and confidence through spiritual beliefs, counterbalancing the pervasive sense of unpredictability and unease that accompanies the uncertainty surrounding their experiences.

1.1 Spirituality - Head

Spirituality emerges as one of the prevalent narratives among nurses. It revolves around the nurses' faith and religiosity, offering them a profound source of tranquility and assurance in the face of formidable challenges. Within this theme, nurses articulate a deep-seated belief that their professional journey is intricately woven into a divine plan, providing them with a sense of purpose and solace rooted in their faith. After the trials brought about by the COVID-19 pandemic, there has been a noticeable change in nurses' beliefs and practices. This aligns with the findings of Suk-Jung et al. (2023) and Wijoyo, et. al., (2020), who have observed positive transformations in the God-human relationship following traumatic events. Nurses, in their post-COVID-19 experiences, draw closer to God, expressing their connection through prayer and gratitude, thus reaffirming the profound impact of spirituality on their well-being and coping mechanisms. As articulated by some participants:

"Actually, my faith has been more ignited — my relationship with God and with the people around me has deepened. This is where the more lasting effect that I was talking about comes

in. And it will lead to a better effect — changes in others too: character building. Personally — focusing more on lasting things — I've become more empathetic, I don't care what people will say. But what I do care about is what God will say to me. That's my standpoint, and I'm not affected by any comments around me. But now, I'm more unaffected. I am more concerned with what God will say to me. Especially since we are all going to meet the Lord and we will have to account there. That's the challenge. When you see it in everyday living, just live one day at a time. As if tomorrow would be your last day, or as if there will be no another 10 years to live, or 100 years to live."

"That's it, I just always pray, only prayers really. Because, uh, I'm the kind of person who doesn't have close friends, a best friend like that, so sometimes, I feel sad. I think, lucky are those who have best friends, friends to go out with. Then when I think about that, I just pray. I say, even though I don't have a best friend, the Lord is there. When I'm really feeling weak, He's the one I go to, I just pray. I tell Him, 'Hug me, Lord, give me strength.' It's like when you're about to cry, you cry it all out to Him. And then after that, you feel very strong." - Nurse #4

"Because everyone who has gotten COVID, it really has an impact. It impacts us, our spirituality. I thought to myself, why me? It was then that my faith in God became stronger. I know I can't handle this situation on my own." - Nurse #5

1.2 Uncertainty - Tail

This theme delves into the anxieties that nurses confront regarding their future during the COVID-19 period. The primary concern revolves around the fear of imminently succumbing to the virus and the subsequent worry about the impact on the family they might leave behind (Nelson et al., 2021). Some nurses express apprehension about their loved ones not being prepared for their potential departure. Consequently, a sense of paranoia arises, compelling nurses to actively prepare their families to be less dependent on them, reflecting a proactive response to the uncertainties surrounding their health and well-being. As mentioned by some nurses:

"There it is, the trauma that I'm scared because, of course, we don't know when [COVID] will happen. I don't know the future of this COVID, whether it will end; that's what I always think about. It feels like if I get COVID, I might not see my family again. You see, so many people are dying, including seniors. That's why back then, the doctor didn't want us to be too exposed to the patients, but you can't avoid it because I'm the one who delivers babies." - Nurse #1

"No matter how strong you are... No matter how much you take care of yourself... It seems... if you're really going to be struck by illness, you will be. Even if you say you can still handle it, but... it's your body that gives up because you got sick and you're alone at home." - Nurse #5

2. Affinity VS. Liability

This duality theme encapsulates the dynamic shifts in relationships among nurses and other people, particularly family members and colleagues, throughout their experience with COVID-19. This theme highlights a dual nature, encompassing both the strengthened bonds and strained connections that emerged. On one hand, the nurses experienced a profound realization of the dependability and compassion of others, fostering stronger connections. On the other hand, driven primarily by the fear of transmitting the virus, nurses chose to distance themselves, leading to a palpable disconnect and guilt. Despite originating from a common source, the outcomes of this experience could manifest either as heightened affinity or feelings of liability.

