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Lived Experiences of Nurses' Workload and Resource Limitations in Providing Healthcare Services at BUCAS Center in Tagum City: A Hermeneutic Approach

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Abstract

Nurses in Philippine primary and urgent care facilities face chronic workload intensity and resource limitations, yet their lived experiences remain underexplored. This study, following hermeneutic phenomenological methodology, sought to understand how nurses at the BUCAS Center in Tagum City experience, interpret, and cope with these challenges. Guided by van Manen's approach and Lazarus and Folkman's Transactional Theory of Stress and Coping, ten purposively sampled registered nurses participated in in-depth interviews. Three emergent themes were identified: "Navigating a Busy Room" (multiple roles and tasks, physical and mental demands, emotional toll, time constraints); "The List of Hardships" (balancing speed and accuracy, staffing shortages, lack of medical supplies); and "Practices of Safety" (individual coping mechanisms, time management and task prioritization, teamwork and communication, resourcefulness and resilience). Findings reveal that nurses navigate profound moral distress and exhaustion while developing remarkable adaptive strategies, yet systemic gaps persist. The study underscores the urgent need for safe staffing, reliable supplies, psychological support, and policy reforms to sustain both nurses' well-being and quality urgent care delivery.

Keywords: *Lived Experiences, Nurses, Hermeneutic Phenomenology, BUCAS Center, Tagum City, Philippines*

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Introduction

The work environment profoundly shapes nurses' ability to deliver safe, compassionate, and effective care. Chronic understaffing, supply shortages, and excessive administrative demands strain nursing practice, affecting clinical outcomes, professional identity, and personal resilience (Naseri et al., 2022). In many primary healthcare settings, particularly in developing nations, these conditions have become normalized, forcing nurses to constantly balance professional duty against resource realities. Prolonged exposure may lead to moral distress, burnout, and diminished purpose, threatening workforce sustainability and patient safety (Van Mersbergen-de Bruin et al., 2025).

Globally, the nursing shortage is critical, with the World Health Organization (2025) projecting a deficit of 4.5 million nurses by 2030, most severely in low- and middle-income countries. Across continents, high patient-to-nurse ratios, supply shortages, and excessive non-clinical tasks are consistently linked to burnout, job dissatisfaction, and turnover intent (Chen et al., 2025; Boudreau & Rhéaume, 2024). In sub-Saharan Africa and South Asia, nurses in resource-limited urgent care settings frequently experience moral distress when forced to ration supplies or prioritize without adequate diagnostics (Antwi & Galanza, 2024). A systematic review further found that workload and resource scarcity interact synergistically, exponentially increasing emotional exhaustion (Chang et al., 2025).

In the Philippines, the situation mirrors and intensifies global trends. As a major exporter of nurses, the country faces persistent domestic shortages, particularly in public and primary-level facilities (Alibudbud, 2023). Filipino nurses in government hospitals routinely care for 20 to 30 patients per shift, far exceeding safe ratios, while facing shortages of gloves, intravenous fluids, and even basic antibiotics (Corpuz, 2023). Heavy documentation burdens, often using outdated equipment, compound these

challenges. Consequently, high rates of burnout, compassion fatigue, and turnover have been reported across public health systems (De Los Santos, 2023).

At the local level, Tagum City has seen the establishment of a BUCAS Center to decongest the provincial hospital and expand urgent care access. Yet no published study has examined working conditions or nurse experiences in this facility (Palicte, 2024). A local health report indicates that BUCAS Centers operate below authorized staffing strength, with monthly supply chain interruptions (Concha, 2024).

A clear research gap exists, while indicators point to severe workload and resource pressures on nurses at the BUCAS Center, hermeneutic phenomenological research capturing their lived, interpretive experiences is completely absent. Existing quantitative studies cannot reveal how nurses make meaning of daily struggles, reconcile professional ideals with systemic constraints, or develop coping strategies (Estreller et al., 2025; Laranang, 2024).

