



IN THE EXIGENCY OF SELFLESS SERVICE: VIEWPOINTS OF NURSES WITH HYPERTENSION

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Abstract: This descriptive phenomenological study explored the lived experiences of nurses diagnosed with hypertension in public and private hospitals in Tagum City. Twelve nurses participated in in-depth interviews analyzed using Colaizzi's method. Results revealed three central themes: (1) Dual Burden of Care and Condition, (2) Turning Struggles into Strength, and (3) Empathy through Shared Experience. These findings illustrate the emotional and physical challenges faced by nurses, as well as their resilience and ability to transform personal hardship into compassionate, informed care. The study underscores the need for institutional reforms and wellness programs to support hypertensive nurses in their professional practice.

Keywords: Hypertension, Nurses, Lived Experience, Phenomenology, Tagum City

I. INTRODUCTION

Hypertension has emerged as a significant occupational health issue among nurses due to the intense physical, mental, and emotional demands of the profession. Nurses often endure long working hours, high patient loads, and emotionally charged environments that contribute to chronic stress and health deterioration (Johnson & Lee, 2021; Garcia, 2022). The increasing prevalence of hypertension among healthcare professionals, especially nurses, has been linked to occupational stress, poor lifestyle habits, and limited opportunities for recovery (Smith et al., 2020; Williams et al., 2021). These conditions can lead to fatigue, emotional exhaustion, and diminished job performance, thus compromising both nurse well-being and patient care outcomes. The occupational strain faced by nurses makes them highly vulnerable to chronic diseases like hypertension, which in turn poses a challenge to the quality and sustainability of healthcare delivery.

This study centers on expert nurses in Tagum City, Philippines, who have been formally diagnosed with hypertension. It aims to explore their lived experiences to understand how they navigate the dual burden of caregiving while managing a chronic condition. Through a descriptive phenomenological approach, the research investigates not only the challenges faced by these nurses but also the coping mechanisms and professional insights they have developed. By illuminating these experiences, the study seeks to inform the development of institutional support systems and policy reforms that promote nurse well-being and resilience within the healthcare workforce (Chen et al., 2023; Dayrit & Jabonete, 2021).

II. METHODOLOGY

This study employed a qualitative research design using a descriptive phenomenological approach, which is particularly suited to exploring lived experiences. Phenomenology focuses on uncovering the essence of individual experiences as they are perceived and described by those who have lived them. This methodological framework allowed the researcher to capture the rich, complex realities of nurses who

navigate both professional caregiving responsibilities and the personal challenges of living with hypertension. The use of descriptive phenomenology aligns with Colaizzi's (1978) approach, which emphasizes extracting themes from direct, in-depth accounts. The goal was to present a vivid and accurate description of how hypertension impacts the daily lives, practices, and emotional health of nurses in Tagum City.

The study population consisted of twelve registered nurses diagnosed with hypertension, selected through purposive sampling. Inclusion criteria required participants to have at least one year of experience in a hospital setting and a medical diagnosis of hypertension. Participants were employed in either public or private hospitals in Tagum City. Data were collected through face-to-face, in-depth interviews using a semi-structured guide. This format allowed for both consistency across interviews and flexibility to explore emerging topics. Interviews lasted between 30 to 60 minutes and were audio-recorded with consent. To ensure a comfortable and confidential setting, interviews were conducted in designated private spaces within the hospital premises at times agreed upon with participants. All responses were treated with strict confidentiality.

Data were analyzed following Colaizzi's seven-step process. First, interview transcripts were read multiple times to gain an overall understanding. Next, significant statements related to the experience of hypertension were identified and extracted. These statements were then used to formulate meanings, which were grouped into clusters of themes. An exhaustive description of each participant's experience was developed and refined to express the essential structure of the phenomenon. Member checking was employed to verify the accuracy of the findings; participants reviewed the interpretations and confirmed their validity. To enhance credibility, the researcher engaged in prolonged interaction with participants and underwent peer debriefing with academic advisers. Bracketing was practiced throughout to reduce bias and maintain neutrality, ensuring that the findings reflected participants' viewpoints rather than researcher assumptions.