2.1 Affinity - Head

Affinity is the most prevalent theme that emerged from the nurses' experiences. Heightened and reciprocal connections that nurses cultivate with other people, particularly family, friends, clienteles, and colleagues, and the realization of their importance are encapsulated in this theme. This also encompasses both the giving and receiving of care, love, and support among nurses and those in their social circles. This is in line with the study of Wijoyo et al. (2020). Following traumatic events, such as the challenges posed by the COVID-19 pandemic, nurses find solace in the togetherness experienced with their families, leading to increased closeness and intimacy, and fostering meaningful relationships. The unique circumstances of the pandemic, including quarantine measures that facilitate more time spent with loved ones, present unprecedented opportunities for nurses to fortify and deepen their connections. Moreover, COVID-19 experiences contribute to the development of altruism and empathy, translating into a heightened initiative and motivation to assist others, a deeper understanding of fellow individuals, an eagerness to educate, and a commitment to becoming better individuals for the benefit of others. This transformative journey is consistent with the findings from Mo et al. (2022), who found that nurses with a strong professional identity experience significant posttraumatic growth, which is characterized by an increased understanding of the value of their work and a deep sense of accomplishment resulting from their involvement in the treatment of the COVID-19 epidemic. As some nurses aptly express, the essence of their experiences lies in the profound interconnectedness and shared growth that defines their collective journey.

"Our doctor, my colleagues, my family, my siblings. When I cry, they say, 'Why are you feeling like that. Don't think like that, it's just COVID.' The doctor would say 'Don't be like that.' And then my colleagues, they support me. My colleagues, my relatives, my friends, they take me out. We go to different places to relax. Obviously, if you're alone, you'd really feel more self-pity, just staring blankly. Of course, it's hard being alone. It's difficult to be by yourself, right? You really need someone to talk to. Of course, I think about valuing life because I want to live longer just for my family—for my grandchildren. Right? It would be sad for my grandchildren. You think about valuing your life so you need to be strong. Also for other people, for your family."
- Nurse #1

"I prefer it when you reach out to people outside, I like going out more than waiting for patients. It's better to roam around the community. Because there are many who seem unable to access healthcare because they are far away, we go to them. It feels better for me, I can help them more. Sometimes, it seems that they feel even more impoverished when they have no one to rely on. So I thought, if I were to become like that to these people, I would be no different from the nurses I see who are irritable and have short tempers. So I said, no, I shouldn't be like that. Because I've experienced being treated rudely, it's like they don't even know that I am also a nurse." - Nurse #3

"We've (co-workers) become stronger—stronger because through thick and thin, we still work together, you're still with each other, like that. With family, the secret is, you don't let them know that you got sick because you don't know what will happen to you—will you recover? In the relationship with my husband, I also don't want to say... but, no choice. You don't want to say because if something happens to you, he's the only one who can tell your family... I didn't use to call much before... like that... it was all just work... sleep, work, eat, like that. Because I am far from them... and now... it feels like I think time goes by quickly, I need to stay—because we are not getting any younger. You never know how long you have left with them..."
- Nurse #4

"What I learned here is to teach others. How to handle that situation. And also, don't overthink. Because what they think about first and foremost is money, when it comes to COVID. Nurse #11

2.2 Liability - Tail

This theme addresses the apprehensions and responsibilities associated with the potential transmission of the virus to others, particularly family and friends, generating feelings of guilt and fear among nurses. This is related to the study of Turgut et al. (2022). Nurses expressed concerns regarding their susceptibility to contracting and transmitting COVID-19, as well as the challenges associated with providing care for patients afflicted with the virus. This emotional burden prompts nurses to actively avoid close contact with others, leading to self-imposed isolation and creating a noticeable emotional distance in their relationships. Additionally, some nurses have expressed that the difficult task of educating people who might be doubtful or skeptical of the COVID-19 virus results in conflicts and tensions within their interpersonal relationships. As expressed by some nurses:

"Of course, I was away from my family for about one month because we stayed here due to quarantine. We don't know if we might bring home any illnesses—so we didn't go home. What we did was we just stayed in a hotel owned by our doctor, that's where we lived. As long as COVID isn't over, we won't go home. Sometimes I would go home just to get clothes but from a distance. They wouldn't come close. Sometimes I go home just to get clothes." - Nurse #1

