



Research Article

Lived Experiences and Emotional Resilience of Oncology Nurses

Mark Leo I. Zabala¹, Alyssa Ashley R. Diego²¹⁻² Institute of Graduate and Advanced Studies, Master of Arts in Nursing, Urdaneta City University, Urdaneta City, Pangasinan, Philippines**ABSTRACT:**

This study aimed to explore the lived experiences of oncology nurses and examine how emotional resilience is developed and sustained within oncology nursing practice in selected private hospitals in Dagupan City. Oncology nurses are continuously exposed to patient suffering, disease progression, and end-of-life care, resulting in persistent emotional demands that require sustained adaptive responses. A descriptive phenomenological design was employed to capture the essence of participants' lived experiences. Fifteen oncology nurses with at least five years of clinical experience were selected through purposive sampling. Data were collected through in-depth semi-structured interviews, audio-recorded, and transcribed verbatim. Data were analyzed using Colaizzi's phenomenological method. Findings revealed that emotional resilience is a dynamic and evolving lived experience expressed across four essential structures: emotional regulation, meaning-making and spirituality, relational support, and adaptive coping leading to transformation. These findings indicate that resilience is not a fixed trait but a context-dependent adaptive process. Based on the results, the ONCORE+ (Oncology Nurses' Comprehensive Resilience Enhancement) Program was developed to strengthen resilience through structured institutional support. The study provides context-specific insights that may guide nursing leadership, education, and healthcare institutions in promoting nurses' emotional well-being and professional sustainability.

Keywords: Emotional Resilience, Oncology Nursing, Qualitative Research, Stress, Psychological, Professional Burnout**INTRODUCTION**

Oncology nursing is a specialized field characterized by sustained exposure to patient suffering, disease progression, and end-of-life care, requiring nurses to maintain emotional stability while delivering compassionate and competent care. The ability to endure emotional strain, recover from repeated exposure to distressing situations, and sustain therapeutic engagement has become a defining feature of contemporary oncology nursing practice (Labrague & de los Santos, 2020; Yu et al., 2024). Unlike acute care settings where stress may occur episodically, oncology nurses experience continuous emotional demands embedded in long-term patient care, making emotional resilience a critical professional competency (Özcan et al., 2025).

From a phenomenological perspective, emotional resilience is not merely a psychological trait but a lived and evolving experience shaped through everyday clinical encounters (van Manen, 2020). Nurses actively interpret and respond to emotionally charged situations, balancing empathy with self-preservation while navigating uncertainty, grief, and

patient loss (Ayed et al., 2024). Oncology nursing is inherently relational, requiring sustained interaction with patients and families across prolonged illness trajectories. While these relationships provide meaning and fulfillment, they also contribute to cumulative emotional burden, necessitating adaptive coping mechanisms to maintain professional engagement (Wille et al., 2025; Yu et al., 2024).

The increasing complexity of healthcare systems further intensifies these emotional demands. Factors such as technological advancements, rising patient expectations, workforce shortages, and limited institutional support amplify emotional labor among nurses (World Health Organization, 2020; Labrague, 2024). Emotional resilience, therefore, plays a crucial role in sustaining psychological well-being, preventing burnout, and promoting quality patient care in high-intensity clinical environments (Özcan et al., 2025).

In the Philippine context, emotional resilience is influenced by sociocultural values such as *malasakit* (compassion), *bayanihan* (collective support), and

Corresponding author: Mark Leo I. Zabala, (Email: mlizabala10@gmail.com)**Received:** 27 Apr 2026; **Accepted:** 02 May 2026; **Published:** 04 May 2026

Copyright © 2026 The Author(s): This work is licensed under a Creative Commons Attribution- Non-Commercial-No Derivatives 4.0 (CC BY-NC-ND 4.0) International License

pananampalataya (faith), which shape how nurses interpret and cope with emotional challenges (Labrague, 2024). While these cultural values may strengthen coping, they may also mask underlying emotional strain, particularly in resource-limited healthcare settings where nurses face high workloads and limited psychosocial support.