Ethical considerations were a priority throughout the research process. Ethical clearance was secured from Davao Doctors College, Inc. Prior to participation, each nurse was informed about the nature and scope of the study and voluntarily signed an informed consent form. Participants were assured of their right to withdraw at any time without consequence. Privacy was maintained by de-identifying all data and securely storing audio recordings and transcripts. These protocols ensured that the research upheld ethical standards in both data collection and reporting. Through this methodologically rigorous approach, the study aimed to uncover the nuanced and deeply personal experiences of nurses living with hypertension and how these experiences shape their professional and personal lives.

THEORETICAL FRAMEWORK

This study is anchored in two key theoretical frameworks: Lazarus and Folkman's "Transactional Stress and Coping Theory" and Roy's Adaptation Model. Lazarus and Folkman's theory (1984) emphasizes that stress is not merely about external events but how individuals perceive and respond to them. This theory suggests that expert nurses' stress levels are influenced by their interpretation and coping mechanisms in response to job pressures. On the other hand, Roy's Adaptation Model (Roy & Roberts, 1981) focuses on how individuals adjust to environmental changes. For nurses, this involves adapting to the demands of their work environment while maintaining their well-being. Both theories highlight the dynamic interplay between individual perceptions, environmental demands, and personal resources.

Relating these theories within the experiences of expert nurses diagnosed with hypertension, we see that their stress levels are significantly impacted by how they perceive high-stakes situations, such as managing critical patients or life-and-death scenarios. Effective coping strategies, like seeking social support, problem-solving, or using relaxation techniques, can mitigate the impact of stress on their health. Additionally, continuous adaptation to the fast-paced and unpredictable nature of healthcare settings is crucial. Developing routines to manage workload and emotionally detaching from stressful situations can lead to better stress management and reduced hypertension symptoms. By applying these theoretical frameworks, we can better understand the lived experiences of these nurses and develop interventions that support their health and well-being.

III. RESULTS AND DISCUSSION

This study explored the lived experiences of nurses managing hypertension while fulfilling demanding professional roles. Analysis revealed three central themes *Dual Burden of Care and Condition, Turning*

Struggles into Strength, and *Empathy through Shared Experience* that collectively illustrate the complex interplay between personal health challenges and professional caregiving responsibilities. The findings contribute valuable insights into how nurses cope with chronic illness in the workplace and highlight implications for healthcare organizations, nurse managers, and future research.

Dual Burden of Care and Condition

The first theme, *Dual Burden of Care and Condition*, underscores the significant physical and emotional strain experienced by nurses balancing their hypertension management with the rigorous demands of nursing practice. Participants consistently reported neglecting fundamental self-care behaviors, such as maintaining regular meal patterns, obtaining adequate rest, and adhering to prescribed antihypertensive medication regimens. This finding aligns with prior research indicating that the unpredictable and often intense workload of nursing frequently leads to compromised self-care among healthcare providers (Smith & Jones, 2020; Lee et al., 2019). The resultant neglect not only jeopardizes nurses' own health but also increases the risk of hypertension-related complications, potentially impairing their capacity to deliver safe, effective care. Moreover, participants described episodes of heightened emotional vulnerability, triggered by stressful interactions with patients, students, and colleagues. These emotional stressors, in turn, aggravated their hypertensive condition, creating a feedback loop of psychological and physiological distress. This phenomenon is consistent with the biopsychosocial model of hypertension, which emphasizes the role of emotional stress in elevating blood pressure and contributing to disease progression (Krantz & McCeney, 2002). The lived experience of emotional triggers highlights the unique occupational hazards nurses face, where the caregiving role itself may exacerbate personal health challenges.

