

Greatness In Distal Area (GIDA): Exploring the Lives of Community Health Nurses in Geographically-Isolated and Disadvantaged Areas for Health

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Abstract: In the realm of healthcare, where the focus extends beyond individual well-being to encompass the health of entire communities, Community Health Nursing arises as an essential aspect. Individuals, families, demographic groups, and communities rely on these committed healthcare professionals to promote health, prevent disease, and facilitate recovery. However, in the Philippines, specifically in geographically isolated and disadvantaged areas (GIDA) like Butuan City, community health nurses grapple with formidable challenges. The study aimed to develop a deeper understanding of the lived experiences of community health nurses assigned in Geographically Isolated and Disadvantaged Areas for health in Butuan City. Purposive sampling was used which included 15 Community Health Nurses in 12 Barangays in Butuan City. The study utilized a qualitative design through interviews, specifically, phenomenological, through the use of an interview questionnaire. The research delves into the lived experiences of CHNs working in GIDAs, aiming to understand their specific challenges characterized by constrained healthcare access and resource scarcity, and how they collaboratively navigate these obstacles to deliver adaptable healthcare services that cater to a wide spectrum of life stages, encompassing infancy, childhood, adolescence, adulthood, and older adulthood. This study emphasizes the necessity of collaboration among multiple stakeholders which are critical to enhancing healthcare delivery, assisting nurses in underprivileged regions, and promoting GIDA communities' overall health results, building a more equitable and resilient healthcare system.

Keywords: Barangay, Community health nurses, GIDA, Health challenges

1. Introduction

1.1 Background of the Study

Part of paramedical and medical intervention/approach which is concerned with the health of the whole population is called community health. The diagnosis and treatment of human responses to actual or potential health problems are called nursing. Thus, Community Health Nursing is the utilization of the nursing process in the different levels of clientele individuals, families, population groups, and communities, concerned with the promotion of health, prevention of disease and disability, and rehabilitation. On October 22, 1922, Filipino Nurses Organization (Philippine Nurses' Organization) was organized until 2014 to present. The Nurse Deployment Program (NDP) started sending nurses to poor communities and Geographically Isolated and Disadvantaged Areas (GIDA) in the Philippines which aims to augment the workforce in the rural health units, birthing homes, and barangay health stations. GIDA is a term used to describe certain barangays that experience disadvantages resulting from the combination of physical and socio-economic factors. These physical factors include challenges in delivering and accessing basic health services to communities that are hard to reach due to factors like distance, weather, and transportation. Socio-economic

factors, on the other hand, refer to the social, cultural, and economic characteristics of a community that can limit access to and utilization of health services. As community health nurses deployed in these types of areas, they aim to go beyond the traditional role of healthcare professionals and collaborate with other primary care disciplines, such as health and social care because coordination between community health nurses and other primary care professionals is crucial for effective caring for vulnerable community residents. [3]. The quality of care they provide depends on their ability to coordinate and include the full spectrum of care. Although nurses in general experience many occupational risk and safety challenges, there is little evidence that focused specifically on occupational risk and safety among community nurses assigned in geographical-isolated and disadvantaged areas (GIDA).

A study in Myanmar portrays one of the many difficulties CHNs faced in isolated & disadvantaged areas is due to Geographical barriers, bad weather, & inconvenient transportation which have resulted in delays and challenges in providing mobile health services. One nurse from the western part of the country described her difficulty as follows: "I have to take care of myself during the rainy season and floods. One time, I had fallen out of the

speedboat during my field visit along the creek. Since then, I feel afraid & worried whenever I go to the public for community health services" [17]. The "Magna Carta of Public Health Workers" promotes and improves the social and economic well-being of the health workers, their living and working conditions, and terms of employment which strengthens the discrimination prohibition, No Understaffing/Overloading of Health Staff & emphasizes the scope of their duties. This helps rural health nurses by providing them with the protection of their job security, fair compensation and benefits, necessary equipment, supplies, and facilities, training, education, and skills development, and protection of rights and welfare in case of work-related illnesses, accidents, injuries, & death. There are lots of working health and safety challenges such as the distance from their home to the workplace, issues around workload, burnout, and work-related stress [21].

In the Philippines, there is a total of 11,024,317 population in 6,458 barangays that are considered GIDA for Health. Out of 1,411 barangays in CARAGA, there is a total of 151 barangays that falls under the classification of GIDA for health and 13 of those barangays are identified in Butuan City [6]. A certain criterion must be met in order for a barangay to be called GIDA. Factors, such as lack of access to health services, population consisting of Indigenous People, barangays being affected by Armed Conflict, enrolled in poverty reduction programs, & poor performance in health indicators. It was identified that in the Philippines, each barangay has at least 25% of sitios/puroks who have no access to health services and at least 10% of its population are Indigenous People/affected by Armed Conflict/enrolled in poverty reduction programs. In terms of the availability of health personnel in each of the barangays considered GIDA, 79.71% of nurses are only available that were provided by either DOH or LGU which makes it far more difficult to manage safe & effective patient care in the community [7].

Poverty is prevalent in remote areas, & households are more likely to live in substandard conditions for an extended period of time. However aside from poverty, the conditions of public health facilities, including the quality of health professionals and workers, influence health outcomes. One health professional narrated that one time he really struggled to report and ask for medical advice from the doctor when a resident in Barangay Talisoy, Quezon Province was accidentally hit in the face with a fallen coconut; due to no or fluctuating signal, making reporting of health cases for the health workers is difficult [4]. Variables like these make nurses struggle more with unfavorable wages, severe workloads, a lack of prospects for professional advancement, and an unfavorable work environment [14].