Despite the recognized importance of emotional resilience in oncology nursing, existing literature is predominantly quantitative and often fails to capture the depth, meaning, and complexity of nurses' lived experiences. There remains a significant gap in qualitative research exploring how emotional resilience is developed, sustained, and transformed within specific local contexts, particularly in provincial healthcare settings such as Dagupan City. Understanding these lived experiences is essential for developing contextually relevant strategies that support nurses' emotional well-being and professional sustainability.

Given these gaps, this study seeks to explore the lived experiences of oncology nurses and examine how emotional resilience is constructed within their clinical practice. By employing a phenomenological approach, the study aims to provide in-depth insights into how nurses interpret emotionally demanding situations, develop adaptive coping mechanisms, and sustain compassionate care. Furthermore, the findings of this study serve as the basis for proposing an evidence-based resilience enhancement program designed to support oncology nurses in managing the emotional demands of their profession.

RESEARCH QUESTIONS

1. What are the lived experiences of oncology nurses in providing care to cancer patients?
2. How do oncology nurses describe the emotional and professional challenges encountered in oncology nursing practice?
3. What resilience enhancement program may be developed based on the lived experiences of oncology nurses?

METHODOLOGY

This study employed a **qualitative descriptive phenomenological research design** to explore the lived experiences of oncology nurses and understand how emotional resilience is developed and sustained in clinical practice. This design was appropriate for capturing the essence of participants' experiences and for examining how nurses interpret

and respond to emotionally demanding situations inherent in oncology care.

Locale of the Study

The study was conducted in selected tertiary private hospitals in Dagupan City, Philippines. These institutions provide specialized oncology services, including chemotherapy administration, infusion therapy, symptom management, and palliative care. The names of the institutions are withheld to maintain confidentiality and comply with ethical considerations.

Participants and Sampling Method

The participants consisted of registered oncology nurses assigned to oncology or cancer-related units. Inclusion criteria required nurses to have at least five (5) years of oncology nursing experience to ensure adequate exposure to emotionally demanding clinical situations.

A **purposive, criterion-based sampling technique** was utilized to select participants who could provide rich and meaningful descriptions of their lived experiences. Data collection continued until **data saturation** was achieved, resulting in a final sample of fifteen (15) oncology nurses.

Data Gathering Instrument

The primary data-gathering tool was a **researcher-developed semi-structured interview guide** composed of open-ended questions. The instrument focused on key dimensions of emotional resilience, including:

- Emotionally challenging clinical experiences
- Meaning-making and spirituality
- Interpersonal relationships
- Coping and recovery strategies

The interview guide underwent **expert validation** to ensure clarity, relevance, and appropriateness. A **pilot interview** was conducted to refine the instrument in terms of question flow, sensitivity, and comprehensibility.

Data Gathering Procedure

Prior to data collection, ethical approval was obtained from the institutional Research Ethics Committee, along with permission from hospital administrators. Eligible participants were informed about the purpose of the study, procedures,

confidentiality measures, and their rights, including voluntary participation and withdrawal at any time.

Written informed consent was secured prior to participation. In-depth interviews were conducted individually in private settings selected by the participants to ensure comfort and confidentiality. Each interview was audio-recorded with permission and supplemented with field notes to capture nonverbal cues and contextual observations.

All interviews were transcribed verbatim and anonymized. Participants were given the opportunity to review and validate their transcripts (member checking) to ensure accuracy and authenticity. Data collection continued until no new themes emerged.

Data Analysis

Data were analyzed using Colaizzi’s **descriptive phenomenological method**, which involved the following steps:

1. Reading and re-reading transcripts for immersion
2. Extracting significant statements
3. Formulating meanings from the statements
4. Organizing meanings into theme clusters
5. Developing an exhaustive description of the phenomenon
6. Identifying the fundamental structure of the experience
7. Validating findings through member checking

To ensure rigor and trustworthiness, the study employed **audit trails, reflexive journaling, triangulation (transcripts, field notes, and reflections), and peer debriefing**. These strategies enhanced credibility, dependability, confirmability, and transferability.

Scope and Limitations

This study focused on oncology nurses working in selected tertiary private hospitals in Dagupan City and explored their lived experiences of emotional resilience in clinical practice. The findings are limited to the specific context and may not be generalized to other healthcare settings.