Turning Struggles into Strength

Despite these challenges, the theme *Turning Struggles into Strength* reflects the resilience and adaptability demonstrated by nurses as they navigated daily occupational and health-related adversities. Participants articulated the use of practical coping strategies—such as prioritizing tasks, practicing mindfulness, and seeking informal peer support—that enabled them to maintain job performance while managing stress. This adaptive resilience echoes findings from Garcia (2022), who emphasized the role of active coping and social support in buffering occupational stress among healthcare workers with chronic illness. Importantly, many participants reported that their experience with hypertension enhanced their clinical empathy and patient-centered care. The shared experience of living with a chronic condition fostered a deeper understanding of patient suffering, which translated into more compassionate and informed nursing practice. This is consistent with Williams et al. (2021), who documented that healthcare providers with personal health challenges often develop heightened sensitivity to patients' psychosocial needs, resulting in improved therapeutic relationships. In addition to individual coping, participants highlighted the development of support networks among colleagues facing similar health challenges. These peer connections provided emotional validation, practical advice, and a sense of solidarity, contributing to collective empowerment. The importance of workplace support for nurses with chronic illness has been underscored by Chen et al. (2023), who demonstrated that organizational cultures promoting openness and mutual support can mitigate the negative impacts of occupational stress and improve nurse well-being.

Empathy through Shared Experience

The final theme, *Empathy through Shared Experience*, captures how personal health narratives became a source of empowerment and patient engagement for nurses. Participants described using their own stories to educate and inspire patients, creating trust and enhancing adherence to treatment regimens. This approach aligns with patient-centered care models that advocate for transparency and empathy as foundational elements of effective healthcare delivery (Epstein & Street, 2011). Additionally, self-care and stress management emerged as central strategies within this theme. Nurses adopted lifestyle modifications, including regular exercise, relaxation techniques such as deep breathing and meditation, and consistent blood pressure monitoring, to manage their condition proactively. These findings resonate with current guidelines recommending holistic management of hypertension that incorporates behavioral and psychological interventions alongside pharmacotherapy (Whelton et al., 2018). The participants' active engagement in self-care underscores the importance of equipping nurses with resources and education to support health maintenance amidst professional demands.

Integration with Existing Literature

The findings of this study align with and extend existing literature on occupational stress, chronic illness, and caregiving professionals. Prior research has documented the detrimental effects of work-related stress on the health of nurses, including increased risk of hypertension and cardiovascular disease (Aiken et al., 2012; Melnyk et al., 2018). This study adds a nuanced understanding of how nurses personally experience and respond to these challenges, highlighting the bidirectional relationship between personal health and professional roles. Moreover, this study's emphasis on empathy as a positive outcome of lived experience with chronic illness corroborates Garcia's (2022) argument that personal adversity can foster professional growth and enhance patient care. By situating nurses' hypertension within the broader context of their caregiving identity, this research contributes to a holistic understanding of nurse well-being that integrates physical, emotional, and social dimensions.

Practical Implications

The dual burden experienced by nurses with hypertension calls for systemic interventions at multiple levels. Healthcare organizations should prioritize the creation of supportive work environments that facilitate self-care, such as scheduling flexibility, access to healthy meals, and designated rest periods. Nurse managers can play a pivotal role by recognizing the unique needs of nurses with chronic illnesses and fostering peer support groups to enhance resilience and reduce stigma. Education programs should incorporate modules on stress management and self-care tailored to nurses' lived realities. Additionally, integrating personal health narratives into patient education may be a valuable strategy for enhancing nurse-patient rapport and promoting adherence, as demonstrated by participants' empowered connections through shared experience.

Strengths and Limitations

This study's qualitative phenomenological approach provided rich, in-depth insights into nurses' lived experiences, contributing a valuable perspective often underrepresented in occupational health research. However, limitations include the relatively small and homogenous sample, which may limit generalizability. Future studies could expand to diverse nursing populations and explore the impact of organizational culture more explicitly.