There was a dearth of literature on GIDA for health nurses, with a focus on their risk and safety; at the same time, there was no literature based on local research. This is one of the reasons we carried out this study since there is a vacuum in the literature. By exploring the experiences with occupational risk and safety among community health nurses assigned in geographically-isolated and disadvantaged areas in Butuan City, Student nurses can actively participate in the formation of insightful proposals that will improve support and safety for the committed healthcare workers serving the Butuanons.

1.2 Statement of the Problem

The study would like to explore the lived experiences among community health nurses assigned in selected geographically-isolated and disadvantaged areas.

Specifically, it seeks to answer the following questions:

1. What are the participant's experience in GIDA?
2. What are the participant's experience on the life stage services in GIDA?
3. What are the participant's experience in health risks and safety practices in the area?
4. Based on the study's findings, what intervention program can be proposed?

1.3 Conceptual Framework

The study explores the lived experiences of community health nurses assigned to Geographically-isolated and disadvantaged areas (GIDA) for Health. The focus of this study was centered on Community health nurses who were assigned to selected Geographically-isolated and disadvantaged Areas (GIDA) for Health in Butuan City. By this, the researchers aim to explore the occupational risk and safety and the life stages services of community health nurses. Understanding their lived experiences could be more important in establishing appropriate interventions.

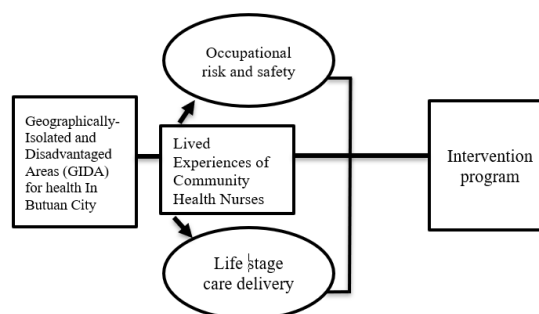


Figure 1: Research Paradigm

1.4 Theoretical Framework

This study was anchored on the Donabedian Theory which provides a basis or framework which can evaluate the quality of care based on the three dimensions or components. These components include the following; Structure, Process, and Outcome [8]. Donabedian Theory was also used to validate a need for improvement in a particular action or program.

Donabedian reasoned that there is a connection between the three components in which a good structure could make way for a good process, and a good process would then give way to a good outcome. This theory is depicted as a linear relationship between the three components. The Donabedian Theory describes structure pertaining to the location where the care is being given, the equipment and facilities, the health care system, and human resources. Process refers to the list of programs, actions, and interventions that have been done. The outcomes refer to the effects of the intervention that were given or the results of the actions and interventions.

This theory has been used in multiple scenarios such as in evaluating the response of the emergency department of a facility to COVID-19 was high-quality identifying the quality of care in a Portuguese hospital based on the nurses' perceptions.

This theory is applied to the study by identifying constraints and deficiencies that may affect the structure that could lead to ineffective interventions and determining whether the desired outcome was reached or not and if quality care is achieved. Figure 1. The structure influences what happens in the process, and the process influences the outcome.

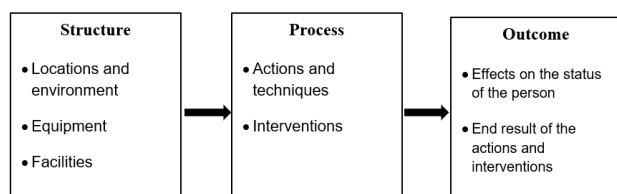


Figure 2: The Donabedian Theory

1.5 Significance of the Study

This study provided readers with a better understanding of the context of community health nurses' experiences deployed in Geographically isolated and disadvantaged area (GIDA) barangays in Butuan City. It highlighted the contribution the study brought to the nursing field and, at the same time, to the city and its organizations. The study paved the way to expose the underlying problems that community health nurses face and allowed the city government to respond to their concerns.

The result of the study is directed or beneficial to the following:

Community Health Nurses. The research provides an accurate depiction of the limitations experienced by these nurses by documenting restricted access to medical supplies, transportation issues, personal safety hazards, and geographical barriers. These findings not only validate the experiences of GIDA barangay community health nurses, but they also provide a solid foundation for informed decision-making, policy development, and targeted interventions to improve support systems and working conditions for these dedicated healthcare professionals.

City DOH Office of Butuan. This study provides significance for the Butuan City Department of Health (DOH) office because it gives important insight into the issues experienced by community health nurses working in Geographically Isolated and Disadvantaged Areas (GIDA). The findings will be used as an intellectual resource by the City DOH office to improve their GIDA-targeted programs and initiatives. It provides useful information for program components such as community development, technical and financial assistance, and monitoring and evaluation, allowing the City DOH office to refine strategies, allocate resources effectively, and document best practices to improve healthcare services and outcomes in Butuan City's GIDA barangays.

City Health Office of Butuan. The study findings will serve as a reference in the enhancement of the local investment plan for health, specifically enhancing the health workforce plan for Butuan City. Thus, it will furtherly strengthen the current safety measures executed.

Local Government Unit of Butuan. The study findings will serve as a reference in the formulation of the SP Ordinance, SP Resolutions, or Executive Order, emphasizing the health workforce plan for Butuan City.

Non-Government Organizations (NGOs). The study can be used as a reference to the developmental partners on what technical assistance they can provide to those barangays classified as GIDA.

Nursing Schools. Clinical instructors would be given an extra boost in creating safety guidelines and protocols for implementing clinical duties for the student nurses deployed in far-flung barangays in their municipality. It will help the institutions about the things to be watched out for and create emergency plans when having their students in GIDA barangays.

Philippine Nurses Association. The study will amplify the current standards of the organizations. The findings' data will help promote the holistic welfare of nurses and prepare them to be globally competitive despite the disadvantages they experience in their environment. Thus, it will improve the professional growth of the nurses, specifically the community health nurses assigned in the GIDA area, towards attaining the highest standards of nursing.