The study relied on self-reported data, which may be influenced by participants’ personal perceptions and recall. Additionally, as a qualitative study, the findings emphasize depth of understanding rather than statistical generalization. Despite these limitations, the study provides rich, context-specific insights into emotional resilience among oncology nurses.

RESULTS

The findings of the study reveal that emotional resilience among oncology nurses is a **dynamic and evolving process** shaped by continuous exposure to emotionally demanding clinical situations. Through thematic analysis, four major domains emerged: **(1) Emotional Domain, (2) Spiritual and Meaning-Making Domain, (3) Interpersonal and Professional Domain, and (4) Coping and Transformational Domain**. These domains collectively illustrate how oncology nurses sustain compassionate care while managing emotional strain.

Profile of Respondents

The majority of respondents were aged 30–40 years (80%), followed by 41–50 years (20%). Male participants comprised 60%, while females accounted for 40%. In terms of civil status, 53.3% were married and 46.7% were single. Most respondents were BSN graduates (86.7%), while 13.3% had advanced education. Religious affiliation was predominantly Catholic (73.3%) and Christian (26.7%). These demographic factors influenced how emotional resilience was expressed across the domains.

Emergent Themes of Emotional Resilience

Table 1. Summary of Emergent Themes

Domain	Description	Key Meaning
Emotional Domain	Emotional strain and regulation	Managing cumulative emotional burden
Spiritual & Meaning-Making	Faith, purpose, and reflection	Sustaining meaning in practice

Interpersonal & Professional	Relationships and support systems	Shared resilience through collaboration
Coping & Transformational	Adaptive coping and growth	Professional and personal transformation

Narrative Presentation of Themes

1. Emotional Domain (Emotional Strain and Regulation)

The emotional domain emerged as the most immediate aspect of nurses’ lived experiences. Participants described persistent exposure to suffering, uncertainty, and patient loss as emotionally taxing. Emotional strain was not episodic but cumulative over time.

One participant stated, *“Pagod na ako pero kailangan kong maging matatag para sa pasyente,”* reflecting the coexistence of emotional exhaustion and professional duty. Another shared, *“Parang dala ko hanggang bahay ang bigat ng kaso,”* indicating emotional spillover beyond the workplace.

Despite these challenges, nurses demonstrated active emotional regulation strategies such as controlled breathing, emotional boundaries, and conscious self-regulation. These findings indicate that resilience is not achieved through emotional suppression but through adaptive regulation that balances empathy and self-preservation.

2. Spiritual and Meaning-Making Domain (Faith, Purpose, and Reflection)

Spirituality and meaning-making emerged as essential sources of emotional strength. Participants frequently relied on prayer, faith, and personal beliefs to cope with emotionally demanding situations.

Statements such as *“Nagdarasal ako bago mag-duty”* and *“Kay Lord ko binibigay lahat”* illustrate how spirituality provides emotional grounding and release. Many nurses also described their profession as a calling, reinforcing a sense of purpose and commitment.

Meaning-making allowed participants to reinterpret difficult experiences positively, fostering hope, gratitude, and emotional stability despite repeated exposure to suffering.

3. Interpersonal and Professional Domain (Relational Support)

Resilience was strongly influenced by interpersonal relationships within the workplace. Nurses

emphasized that emotional endurance is sustained through teamwork, shared experiences, and collegial support.

Participants expressed reliance on peers, as reflected in statements like *“Ka-duty ko ang takbuhan ko”* and *“Parang pamilya ang team.”* These relationships fostered a sense of belonging and reduced emotional isolation.

Supportive leadership and patient interactions also contributed to resilience. Nurses reported drawing strength from patient gratitude and collaborative work environments, highlighting the importance of relational dynamics in sustaining emotional well-being.

4. Coping and Transformational Domain (Adaptive Coping and Growth)

The final domain reflects how nurses move beyond immediate coping toward long-term transformation. Participants described strategies such as taking short breaks, practicing self-care, and accepting limitations in patient outcomes.

Statements such as *“Lumalayo muna ako kapag sobra na”* and *“Day-off ko ay para sa sarili ko”* demonstrate practical coping mechanisms that support emotional recovery.