IV. IMPLICATION TO PRACTICE

The purpose of this study was to explore the viewpoints of nurses with hypertension, focusing on how their condition shaped their professional functioning, personal coping, and interpersonal relationships in clinical practice. Using a descriptive phenomenological approach based on Colaizzi (1975), data were gathered from 12 nurses working in various healthcare settings. Through thematic analysis, significant statements were extracted and assigned formulated meanings, from which three emergent cluster themes and several sub-themes emerged: Cluster Theme 1: Turning Struggles into Strength – where nurses transformed their condition into a source of empathy, strength, and clinical insight. Cluster Theme 2: Duality of Care – which reflected the physical and emotional conflict of managing both caregiving roles and chronic illness. Cluster Theme 3: Empathy through Shared Experience – showing how nurses lived condition fostered trust, connection, and authenticity in patient care.

From these themes, several sub-themes were also established, such as: Sharing Knowledge and Experience, Empathetic and Informed Care, Self-Care and Stress Management, and Fostering Shared Understanding. The findings of this study hold meaningful implications for nursing practice, education, policy, and institutional health systems. Expert nurses living with hypertension are not merely coping with a chronic illness they are also translating their lived experiences into patient-centered teaching, peer support, and holistic caregiving. These individuals act as real-life models of resilience, making their insights highly valuable in areas of health promotion, chronic disease counseling, and emotional care.

In nursing practice, their capacity to empathize with patients goes beyond clinical training it is experiential, grounded, and humanizing. By encouraging such nurses to openly share their condition within professional boundaries, hospitals can cultivate an environment where shared narratives enhance both patient compliance and team cohesion. The study highlights the urgent need for the healthcare system to normalize vulnerability in the workplace not as weakness, but as a tool for deeper connection, authentic care, and sustainable professional growth. At the institutional level, hospital administrators should recognize the dual burden borne by these nurses and implement proactive wellness initiatives such as flexible scheduling, routine

monitoring, peer-support circles, and mental health services to promote sustained performance without sacrificing personal health.

From an educational perspective, these nurses should be included in peer-led training, mentorship, and continuing professional development (CPD) programs, as their stories can bridge theory with lived application particularly in stress management, hypertension control, and emotional intelligence in care delivery. In nursing research this study encourages research on nurses adhering to self-monitoring, medication, and healthy living, offering insight into real-world challenges of chronic disease management in investigating how nurses with hypertension perceive their ability to serve as role models for patients regarding lifestyle and health compliance and informs the design of targeted wellness programs or interventions tailored for all healthcare providers as well.

Recommendation for the future researcher

It is important to note that the findings of this qualitative phenomenological study are not meant to be broadly generalizable. As with many phenomenological inquiries, the goal of this study was to gain a deep, contextualized understanding of the lived experiences of expert nurses diagnosed with hypertension. The study focused on uncovering insights into how these nurses balance their health condition with their professional duties and how their experiences shape patient care, self-care, and peer relationships.

This study involved twelve participants from similar professional backgrounds, and while their narratives yielded rich data, future research should consider including a more diverse range of participants in terms of age, clinical specialization, geographic location, or years in practice. Doing so could uncover additional variations in lived experience that may not have emerged in the current sample.

It is also recommended that future researchers explore specific thematic areas such as the impact of chronic illness on clinical decision-making, emotional regulation in high-pressure healthcare settings, and the ethical considerations of self-disclosure by nurses with chronic conditions. Other meaningful avenues may include the role of workplace culture in supporting or hindering hypertensive nurses and the effect of peer empathy on coping strategies.

Moreover, while this study relied solely on in-depth interviews, future studies may benefit from incorporating focus group discussions to encourage dynamic interaction and shared reflection among participants. This method could lead to the discovery of collective themes and experiences that individual interviews might not fully capture.

The inclusion of mixed-methods research is also recommended. Integrating quantitative tools such as stress scale assessments, hypertension tracking logs, or job satisfaction indices can add depth to qualitative findings and allow for triangulation of data. Doing so can also provide measurable evidence of how lived experiences influence job performance, resilience, and overall well-being.

Lastly, longitudinal studies examining how nurses with hypertension cope over time would be valuable. Tracking changes in their perceptions, roles, and management strategies could inform more sustainable support systems and training programs within healthcare institutions.

These recommendations aim to inspire future scholars to build upon the findings of this study and contribute further to understanding the complex realities of nurses who live with chronic conditions while continuing to serve at the frontlines of care.

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