Future researcher. This study would help the student researchers be aware and knowledgeable about the lived experiences among community health nurses assigned to GIDA barangays. It would allow them to magnify their performance in research, collects and analyzes information, and uses the data to problem solve and improve decision-making and efficiency, and it can help as a reference for more studies in the future.

1.6 Scope and Limitation

This study has the following parameters as well as some constraints.

The study focused on the Community Health nurses assigned in Geographically Isolated and Disadvantaged areas identified by DOH in Butuan City. The CHNs, either male or female, were chosen as potential participants in the identified barangays considered GIDA, specifically Baranggay Nong-nong, Bitan-agan, Anticala, Tungao, San Mateo, Bugabus, Sumile, Dankias, Manila de Bugabus, Amparo, Florida, Bugsukan, & Pianing. Qualitative data was obtained through an interview by visiting their respective Brgy. station or health district main centers and calling the potential participants.

However, there were limitations in this study. Firstly, the research relied on qualitative methods, which limited the availability of statistical results. Instead, a diverse range of statements was used to understand each participant's experiences. Secondly, the study focused solely on community health nurses and did not explore other factors that impact the environment, population, and sample. Lastly, the findings are specific to the GIDA barangays identified by the DOH in Butuan City, limiting generalizability. Despite these limitations, valuable insights were obtained from interviews conducted in 12 other GIDAs, contributing to a comprehensive understanding of the research issue.

The data collection began on January 2023 and continued until the data collection deadline was reached.

2. Methodology

This chapter presents the methods and procedures applied by the researchers in this research study. It includes the research design; environment, population, and sample; sampling technique; ethical consideration; research instrument; data gathering; data analysis; and methodological rigor.

2.1 Research Design

The study utilized descriptive phenomenological research. It is an approach that is very useful when researchers want to describe how human beings experience a certain phenomenon. The focus of the design is on learning the who, what, and where of phenomena or events and collecting insights that will enable a thorough summary of a particular experience by these individuals. It focuses on answering the questions of "what is the experience" and "how it is experienced" by the potential participants. It is descriptive in the sense that the art of interpretation and analyzing of what type of experience is encountered. In the context of the study, we examined the experiences, either in the past or present tense of the community health nurses. The data was then explored and analyzed using Colaizzi's method of data analysis along with a diagnosis of what's going on of how the potential participants went through in dealing with what is life and the essence of a community health nurse assigned to geographically-isolated and disadvantaged areas.

2.2 Environment, Population, and Sample

The study is conducted in the selected barangays in Butuan City, Agusan del Norte, Philippines. The city is located in the northeastern part of Mindanao with the following coordinates- Longitude: 8.948515508566835, Latitude: 125.53520064790204. Butuan City is a significantly urbanized city in Caraga, Philippines. It is centrally located with an administratively independent administration and serves as the de facto capital of the province of Agusan del Norte. It is known for being the first discovered island by the Spaniards and the first-ever Easter Mass in the Philippines – a landmark in the history of Philippine Christianity. The city covers an area of 526.3 square kilometers. It is made up of 86 barangays, 27 of which are urban and 59 of which are rural. Out of 59 rural barangays, 13 of those barangays are identified based on DOH-Administrative Order No. 2020-0023. "Guidelines of Identifying Geographically-Isolated and Disadvantaged Areas and Strengthening their Health Systems." These barangays are the following: Brgy. Bugsukan, Brgy. Dankias, Brgy. Nong-nong, Brgy. Bitan-agan, Brgy. Anticala, Brgy. Tungao, Brgy. San Mateo, Brgy. Bugabus, Brgy. Sumile, Brgy. Amparo, Brgy. Florida, Brgy. Pianing, and Brgy. Manila de Bugabus.

The population of the study is the community health nurses in the GIDA barangays of Butuan city. The total population is sixteen: one to two nurses with a dedicated DOH RN daily for every GIDA barangay in rotational duties.

2.3 Sampling Technique

The study used purposive sampling or a selective sampling method. It is a sampling technique that helped the researchers recruit respondents that gave them detailed and in-depth information about the found phenomena that are

under exploration [18]. This sampling technique is purely subjective and the researchers had set criteria that each respondent had met to be considered to participate or qualified in the study. The inclusion and exclusion criteria were developed to ensure that the respondents were adequate. Inclusion criteria include (1) registered community health nurses assigned in GIDA (2) any age of respondents (3) residents of Butuan City, Agusan Del Norte (4) who signed the informed consent and is willing to participate in the study. On the contrary, exclusion criteria include (1) Barangay Healthcare Workers (BHW) (2) Midwives (3) Medical Technologists (Medtech) (4) barangays that don't fall under GIDA for Health (5) nurses that are not assigned to the identified barangays (6) potential participants who refuse to participate in the study.

2.4 Ethical Consideration

Ethical considerations were carefully observed in this study to protect participants' rights and well-being. Autonomy was respected by providing informed consent and the option to withdraw at any time without explanation. Beneficence and non-maleficence ensured participants' safety and mental well-being, allowing withdrawal if sharing experiences would be harmful. Confidentiality was maintained by not disclosing participants' names and designated areas during data analysis, in accordance with data privacy laws. Justice was upheld by treating all participants equally during the interviews about their experiences as community health nurses in GIDA.

2.5 Research Instrument

The study utilized a semi-structured, in-depth, one-on-one interview with open-ended questions that were translated into the participants' vernacular language and gave them the freedom to respond to whatever they prefer without being constrained by predetermined replies. In order to conduct a thorough analysis of the responses and to get more data for the study, follow-up questions were prepared. The participants had the freedom to react to the question based on their own experiences and in their own words, and they had the opportunity to use any language they feel comfortable using. The data obtained was transcribed into Bisayan transcriptions by the researchers, and then translated the information back into English. The research adviser and an English teacher verified the translation before the information was evaluated. For the reader to comprehend the interview data acquired, the vernacular and translated languages were included.