Methods

This study was conducted to explore, describe, and interpret the lived experiences of nurses providing healthcare services at the BUCAS Center in Tagum City, with particular focus on how they experience, make sense of, and navigate workload intensity and resource limitations.

The study was guided by the methodological framework of Max van Manen. Applying van Manen's framework involved several methodological commitments: focusing on the lifeworld of BUCAS Center nurses, employing the hermeneutic circle, and using van Manen's four existential lived structures (lived space, lived body, lived time, and lived human relation) as heuristic guides for reflection.

The study was conducted at the Bagong Urgent Care and Ambulatory Services (BUCAS) Center in Tagum City, Davao del Norte, Philippines. The center operated as an intermediary healthcare facility, managing non-life-threatening emergencies, minor surgical procedures, wound care, and outpatient diagnostic services. T

The primary data source was in-depth, semi-structured individual interviews conducted with each of the ten participating nurses. Each interview lasted approximately 45 to 90 minutes and was audio-recorded with participants' consent. Field notes, a reflexive journal, and limited documentary data supplemented the interview transcripts.

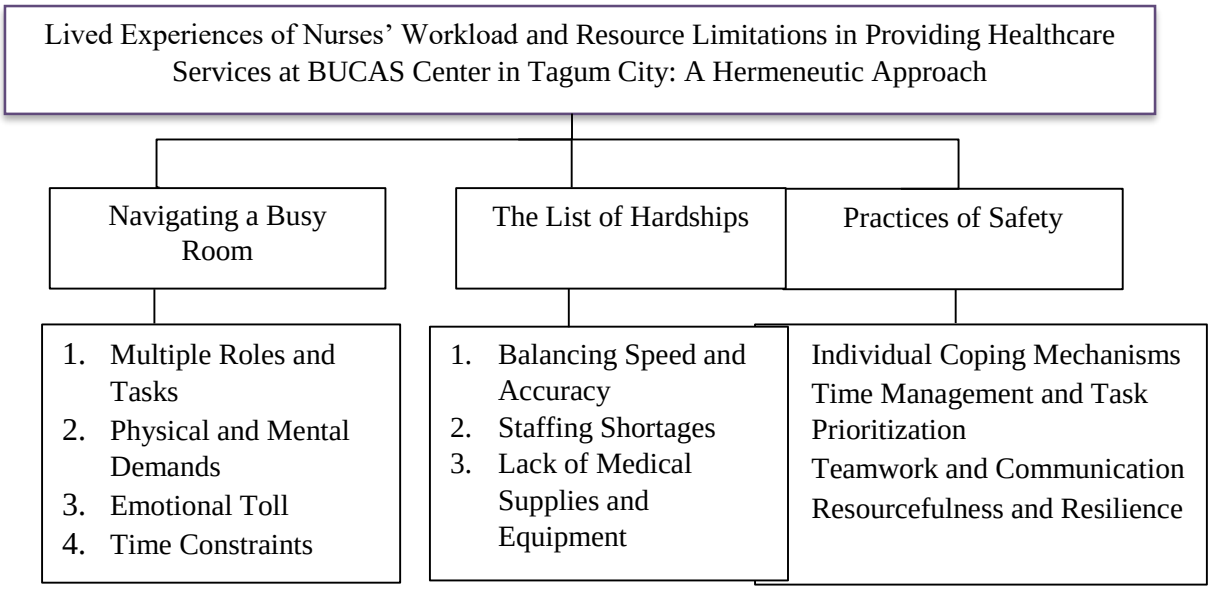
Results and Discussion

Table 1. Participants' Profile

Participant Code	Age	Gender	Occupation	Length of Experience assigned in BUCAS Center	Education Attainment
N1	27	Male	Staff Nurse	2 Years	Postgraduate Degree Holder
N2	34	Female	Staff Nurse	2 Years	Postgraduate Degree Holder
N3	35	Female	Staff Nurse	2 Years	Postgraduate Degree Holder
N4	31	Female	Staff Nurse	2 Years	Postgraduate Degree Holder
N5	43	Female	Staff Nurse	1 Year	Postgraduate Degree Holder
N6	25	Female	Staff Nurse	2 years	Postgraduate Degree Holder
N7	40	Male	Staff Nurse	2 Years	Postgraduate Degree Holder
N8	24	Male	Staff Nurse	2 Years	Postgraduate Degree Holder
N9	27	Female	Staff Nurse	2 Years	Postgraduate Degree Holder
N10	39	Female	Head Nurse	2 Years	Postgraduate Degree Holder