"About the co-worker, they always bring food, they check on you—even if you're not okay, you say you are okay, because you also don't want them to worry. They are also afraid that they might catch it too, since we are all together, I'm afraid that you might infect them, of course. Then, mentally, they pray for me...even though we are having different religions." - Nurse #4

"My challenge is my mother, even though she has COVID, and I have had COVID, she really doesn't believe in COVID. That's it, even with my relatives, they don't really believe that COVID is real. So my challenge is how to make them understand to be more cautious because COVID is still around us." - Nurse #6

3. Prosperity VS. Adversity

This duality theme captures the overarching struggles nurses endure on an internal level in the dimensions of emotional, cognitive, and behavioral during the pandemic and how they benefit from overcoming these trials and tribulations through growth and positive transformation, revealing synonymy of the nurses' experience throughout the pandemic with "risk and opportunity", which is defined in this theme as "Prosperity vs. Adversity."

3.1 Prosperity - Head

An improved work performance as a result of having a deeper understanding of COVID-19 cases, which creates empathy; the discovery and realization of personal strength and self-reliance; the practice of coping strategies; the development of dedication to work; sensitivity to situations; a positive perspective and outlook on life; changes in priorities; and a greater appreciation of life are all examples of the personal growth and positive transformation that nurses experience as a result of the challenges they have encountered through the course of their careers. O'Donovan and Burke (2022) conducted a comprehensive evaluation of the existing literature, and this finding is consistent with their findings. Despite the fact that they have experienced traumatic situations, they have developed healthy coping skills, as well as the ability to cultivate resilience and self-compassion. The nurses work to develop their beliefs and

values, as well as their understanding of what is truly important in life. As expressed by some nurses:

"That's the value of life, value of relationship, value of family, and then value of the attitude and character building. I have a better outlook on life every time I experience something like this. Though, my dad died of COVID and my husband really suffered from moderate COVID. I look at it from a better and good perspective on life. So, I now understand why others are like that, probably because I've seen it, I've also experienced it somehow. So, that's it. Because if you don't express your emotions, if you just keep it inside. It won't start the psychological side of a person to heal. So it should be released for you to grow." - Nurse #2

"Then at work, you become more aware of your surroundings because you value yourself... it's like you value your self-worth. I've learned more about valuing the life we have. During those times, because now, you can't say how long you will be here." - Nurse #4

"Because I had COVID, I understand my work now more. So when someone shows symptoms I know better what to do. The protocols that should be followed, and when there are news about COVID I really pay attention or even if it's about other infectious diseases." - Nurse #6

"I discovered that I am stronger than I thought. I thought I am a strong person, but that proves that I'm even a stronger person. I also discovered that I could lead a team. I could lead a team of 90 nurses during the pandemic. So, I can actually manage this many nurses under my command. So, I think I've done a pretty good job as a nurse manager during that time. The stress at the hospital is a lot, but I thought that it's normal so you need to adapt to the stress. If we could get past COVID, what more with the normal stresses in our lives? So I'm sure we're going to surpass it and you know, one at a time, this too shall pass." - Nurse #9

"I discovered that I spend more time at work than with my family. That's number one. Also, you come to the realization that okay, I need to give importance on my health." - Nurse #10