Additionally, before the interviews, a pilot test was conducted with one (1) participant who were excluded from the actual gathering of data in order to ensure that the set of questions helps to answer the main research objectives of the study and the items that need to be discarded or revised and enhance the interview guide questions. The purpose of this was to evaluate the reliability and validity of the interview guide questions.

2.6 Data Gathering

Data collection commenced following approval from the Butuan City health office, including permission requests sent to relevant authorities and organizations. Informed consent was sought from respondents through email and in writing. Before interviews, respondents were informed about the

study's purpose, data collection process, and the option to withdraw their participation at any point. Data gathering involved semi-structured, in-depth, one-on-one interviews with open-ended questions, conducted in face-to-face meetings at their respective health stations or main health centers and through online interviews at their convenience. Recordings were made with respondent consent and subsequently transcribed. Data were processed confidentially, securely stored, and subjected to analysis for examination.

2.7 Data Analysis

The collected data underwent Thematic Analysis, a widely used method in qualitative research that identifies meanings and derives themes or results from interview transcripts. This analysis was chosen due to the one-on-one interviews with open-ended questions used in data gathering. For in-depth analysis and step-by-step procedures, the researcher employed Colaizzi's Method, suitable for evaluating participants' lived experiences and revealing phenomena in the study context, as it aligned with the aim of understanding the experiences of community health nurses in their assigned communities.

2.8 Methodological Rigor

To ensure data reliability and trustworthiness, the study adhered to Guba and Lincoln's four-dimension criteria: credibility, dependability, confirmability, and transferability. Credibility was established through a pilot interview to refine the research approach and clarify participant statements. Various data sources, including observations, transcripts, and recordings, were used to minimize bias and enhance data accuracy. Providing participants with interview transcripts aided in data validation.

Dependability, focused on data stability over time and conditions, was ensured by maintaining a detailed audit trail to track the study's components and actions, such as interviewee selection and data observation.

Confirmability relied on reviewing audio recordings and transcripts to assess data accuracy, supporting the research's results, interpretations, and conclusions.

Finally, transferability was supported by providing a comprehensive description of participant responses, views, and opinions, allowing readers to evaluate the data's applicability to their own contexts or situations.

3. Results and Discussion

3.1 Theme Clusters & Themes

THEME CLUSTER 1: CRISIS RESPONSE

It captures the overarching themes of responding to and managing crises in various contexts. It reflects the challenges faced in healthcare amidst conflict, environmental catastrophes, accidents, and injuries, and the importance of ensuring safety in the community. The word emphasizes the proactive approach required to effectively navigate and address these crises. It underscores the need for comprehensive and coordinated efforts to mitigate risks, provide essential healthcare services, and promote overall safety and well-being in the face of challenging circumstances.

Working in GIDAs poses unique challenges and risks for CHNs due to the remote and often resource limited nature of these areas. CHNs may face challenges related to difficult terrains, challenges in accessing necessary medical equipment and medications, security issues such as conflicts, civil unrest, or the presence of armed groups. Thus, by investigating their occupational risks and safety measures, we can study how CHNs working in GIDAs perform their vital roles effectively while safeguarding their own well-being and ensuring the delivery of quality healthcare services to the underserved populations they serve.

Theme 1: Healthcare Amidst Conflict

The statement from the Community Health Nurse who worked in a Geographically Isolated and Disadvantaged Area highlights the unique challenges and risks faced by healthcare professionals operating in conflict-affected and safety-compromised environments and the interconnectedness between healthcare services, community safety, and collaboration with law enforcement agencies. This theme encompasses the nurse's experiences of working in an area marked by a history of conflict and the presence of armed groups, specifically referring to the rebels and showcases.

In accordance to the study findings of Jennings, et.al. (2018). Despite the presence of conflicts and safety risks, the nurse notes that the people in the area continue to lead relatively normal lives. This resilience implies that the community adapts to the circumstances and values the presence of healthcare services as long as healthcare workers do not pose a threat to the armed groups' agenda. This highlights the importance of neutrality and the commitment to humanitarian principles in delivering healthcare to communities affected by conflict.

Theme 2: Environmental Catastrophe

Environmental catastrophes present serious difficulties for many facets of society, including the nursing profession and healthcare systems. Environmental disasters present a variety of difficulties, including higher dangers for healthcare workers, especially nurses. The Philippines is prone to numerous types of natural catastrophes, including typhoons, earthquakes, floods, volcanic eruptions, landslides, and fires due to its location on the "Pacific Ring of Fire" and along the Pacific typhoon belt. Therefore, the Philippines specially in the remote areas where usually a mountainous such as GIDA will be prone in landslide during typhoons or extreme weather occurrence.

Theme 3: Navigating Accidents and Injuries

This theme delves into the challenges and implications of accidents and injuries within the barangay affecting the nurses, highlighting the crucial role of safety in the community. It explores strategies to strengthen community response, promote safety awareness, and empower individuals to prevent and effectively manage accidents and injuries in their local setting. Healthcare access, risky behavior, social determinants of health, extensive road networks, and occupational hazards pose significant challenges for rural and remote areas [25].

Theme 4: Ensuring and Managing Safety in the Community

This aims to highlight the responsibilities and actions required of community nurses to create a safe and secure environment. It will contribute to the development of comprehensive safety protocols, the enhancement of community engagement strategies, and the empowerment of community nurses to proactively address safety concerns. Woods (2022), stated that healthcare professionals such as nurses have the right to a safe working environment because when nurses feel safe and secure in their work environment, they can focus more effectively on delivering high-quality care to patients. A safe work environment reduces the risk of accidents and injuries, allowing nurses to perform their duties with confidence and peace of mind [24].