A total of ten registered nurses participated in this study. The ages ranged from 24 to 43 years (mean age: 32.5 years). The group included six female and four male participants. Nine served as Staff Nurses and one held the position of Head Nurse. All participants were postgraduate degree holders. Nine participants reported two years of service at the BUCAS Center, while one had one year of experience.

The researcher extracted 194 significant statements from approximately 140 responses provided by the ten participants. Through the hermeneutic circle, these statements coalesced into three emergent themes.



Emergent Theme 1: Navigating a Busy Room

The first emergent theme, Navigating a Busy Room, captures the relentless, multi-dimensional pressures that define the daily work environment of nurses at the BUCAS Center. For the nurses in this study, the BUCAS Center is precisely such a space, crowded with patients, families, tasks, and noise.

Subtheme 1.1: Multiple Roles and Tasks

The first subtheme under Navigating a Busy Room, Multiple Roles and Tasks, captures the entanglement of nursing tasks, where activities are interconnected and cannot be easily separated. This fragmentation of professional identity is not unique to the BUCAS Center; recent research confirms that nurses in resource limited settings routinely perform task shifting and role expansion due to the absence of dedicated support staff (Groenewegen et al., 2022; Jackson et al., 2022).

"My responsibilities include patient assessment, assisting in consultations, administering medications, and providing health education, carry out doctor's order, assist in minor surgery, communication through patient admission at the DRMC main endorsing department." (SS 3, Participant N3, Lines 122 to 125)

"I handle triage, take vital signs, assist the doctors and sometimes manage supplementation and medication, and I also provide health advice to patients and their families. In addition to that, I sometimes help organize community health activities such as vaccination drives or health education sessions." (SS 6, Participant N6, Lines 297 to 300)

"We assist the physician during consultations, carry out doctor's orders, administer medications, and monitor patients. And we also handle documentation and sometimes respond to emergency cases depending on the situation. Checking of emergency meds, equipment functionality, and availability of supplies." (SS 13, Participant N3, Lines 128 to 132)

Most healthcare delivery succeeds in safeguarding high quality care and patient safety, despite systemic gaps in resources, staffing, and infrastructure. This success is largely attributable to the adaptive capacity and situated resilience work of healthcare professionals. (Van Mersbergen-de Bruin et al., 2025). A multimethod study on nurses' multitasking found that nurses engage in multitasking about 34% of the time, often managing patient care while simultaneously communicating with providers and handling administrative duties (Kim et al., 2023).

Subtheme 1.2: Physical and Mental Demands

The second subtheme under Navigating a Busy Room, Physical and Mental Demands, captures the embodied and cognitive strain that nurses at the BUCAS Center endure as a direct result of their workload and resource limitations. A qualitative study on nurses found that participants were exposed to occupational physical activity, emotional, quantitative, and cognitive work-related demands, which were perceived as harmful and resulting in physical, mental, and psychosomatic strain (Billiau et al., 2024; van den Oetelaar et al., 2021).

"The work is physically tiring and mentally demanding." (SS 29, Participant N6, Line 312)

"The workload is often heavy, especially during busy hours and community activities." (SS 31, Participant N9, Line 559)

"High patient volume, staff fatigue, and limited resources can affect the quality of care. I must remain composed, make timely decisions, and support my team emotionally and professionally to maintain quality service." (SS 36, Participant N10, Lines 630 to 632)

Nursing workload is a critical factor that significantly influences both patient safety and the quality of nursing services within hospital environments, encompassing not only the quantity of tasks but also their complexity, urgency, and the cognitive and emotional demands they place on the nurse (Nasirizad Moghadam et al., 2021). The work environment of nurses is highly complex, characterized by diverse job demands that span physical, mental, psychological, and social dimensions. Physical demands arise directly from the delivery of direct patient care in hospital settings Chang & Cho, 2022).