3.2 Adversity - Tail

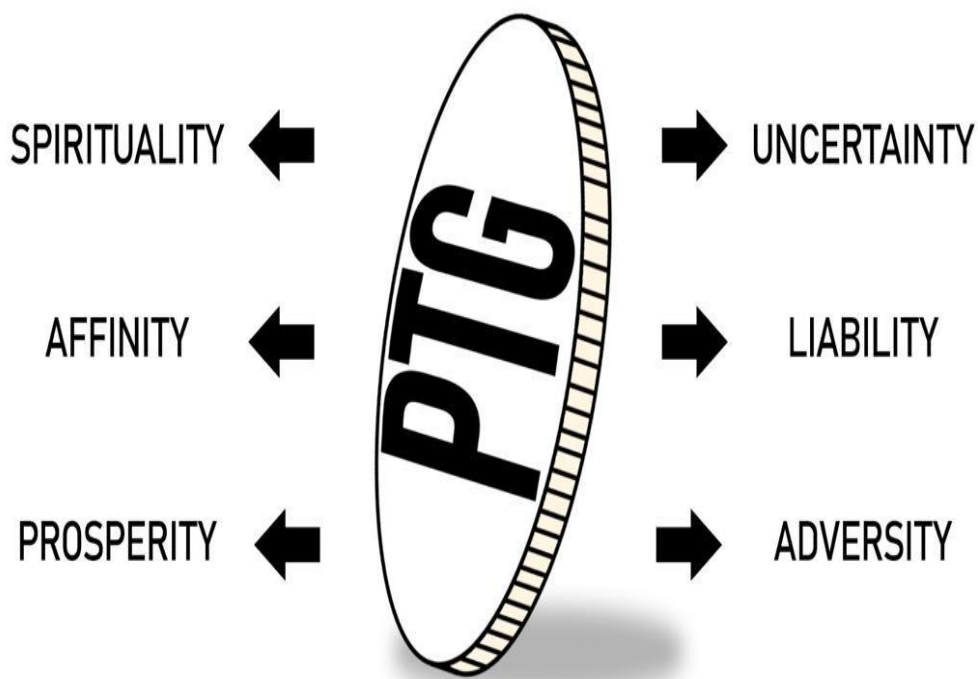
This theme highlights the challenges that nurses face in adapting to the demands of the pandemic. It encompasses various aspects of adjustment, including coping with increased workloads, undergoing quarantine when exhibiting symptoms of the COVID-19 virus, and adapting to changes in their work environment. This has to do with the Nelson et al. (2021) study. The strain of continuous learning and change started to take its toll on the nurses in the study. In addition, they conveyed their dissatisfaction with the drastic modifications to work conditions and norms, the lack of information, and the public's access to information ahead of nurses (Nelson et al., 2021). As a result, the nurses battled emotions of insecurity, the weight of more duties, and a sense of being underappreciated in their respective roles. According to some nurses:

"The workload increased [during the pandemic] because you monitor everything, even those who just have symptoms. Previously, we would go outside to visit the close contacts, then we would check their temperature, vital signs. And daily, you have to call someone, check on them, so the workload increases. So, it's quite heavy, instead of just working, it increases, because, you still need to make an effort to do your main job." - Nurse #3

"And the thing I like the least, of course, is the quarantine which lasts for 14 days. I'm just in my room and our doctor gave me the choice if I wanted to go to a facility, he would take me to

one, but I said no, because I still prefer to be where my parents are. As a nurse, the job is difficult. Actually, all jobs are difficult because each has its own thing, for us, of course, we know the job, we here in the community this is our only job, so others say, 'that's easy, it's just an 8 to 5 job.' But they don't see that they [hospital workers] are only dealing with those who are sick, we [in the community] handle everyone, sick or not, we look after them." - Nurse #8

Simulacrum



Posttraumatic growth is a complex phenomenon where positive and negative experiences often co-occur. This dual nature is aptly mirrored by a coin, which serves as a fitting metaphor for the lived experiences of nurses who have undergone posttraumatic growth following their battle with COVID-19 during the pandemic. In this analogy, the heads of the coin represent favorable situations, encompassing spirituality, affinity, and prosperity. Conversely, the tails symbolize negative effects, such as uncertainty, liability, and adversity. What's crucial to note is that, much like a coin, there is no hierarchy; these elements are co-equal. Similarly, the transformative journey of nurses reflects this duality, with both positive and negative changes occurring concurrently in their experiences.

CONCLUSION

This paper explores the phenomenon of posttraumatic growth in selected nurses in the province of Bataan. The study identifies six themes, categorized under three overarching "dual" themes. These dualities are aptly named "heads" and "tails," embodying the concept of "two sides of the same coin." The chosen metaphor underscores the inseparable nature of these opposing elements, as both are interdependent and emerge from the same circumstances. The dynamic relationship between heads and tails is highlighted, emphasizing that one cannot exist without the other. The themes are the following: spirituality vs. uncertainty, affinity vs. liability, and prosperity vs. adversity. Moreover, the transformative nature of these experiences is underscored, as a shift in perspective allows the head to become the tail and vice versa, reinforcing the intricate and interconnected nature of posttraumatic growth among the selected nurses in Bataan.

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