Theme 5: Brimful Workload and Workforce Demand

A large number of community nurses frequently felt overworked as a result of documentation tasks. The amount of time nurses spend on organizational documentation, in particular, was correlated with their perception of a heavy workload [5]. Hence, the increased workload had a negative impact on their emotions [26]. The brimful workload is a pervasive challenge that plagues individuals in various professions, but perhaps nowhere is it more evident than in the lives of nurses assigned to far flung areas. These dedicated healthcare professionals face an uphill battle as they navigate the arduous terrain of remote regions, grappling not only with the demands of their critical role but also with the limited resources and infrastructure available to them and even the manpower. With patients dispersed across vast distances, they often find themselves contending with overwhelming caseloads, extended working hours, and a lack of support staff.

THEME CLUSTER 2: RESILIENT EMPOWERMENT

This captures the common theme of resilience, empowerment, and overcoming challenges. The themes suggest a focus on navigating and surpassing obstacles, whether they are geographical barriers, supply struggles, high workload and workforce demand, or the weariness of the journey. They also emphasize the importance of innovation, adaptation, and empowerment in addressing these challenges. The themes further highlight the passion, fulfillment, and qualities needed for effective community health nursing (CHN) practice. The word "Resilient Empowerment" encapsulates the spirit of perseverance, adaptability, and personal growth in the face of adversity.

Theme 6: Overcoming Geographical Barriers

The statements from Community Health Nurses working in a Geographically Isolated and Disadvantaged Area highlight the challenges posed by geographical barriers and the efforts made to overcome them in order to provide accessible healthcare services. This theme emphasizes the significance of addressing the geographical challenges faced by healthcare providers and the measures taken to ensure that healthcare remains accessible to the population in remote areas.

The complexities and unique considerations involved in delivering healthcare across geographically expansive communities is emphasized. In accordance to the study findings of Evans, et.al. (2022), Geographic distance to health facilities is one of the main barriers to healthcare

access. They found that consultation rates were lower in fokontany where households lived further from the CHW site. This presents logistical challenges and requires additional effort to reach each household for healthcare services [10].

Theme 7: Wheels of Resilience

Dedicated GIDA nurses tirelessly navigate the rugged terrain in the vast expanse of Geographically Isolated and Disadvantaged Areas (GIDAs), where roads are mere whispers and distances stretch like infinite horizons, overcoming transportation obstacles with unwavering determination and resourcefulness. Lenthall et al. (2015) found that community health nurses must travel long distances and slippery roads to make home visits and care for every client they handle. Their relentless pursuit of providing healthcare transcends the challenges of accessing far-flung communities, demonstrating resilience in their unwavering commitment to serve those in need [15].

Theme 8: Caring Hearts, Thriving Community

Nurses in Geographically Isolated and Disadvantaged Areas (GIDAs) are committed to their community service. Their commitment extends beyond professional responsibilities as they build a healthy relationship with the community they serve. The community supports the nurses enthusiastically, acknowledging their essential efforts and promoting respect and camaraderie. The study of Muntean (2018) emphasizes the importance of effective communication and community participation in fostering reciprocal care and support among community people and healthcare practitioners such as nurses [19]. This subject, "Caring Hearts, Thriving Community," delves into the strong bond between GIDA nurses and their community, emphasizing their relationship's mutual support and admiration. Participants demonstrate a strong sense of belonging and concern in the community, where helping others is analogous to helping family members.

Theme 9: The Supply Struggle

Nurses need help accessing and providing adequate medications and supplies in healthcare centers, leading to delays and limitations in patient care. The limited availability and stock of medicines are recurring, affecting the quality and range of treatment options. Nurses assigned to rural areas face several challenges in accessing and providing adequate medications and supplies, such as Limited availability of medications, Inadequate storage facilities, Bureaucracy, and Limited availability of medications. Despite efforts to procure medicines from the barangay or the Department of Health (DOH), shortages persist, hampering their ability to meet the community's healthcare needs. Additionally, sufficient medical equipment and supplies must be needed, including replacements for malfunctioning devices or expired stock. Nurses make do with what resources they have, often improvising or relying on limited support to provide the best care possible.

Theme 10: Innovate, Adapt, Empower

In the face of limited resources and challenging working conditions, nurses emerge as resilient heroes, determined to provide quality care within their communities. This theme highlights their resourcefulness, adaptability, and unwavering commitment to patient well-being. To

effectively support healthcare providers and nurses and provide a safe environment for them to perform their job duties during critical periods, it is crucial to gain new insights by recognizing their experiences and challenges in work environments, as well as their strategies for adapting to this situation [12]. Through innovative approaches and creative problem-solving, these nurses empower themselves and their colleagues to overcome obstacles, profoundly impacting healthcare delivery.

Theme 11: Crutches After a Weary Slog

After a weary slog, the next phase often involves leaning on crutches for support. This metaphorical crutch represents the much-needed respite and assistance that individuals require to regain their strength and recover from the exhaustive journey they have endured. Just like weary travelers, nurses assigned to far-flung areas also deserve a period of rest and rejuvenation. It was also determined that coping strategies, especially problem-solving and support systems, are vital to increasing compassion satisfaction and mitigating burnout and secondary stress syndrome [1]. This phase offers them an opportunity to replenish their physical and emotional reserves, seek solace in the company of loved ones, and engage in activities that nourish their well-being. These crutches may take various forms, such as taking time off, engaging in self-care practices, seeking counseling or support networks, or pursuing professional development opportunities. By embracing this phase of recuperation, nurses can ultimately return to their noble calling with renewed vigor, ready to face the challenges that lie ahead and continue their indispensable service to remote communities in need.