Subtheme 1.3: Emotional Toll

The third subtheme under Navigating a Busy Room, Emotional Toll, captures the painful psychological disequilibrium that occurs when a nurse knows the ethically correct action but is constrained by systemic barriers from taking it. A mixed methods study of Filipino nurses in public hospitals found that moral distress was significantly associated with increased workload, inadequate supplies, and high patient to nurse ratios, leading to feelings of powerlessness and professional guilt (Corpuz, 2023; Alansari et al., 2025).

"Working conditions, including long hours and high patient volume, affect both staff, performance, and well-being." (SS 42, Participant N10, Lines 658 to 659)

"When patient volume is high and resources are limited, stress and pressure increase significantly, it becomes challenging to maintain care standard." (SS 51, Participant N6, Lines 349 to 350)

"Stress arises when multiple patients require urgent attention or resources are inefficient. Emotional strain is common, particularly when outcomes are uncertain or patient needs exceed available care capacity." (SS 58, Participant N6, Lines 359 to 362)

Nurses play an essential role in ensuring the proper functioning of the healthcare system. Excessive workloads, unfavorable working conditions, and inadequate institutional support drive nurses toward a breaking point (Reyes-Rodriguez et al., 2025). Healthcare professions are inherently stressful, owing to a range of factors such as extended working hours, substantial mental and physical demands, rotating or irregular shift patterns, repeated exposure to human suffering, and difficult interactions with colleagues, patients, and their families (Wells, 2024).

Subtheme 1.4: Time Constraints

The fourth subtheme under Navigating a Busy Room, Time Constraints, captures the lived experience shaped by the simultaneous pressure of patient volume and administrative expectations. Time, for these nurses, is not an abstract metric but a scarce and unforgiving resource, one that dictates the pace of every task, the depth of every patient interaction, and the limits of every clinical decision. Time pressure arises as a psychological stressor when nurses have insufficient time to complete numerous tasks (Pindek et al., 2025; Huang et al., 2022).

"As a nurse, this affects the way I prioritize tasks and manage my time. Because sometimes there are other patients who also want to be attended first. So, at times, the time I give to each patient is reduced." (SS 68, Participant N4, Lines 203 to 205)

"Some patients may not receive as much attention as I would like and tasks like documentations sometimes get delayed." (SS 70, Participant N7, Lines 410 to 412)

"Heavy workload requires constant prioritization, sometimes delaying non-urgent tasks." (SS 72, Participant N9, Lines 570 to 571)

In response to various factors, including sustained or intermittent time pressure, nurses adopt coping strategies to manage the demands. In such situations, nurses resort to implicit rationing, a strategy of selectively omitting or delaying less critical tasks, to cope with the time constraints (Shi et al., 2023). Nevertheless, research indicates that nurses devote a substantial portion of their time to non-value added activities, tasks that could potentially be delegated to other team members at a lower cost and with greater efficiency (Kim et al., 2023).

Emergent Theme 2: The List of Hardships

The second emergent theme to arise from the analysis is The List of Hardships, which represents the systemic, environmental, and structural barriers that amplify workload and resource scarcity. Hardships are not isolated incidents but recurring, resounding challenges that bounce off the walls of the under-resourced facility, returning again and again to haunt the nurse.

Subtheme 2.1: Balancing Speed and Accuracy

The first subtheme under The List of Hardships, Balancing Speed and Accuracy, captures one of the most painful and persistent tensions that nurses navigate daily. The center's urgent care mandate demands rapid patient throughput: waiting areas fill quickly, patient volumes are high, and any delay risks escalating tensions or missing time sensitive conditions. High workload, particularly in the form of time pressure, can diminish the attention nurses devote to safety critical tasks, thereby creating conditions that foster errors and compromise patient safety (Babaii et al., 2025; Manaf et al., 2025).