Theme 12: Passion and Fulfillment

This theme emphasizes the personal dedication, intrinsic motivation, and fulfillment that Community Health Nurses derive from their work, even in the face of difficult circumstances. The nurses express their personal affection, and love for their work, and emphasize the importance of having a positive mindset and genuine passion for their role as healthcare providers. That is why to have positive feelings and harmony within the job, a community health nurse must have good workplace dynamics and relatively good relationships in their workplace. This love for their job serves as a source of motivation and enables them to navigate challenges effectively.

Theme 13: Peak of the Mountains

Each barangay has specific cases that commonly emerge or occur, these cases, as perceived by the nurses, may happen multiple times or there may be cases that the nurses perceived as hard to control. Within the duration of 1990 to 2019, noncommunicable diseases account for 39% and 64% respectively of the total number of deaths. Communicable diseases such as tuberculosis and maternal and child-related conditions still make up a significant part of the contributors to the burden, and because of this Community Health Nurses have one of the greatest exposures to these conditions, being the ones to whom people in the community go to first. Based on the nurse's statements, the theme: "Peak of the mountains" has emerged. These highlight the common cases and situations that the nurses have treated and experienced in the community.

Theme 14: Fitting Qualities for an effective CHN

The theme focuses on identifying the core qualities that contribute to the effectiveness of community health nurses (CHNs). By examining the traits and attributes that make a CHN exceptional in their practice, this theme aims to highlight the importance of qualities such as empathy, cultural sensitivity, effective communication, critical thinking, and adaptability. The findings will provide insights to guide the recruitment, training, and professional development of CHNs, ultimately fostering excellence in care delivery and improving health outcomes within the community.

THEME CLUSTER 3: HEALTHCARE FRAMEWORK

The cluster emphasizes the interconnectedness and synergistic nature of these themes, highlighting the significance of collaboration in providing holistic and patient-centered healthcare services.

In GIDAs, where access to healthcare may be limited and resources are scarce, CHNs play a crucial role in delivering care that is responsive to the diverse life stages of the population. It recognizes that individuals go through various life stages, such as infancy, childhood, adolescence, adulthood, and older adulthood, each with unique health concerns and requirements. By focusing on life-stage care delivery in the research on CHNs working in GIDAs, valuable insights can be gained into the specific healthcare needs, challenges, and best practices for addressing the health disparities faced by individuals at different stages of life in these areas.

Theme 15: Partnerships for Comprehensive Care

The statement by Community Health Nurses who worked in a Geographically Isolated and Disadvantaged Area highlights the collaborative approach taken to deliver comprehensive healthcare services. It emphasizes the importance of teamwork, partnerships, and effective resource allocation to ensure comprehensive healthcare services despite the limitations of the geographically isolated and disadvantaged area.

Theme 16: Bustling Circuit Schedule

A busy schedule has become difficult to manage in our connected and hectic society. There is frequently an intricate web of duties and obligations due to society's standards, individual responsibilities, and employment needs. Nursing requires commitment, compassion, and the capacity to manage a hectic schedule. Nurses are essential to the healthcare industry because they offer patients in a variety of settings valuable support and assistance. Due to the frequent overload of obligations on their calendars, time management, and multitasking are critical abilities. According to the study by Ericson-Lidman and Åhlin (2017), healthcare workers should avoid being too busy over a long period of time, because this could possibly affect the quality of services they give as well as their own health [9].

Theme 17: Service Prioritization

Prioritization is the process of assessing the importance of problems that require immediate attention. According to Mallari, et al. (2020), client prioritization is the process of rating referrals in an order of priority based on numerous criteria with the goal of increasing equal opportunity in the

distribution of care [16]. Tonnessen et al., (2020) additionally stated that inadequate resources make establishing a minimum standard more difficult and that as part of everyday practice, nurses must divide their care and prioritize those who need it the most [22]. It should be noted that prioritizing treatment in settings with few resources can be difficult and may need difficult decisions. Nurses should push for the resources they need and take part in ethical discussions to provide the most effective treatment for clients within the limits they have.

Theme 18: Collaborating with a Barangay Authority

Collaboration is defined as individuals working together to attain their goals. Collaboration with barangay officials is essential for providing health care in the community. Local authorities have a direct link to the community and can enhance community engagement in decision-making processes. Partnerships between health care (PC) and authorities can address population health issues and enhance health outcomes [20]. In many both personal and professional circumstances, collaborating with others may be very helpful and is frequently necessary. This is in line with [2] assertion that improved population health may result through partnerships between local healthcare providers and non-healthcare entities. Additionally, [11] claims that interprofessional teamwork is a characteristic of effective and good patient care, where a number of healthcare professionals combine their skills to provide care to clients. However, it's crucial to keep in mind that effective teamwork necessitates strong communication, attentive listening, and respect for one another.

Theme 19: Bridging the Knowledge Gap

Efforts to reduce differences in knowledge and information across various persons or groups are referred to as bridging the knowledge gap. It entails making relevant and correct information available, increasing educational and learning opportunities, and establishing effective communication channels. Community Health Nurses would face a significant barrier in dealing with this circumstance, which is why the Nurse needs to be culturally aware. Toudy in 2019 says that excellent communication with clients from different cultural backgrounds is essential for comprehension and for providing the best possible health care. By combining these tactics, nurses can successfully address cultural factors and achieve improved health outcomes for people from varied cultural backgrounds [23].

Theme 20: Implemented Health Programs

Implemented health programs are specific activities and measures that have been successfully put in place by community health nurses to address particular health issues. Community health nurses play a vital role in implementing these health programs that are tailored to the specific needs of the communities they serve. Community health programs serve an important role in advancing and enhancing the health and wellness of people as well as populations. According to , public health services aim to increase access to preventive health treatments, include people in treatment decisions, and minimize hospital expenses. It is under the Public Health Law which focuses on the legal authority and practice associated with public health advocacy and policy.

Theme 21: Administering Versatile Care

There will be instances when care is not properly provided because of the large area that is covered by one barangay and the difficulty nurses have in reaching all of the residents there. According to the nurses' statements, the theme of Administering versatile care has emerged. This would lead the nurses to bring all of the services with them when they visit the farthest portions of the barangay. This highlights what the nurses experience when they provide openall services. According to the study by Collado, distance is one of the factors that challenge community health nurses to provide services in their community, that's why bringing all the equipment to the area and implementing all the services in one day is necessary [4].

Theme 22: Cultural Integration Strategies

Examining various approaches and practices aims to uncover strategies that promote cultural sensitivity, inclusivity, and respect when working with diverse communities. This will contribute to enhancing the understanding and implementation of culturally competent practices among community nurses, enabling them to build meaningful relationships, bridge cultural gaps, and provide person-centered care that aligns with the unique cultural contexts of the communities they serve. According to Kaihlanen et al., there is a growing number of patients with varied language and cultural backgrounds being treated by healthcare professionals globally. Regarding the caliber of healthcare, cultural competence is clearly important, and more understanding is required of the various educational models and strategies intended to boost cultural competence.

3.2 Intervention Program

Title: Redefining Care: Empowering the Quality of Life of a GIDA Nurse

Description:

The holistic approach adopted in addressing the concerns and problems faced by GIDA nurses upon deployment in their respective areas is crucial for their well-being and professional growth. The primary purpose of this comprehensive intervention program is to illuminate and address the existing issues faced by GIDA nurses in Butuan City. By embracing a holistic and systematic approach, the program aims to develop practical proposals and effective solutions to solve these obstacles and improve GIDA nurses' working circumstances and well-being through recommendatory remedies to the issues at hand.

The intervention should be holistic but also systematic and long-lasting, ensuring that the multifaceted difficulties confronting GIDA nurses are addressed gradually. The intervention program is divided into four phases, one for each quarter of the year, to build a holistic framework that encourages collaboration, empowerment, and continual progress. Each element of the intervention program is tailored to the specific demands and obstacles that GIDA nurses confront at various stages of their deployment. As a result, it addresses explicitly:

1. Occupational risk and safety
2. Lived experiences of GIDA for health nurses
3. Life stage services

The overarching objective of implementing this program is to develop an environment that fosters collaboration, empowerment, and continual improvement while ensuring sustainability for the long-term benefit of GIDA nurses. Using a comprehensive framework that unites academic rigor with practical solutions, the program aims to improve working conditions, develop a good work environment, and promote the overall well-being of GIDA nurses in Butuan City.

Table 1. Intervention Program Activity

ACTIVITIES	SPECIFIC OBJECTIVES
QUARTER 1: MENTORING AND PRECEPTORING -This quarter will highlight the introductory phase of the GIDA for Health program in partnership with the DOH. In this period, the nurses shall be oriented with the job description and the current community situation they are assigned, and mold them to become competent nurses. The DOH's program will allow the nurses to be better equipped with knowledge, skills, attitude, & exemplary character through mentoring and preceptoring. -For nurses who already have experience or have served for numerous years in GIDA barangays, implementing activities or initiatives such as Knowledge-sharing sessions where experienced nurses can share their insights, lessons learned, and best practices with their colleagues such as online forums or regular groups meetings; Develop case studies based on real-life scenarios encountered in GIDA barangays; and establish mentorship programs where experienced nurses can mentor & provide guidance to new or less professional nurses to align with the quarterly activity	COUNSELING -to make GIDA nurses understand the demands of their position/appointment in their assigned community by conducting mentoring and preceptoring activities such as orientation programs, leadership development programs, and community assimilation to grasp the task entirely. -establish a mentorship program in which experienced nurses coach less experienced nurses in GIDA barangays. The program aims to encourage knowledge sharing, increase skills, and improve their capacity to deal with real-life circumstances encountered at work. -to ensure that the employer is hands-on in dealing with their employees and equipping them with the right tools and appropriate character to embody the nursing core values.
QUARTER 2: SKILL SET -This quarter will focus on the enhancement of skills of the GIDA for health nurses to tailor the needs of their specific assigned communities efficiently. Training programs, seminars, and symposiums focus on existing medical priorities	TRAINING -to provide continuous learning and accessible information for nursing advancement and enhancement of life-stage delivery that they can provide to the community. -to allow them to have the proper and sufficient
QUARTER 3: SAFETY PROTOCOLS AND GRIEVANCES -This quarter will address the safety concerns of GIDA nurses to ensure that their employer complies with the existing laws, SP ordinances, and labor policies concerning their employment. Hence, it will involve collaborating with relevant stakeholders, such as labor unions and regulatory bodies, to assess workplace conditions and advocate for improved safety standards. A confidential reporting system will also be established to ensure GIDA nurses can freely express their concerns and grievances, providing a secure avenue to seek redress and effect positive changes in their working environment.	DIALOGUE -to monitor the safety precautions and legislation that safeguards GIDA nurses upon assumption of their appointment through the conduct of hazard assessments and risk surveys -the results of the hazard assessments and risk surveys will allow the employer to identify if the existing laws are effectively complied with, creating an opportunity for the local sanggunian to legislate specific labor laws catering to GIDA nurses -to provide a channel where the GIDA nurses can communicate with their employer about their respective professional drawbacks through an onsite and digital consultation
QUARTER 4: BUDGET & LOGISTICS ALLOCATION -This quarter will stress GIDA nurses' fiscal, financial, and logistical needs in preparation for the Local Government -Units' (LGUs) Three-year plan on the Local Investment Plan for Health (LIPH). GIDA nurses must submit their records and data to their employers for budgetary purposes. Hence, this will give them a foundation for determining their objectives and actions from the barangay, district, to city levels. This comprehensive planning	EVALUATION -to precisely tailor the inventory needs and to carry out logistical designs of GIDA nurses in their respective areas of responsibility through their submitted reports and data through on-site submissions of reportorial documents -the reportorial documents submitted by GIDA nurses will serve as one of the bases of their budgetary needs for them to use in the three-year plan of the LIPH -to adapt and modify budget and logistics allocation with the GIDA

process guides their decision-making and sets the direction for their activities every year, enabling them to utilize the resources with minimal limitations efficiently.