> *"The most difficult part was balancing speed and accuracy. It was stressful to ensure that no errors were made despite the pressure and the number of patients waiting." (SS 74, Participant N1, Lines 27 to 28)*
>
> *"The hardest part is balancing speed and accuracy. It is stressful because there is no room for error even when there are many patients and high pressure." (SS 75, Participant N2, Lines 83 to 84)*
>
> *"The biggest challenge was maintaining quality care while rushing fast. It was also difficult to manage stress and avoid making mistakes under pressure." (SS 78, Participant N5, Lines 259 to 260)*

A systematic review of performance under time constraints found that as perceived time pressure increased, nurses' adherence to clinical guidelines decreased (Isack et al., 2024). Studies confirm that the chronic need to prioritize speed over thoroughness creates intense ethical exhaustion, leading to a desensitized state where nurses may ignore their own ethical doubts to cope, ultimately diminishing their professional fulfillment and driving turnover (Talebian et al., 2025).

Subtheme 2.2: Staffing Shortages

The second subtheme under The List of Hardships, Staffing Shortages, captures a worldwide dilemma. This experience of working with skeletal crews is not unique to the BUCAS Center but reflects a national and global crisis in nursing workforce availability. The World Health Organization has documented a projected shortfall of 4.5 million nurses by 2030, with the most severe deficits in low- and middle-income countries, including the Philippines (World Health Organization, 2025).

> *"Regarding staffing, medical supplies, or equipment availability, there have been times when staffing is insufficient, requiring us to manage a high volume of patients with limited personnel." (SS 90, Participant N8, Lines 504 to 506)*
>
> *"There are times when only two nurses are on duty, but the patient volume is very high." (SS 82, Participant N6, Line 316)*
>
> *"As for staffing, there are times when we are short-staffed because sometimes, we don't expect it, or someone suddenly goes on leave because they get sick." (SS 87, Participant N4, Lines 207 to 208)*

Nurses constitute the foundation of healthcare systems worldwide, yet the profession continues to experience a chronic and worsening shortage. The consequent understaffing leads to heavier workloads and longer shifts, which in turn directly exacerbate stress levels and negatively affect nurses' mental health (Alansari et al., 2025). Hospital and department managers must comprehensively consider the factors that affect nurse staffing by implementing multidimensional optimization measures and improving relevant systems (Li et al., 2024).

Subtheme 2.3: Lack of Medical Supplies and Equipment

The third subtheme under The List of Hardships, Lack of Medical Supplies and Equipment, is the most concrete and immediately felt hardship among BUCAS Center nurses. The lack of medical supplies and equipment is not a marginal inconvenience for BUCAS Center nurses but a central, daily hardship that shapes clinical practice, erodes professional identity, generates moral distress, and exposes nurses to patient abuse.

> *"There was a time when essential equipment was unavailable and we had to improvise or delay certain procedures; it affected the patient satisfaction and slowed down the workflow." (SS 97, Participant N5, Lines 266 to 267)*
>
> *"Regarding staffing, medical supplies or equipment availability, limited resources like staff equipment and medication significantly affect patient care. For example, if a blood pressure monitor or thermometer is unavailable, we must wait or share devices, which slows down patient assessments. Similarly, if medications are limited, we need to adjust treatment plans or prioritize patients with the most urgent needs." (SS 98, Participant N6, Lines 329 to 333)*
>
> *"I have this one time, a patient once needed an urgent medication that was out of stock. We had to refer to the patient to another facility, causing frustration and delay in care. Such situations highlight how limited resources can affect patient outcomes and staff more. Resource limitations and affects treatment decisions." (SS 101, Participant N6, Lines 339 to 342)*

The risk of resource scarcity threatens the continuity of healthcare services. When normal standards of care become unattainable, healthcare professionals are prompted to improvise in order to sustain service delivery (Akpor et al., 2023). A shortage of facilities and equipment was among the most commonly reported experiences of nurses. The lack of equipment

alone could directly increase workload, while also wasting time, slowing down work, and adding to the overall complexity of the situation (Nyande et al., 2025).