barangay through the updated data that they will systematically submit to their employer

3.3 Conclusions

In conclusion, this study delved into the lived experiences of Community Health Nurses (CHNs) working in Geographically Isolated and Disadvantaged Areas (GIDAs), shedding light on various aspects of their occupational risks and safety, as well as their life-stage care delivery in the community. The findings revealed important themes that emerged from the participants' statements, providing valuable insights into the challenges faced by community health nurses in these challenging contexts and offering recommendations for improving healthcare delivery and supporting the wellbeing of CHNs.

In geographically isolated and disadvantaged areas, community health nurses (CHNs) work tirelessly to provide essential healthcare to underserved communities. They face numerous challenges and risks, but their dedication to the well-being of residents drives them forward. Despite rugged terrain and environmental catastrophes, CHNs find ways to ensure safety and mitigate risks. They educate the community on preventive measures and emergency response, understanding the importance of community safety. Overcoming geographical barriers, CHNs reach remote areas, becoming resilient providers of care. They build strong relationships, deliver culturally competent care, and address challenges in accessing medications and supplies. CHNs advocate for health education, bridging gaps between healthcare systems and the community. They find fulfillment in making a positive impact and ensuring equitable healthcare access for all. This story showcases the resilience and dedication of CHNs, highlighting occupational safety, tailored care, and the power of compassion and collaboration in healthcare.

Furthermore, this research provides valuable insights into the challenges and realities faced by CHNs in GIDAs, highlighting the importance of addressing occupational risks and safety concerns, enhancing healthcare delivery strategies, and supporting the recruitment and professional development of CHNs. By understanding the lived experiences of CHNs, healthcare organizations and policymakers can make informed decisions to improve healthcare services, ensure the well-being of healthcare professionals, and enhance the overall health outcomes of communities in Geographically Isolated and Disadvantaged Areas.

Overall, an intervention program entitled "Redefining Care: Empowering the Quality of Life of a GIDA Nurse" is proposed, which aims to address the existing issues faced by GIDA nurses in Butuan City which follows a holistic, systematic, and sustainable approach, consisting of four phases implemented throughout the year which are mentoring and preceptoring, skill enhancement, safety protocols, budget, and logistics allocation. The objectives include establishing clear job expectations, advocating for recognition and support, providing technical help to GIDA communities, increasing term retention, and implementing a long-term monitoring system.



Figure 3: Proposed Pamphlet

3.4 Recommendations

This study presents the results and analysis of the research, and based on these findings, the following recommendation is proposed:

Community Health Nurses. The researchers recommend that community health nurses assigned in GIDA for health barangays to collaborate with government agencies and NGOs to gain more support and resources to solve the challenges they encounter. This can include increased gain to medical supplies, improved transportation, and additional training to address the needs of these communities.

City DOH Office of Butuan City. To continuously provide technical assistance in GIDA so nurses can provide proper quality care such as training and development of skills, mentorship and preceptorship programs, and continuous professional development as these can educate the GIDA nurses, improve their working situations, increase their skills and knowledge, and eventually strengthen healthcare delivery in these underserved communities.

City Health Office of Butuan. This means developing communication and standards for referrals to higher health care facilities that require specialized or alternative treatment. In addition, the CHO can partner with government agencies, NGOs and community groups to implement health care in these areas. Examples include community health campaigns and outreach initiatives which goal is the access to health services.

Local Government Unit of Butuan. The researchers recommend the local government unit of Butuan actively engage in addressing the issues faced by the nurses in these barangays by creating certain ordinances and policies for nurses to promote for disaster preparedness and measures to mitigate the impact of floods and landslides, and safety and security in areas affected by oppositions.

Non-Government Organizations (NGOs). NGOs with specialization in healthcare and community development should work together to offer more assistance and resources. This can be done by setting up training and capacity-building programs, forming partnerships to improve support systems, building a network to share resources and expertise, providing adequate staffing and support by collaborating with neighborhood groups to identify and address any shortages of personnel, and advocating for the rights and wellbeing of nurses working in challenging situations.

Nursing Schools. Nursing schools should integrate modules and training programs that specifically address the unique challenges faced by community health nurses in GIDA for health barangays. This can help prepare future nurses for their roles in underserved areas and promote a deeper understanding of the issues and strategies for overcoming them.

Philippines Nurses Association. The Philippines Nurses Association should actively support and advocate for community health nurses in GIDA for health barangays. This can involve raising awareness about their unique challenges, lobbying for improved working conditions and resources, addressing the concerns of GIDA nurses, addressing this

subject matter to have a tailored solution or intervention, and facilitating networking and knowledge-sharing among nurses in similar settings.

Future Researchers. Further research is important and should be conducted to explore and address the specific needs of community health nurses in GIDA for health barangays. This can involve examining the effectiveness of interventions, evaluating the impact of policy changes, and identifying innovative approaches to improve healthcare delivery in these areas. The use of Community-Based Participatory Research approaches, the significance of ethical considerations when conducting research in GIDA communities, the importance of disseminating research findings to relevant stakeholders, including healthcare providers, policymakers, and the local community, and the exploration of ways to build research capacity among local healthcare providers and community members are all emphasized.

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