Emergent Theme 3: Practices of Safety

The third emergent theme to arise from the analysis is Practices of Safety, captures the adaptive, creative, and collective strategies that nurses at the BUCAS Center employ to survive the relentless busyness. This theme comprises four interconnected subthemes: individual coping mechanisms, time management and task prioritization, teamwork and communication, and resourcefulness and resilience.

Subtheme 3.1: Individual Coping Mechanisms

The first subtheme under Practices of Safety, Individual Coping Mechanisms, represent the most internal, and often invisible strategies employed to manage emotional distress, maintain psychological stability, and continue functioning in an environment defined by chronic stress. Participants described a range of strategies that are essential for survival. Individual coping mechanisms among nurses are internal, often invisible strategies used to manage severe emotional distress, maintain psychological stability, and continue functioning in chronic stress environments (Masoloko et al., 2024; Silva et al., 2026).

"I take short breaks when possible." (SS 112, Participant N5, Line 280)

"My strategies are time management, prioritization and clear coordination with colleagues. Help handle high workloads, staying calm and focused even during critical situations, ensures patient safety and efficient workflow. Occasionally, I also adjust my approach based on patient needs or available resources." (SS 126, Participant N6, Lines 367 to 370)

"The strategy is to prioritize tasks to stay organized, communicate clearly with the team, and remain calm even when there is pressure in the environment." (SS 124, Participant N4, Lines 230 to 232)

Nurses with higher levels of resilience are more likely to adopt positive coping strategies. Resilience plays a crucial role in enhancing decision making and problem solving skills, especially within the dynamic and unpredictable environment of palliative care (Alodhialah et al., 2024). Addressing nurse burnout effectively requires a multifaceted approach that prioritizes mental health support, regular physical activity, and the continuous development of professional competence (Hsu et al., 2024).

Subtheme 3.2: Time Management and Task Prioritization

The second subtheme under Practices of Safety, Time Management and Task Prioritization, captures how the participants described specific prioritization frameworks that they had developed, often implicitly, through experience. In the current context of rapid information expansion and business growth, responsibilities and associated stress have increased accordingly. As a result, the significance of effective time management is becoming increasingly evident. Time management refers to a collection of behaviors aimed at optimally organizing and allocating one's time (Vizeshfar et al., 2022; Azad et al, 2022).

"I had to prioritize patients based on severity, delegate tasks with my co-nurses, and ensure that critical patients were attended to first while still managing routine cases." (SS 133, Participant N1, Lines 24 to 25)

"I manage this by quickly prioritizing urgent cases, delegating minor tasks to support staff when possible, and coordinating closely with my colleague to maintain patient safety." (SS 136, Participant N6, Lines 318 to 320)

"In these situations, I take on multiple roles including triage, assisting the physician, documentation, and providing basic nursing care such as wound dressing and medication administration. To manage effectively, I prioritize patients based on urgency." (SS 138, Participant N8, Lines 484 to 486)

Effective task prioritization is essential, as it enables nurses to concentrate on the most urgent and time sensitive responsibilities. Adopting clinical pathways and standardized care plans can help optimize workflows (Filomeno et al., 2024). Delegation represents another essential strategy. Effective delegation entails distributing tasks among team members according to their individual skills and competencies, thereby ensuring that the workload is shared appropriately (Moradi et al., 2024).

Subtheme 3.3: Teamwork and Communication

The third subtheme under Practices of Safety, Teamwork and Communication represents the most powerful and frequently cited strands of the safety net that BUCAS Center nurses weave. The collective support of their colleagues is often the difference between enduring a shift and breaking down, but it is not a substitute for the systemic changes that would make survival less of a daily struggle. Research findings indicate a significant association between nursing teamwork and job satisfaction (Bragadóttir et al., 2023; Al Sabei et al., 2022).

"By guiding and supporting my team, we are able to overcome challenges and consistently provide quality patient care, which brings a strong sense of accomplishment." (SS 174, Participant N10, Lines 671 to 673)
"Even when patient volume is high and resources are limited; we adapt by reorganizing workflows and cooperating as a team. Flexibility, patience, and problem-solving are key to navigating difficult challenges and shifts." (SS 171, Participant N7, Lines 452 to 454)
"Teamwork and clear communication allow us to complete tasks and provide necessary care, which builds resilience and job satisfaction." (SS 170, Participant N6, Lines 372 to 373)

In healthcare, effective communication is vital for fostering teamwork that is consistent, productive, and streamlined (Boskma et al., 2025). When communication flows seamlessly, care transitions become smoother, misunderstandings are minimized, and clinical decisions are better informed (Meneses-La-Riva et al., 2025).

Subtheme 3.4: Resourcefulness and Resilience

The fourth subtheme under Practices of Safety, Resourcefulness and Resilience, involve active, problem focused strategies to overcome material scarcity, adapt to unexpected challenges, and persist despite overwhelming odds. A shortage of nurses has been attributed to a range of interconnected factors, such as the retirement of bedside caregivers and educators, the variety of care environments, the expanding scope of nursing roles, and nurse burnout (Kresevic et al., 2024; Bolado et al., 2024).

"While the PACEX is hosting, it has made me more resilient and better at prioritizing tasks. Despite the challenges, the satisfaction of helping patients makes the workload manageable." (SS 178, Participant N7, Lines 393 to 395)
"Workload also encourages me to develop more efficient workflows, improve multitasking skills and rely heavily on teamwork to ensure all patients are treated appropriately." (SS 181, Participant N6, Lines 326 to 327)
"When supplies are limited. We must improve, improvise, or delay procedures which can impact patients' outcomes. Adequate resources make it easier to maintain quality and efficiency while shortage adds stress and require careful planning to ensure patient safety." (SS 183, Participant N7, Lines 416 to 418)

Nurse resilience is essential for managing the diverse and complex challenges that arise in healthcare environments (Yu et al., 2024). Nurses can also apply learned resourcefulness that encompasses employing cognitive strategies; utilizing problem solving techniques in treating their patients (Nilgün & Gizem, 2021).

Implications and Recommendations

Nurses at the BUCAS Center experience workload as a multidimensional strain encompassing physical, mental, emotional, and time-based demands. They constantly switch among multiple roles without respite. Systemic hardships, including chronic understaffing, supply gaps, and the impossible demand for speed without error, amplify this burden and generate accumulating moral distress.

The practical implications are clear. Workload interventions must address all dimensions of strain simultaneously through regular assessments of task complexity, role switching, and emotional intensity. Healthcare institutions must design ergonomic workspaces, provide occupational health services, and implement mental health support programs. Formal peer support programs with protected debriefing time are essential. Clinical workflows must be redesigned through standardized protocols and decision support tools to reduce cognitive load under time pressure.

Safe staffing standards must be enforced, not merely recommended. Supply chain systems must be upgraded with real-time tracking, utomated reordering, and buffer stocks for essential items. These measures are necessary to sustain both nurse well-being and quality patient care. Without structural intervention, the documented stressors will continue to drive burnout, attrition, and compromised care. The question is not whether these nurses care, because they do deeply. The question is whether the system will finally care back.

Future research should pursue several directions. Comparative hermeneutic studies across BUCAS Centers in different Philippine regions can identify contextual variations in nurses' experiences and resource scarcity typologies. Longitudinal studies following nurses over 12 to 24 months can track how moral distress, coping, and resilience evolve. Intervention studies should test handoff protocols, peer support, supply chain reforms, and staffing standards using mixed methods. Economic research can compare costs of adequate staffing and support versus turnover and errors. Additional inquiries should explore head nurse experiences, patient and family perspectives, international comparisons with other low and middle income countries, the impact of hermeneutic accountability mechanisms, the efficacy of specific coping strategies, and the role of digital health technologies in mitigating resource limitations.

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