Over time, these experiences contributed to personal and professional growth. Nurses reported increased emotional strength, deeper empathy, and clearer professional identity, as reflected in the statement *“Binago ako ng oncology.”*

Synthesis of Findings

Overall, the findings demonstrate that emotional resilience among oncology nurses is **multidimensional**, emerging through the interaction of emotional regulation, meaning-making, relational support, and adaptive coping. These domains highlight resilience as a **continuous process of adaptation**, enabling nurses to sustain compassionate care despite prolonged exposure to emotionally demanding clinical environments.

DISCUSSION

The findings of this study reveal that emotional resilience among oncology nurses is a multidimensional and evolving process shaped by emotional regulation, meaning-making, relational support, and adaptive coping. These domains collectively illustrate how nurses sustain compassionate care despite prolonged exposure to emotionally demanding clinical environments.

The emotional domain highlights that nurses experience cumulative emotional strain due to repeated exposure to patient suffering, disease progression, and end-of-life care. This finding is consistent with previous studies indicating that emotional labor in oncology settings leads to sustained psychological burden and requires active regulation strategies (Alodhialah et al., 2024; Kim et al., 2023). Participants' use of emotional regulation techniques supports existing literature emphasizing that resilience is strengthened through adaptive emotional management rather than suppression (Foster et al., 2024).

The spiritual and meaning-making domain demonstrates that nurses rely on faith, purpose, and reflective practices to sustain emotional stability. This aligns with findings that spirituality and meaning-making are essential coping mechanisms in high-stress healthcare environments (Bui et al., 2023; Alodhialah et al., 2024). In the Philippine context, these findings are particularly relevant as cultural values such as faith and service play a significant role in shaping resilience.

The interpersonal and professional domain underscores the importance of relational support in sustaining resilience. Consistent with prior research, supportive work environments, collegial relationships, and effective leadership contribute to improved professional quality of life and reduced burnout (Ayed et al., 2024; Pu et al., 2024). The findings reinforce the idea that resilience is not solely an individual capacity but is also socially constructed within professional environments.

The coping and transformational domain reveals that nurses develop adaptive coping strategies that evolve into personal and professional growth over time. This supports literature linking resilience with post-traumatic growth and enhanced professional identity among nurses (Kim et al., 2023; Foster et al., 2024). The findings suggest that prolonged exposure to adversity does not only result in stress but can also foster emotional maturity and professional development.

Overall, the results are consistent with the Roy Adaptation Model, which conceptualizes resilience as an adaptive response to environmental stimuli. Emotional regulation, meaning-making, relational support, and coping mechanisms can be understood as adaptive processes that enable nurses to maintain psychological and professional stability in demanding clinical settings.

CONCLUSIONS

This study addressed the research questions as follows:

1. Oncology nurses experience emotionally demanding clinical environments characterized by continuous exposure to suffering, uncertainty, and patient loss, which shape their professional roles and emotional responses.
2. Emotional resilience is developed through adaptive processes including emotional regulation, spirituality, relational support, and coping strategies, allowing nurses to sustain compassionate care.
3. Nurses ascribe meaning to their experiences through faith, purpose, and professional commitment, which strengthen their ability to endure emotional challenges.
4. The lived experiences of oncology nurses provide a foundation for developing structured interventions such as the ONCORE+ Program to enhance emotional resilience and support professional sustainability.

Overall, emotional resilience is not a fixed trait but a dynamic, context-dependent process shaped by personal, relational, and environmental factors.

RECOMMENDATIONS

Based on the findings of the study, the following recommendations are proposed:

1. Healthcare institutions may implement structured resilience-enhancement programs such as the ONCORE+ Program to support oncology nurses' emotional well-being.
2. Nursing administrators may provide training on emotional regulation, reflective practice, and coping strategies to strengthen nurses' resilience.

3. Institutions may promote supportive work environments through peer support systems and leadership engagement.
4. Future research may explore emotional resilience among oncology nurses in other settings such as inpatient units, palliative care, or hospice care.
5. Further studies using larger samples or mixed-method approaches may be conducted to validate and expand the findings of this study.

COMPLIANCE WITH ETHICAL STANDARDS

The researcher ensured that all ethical standards were strictly followed throughout the conduct of the study. Informed consent was obtained from all participants prior to data collection, and participation was entirely voluntary, with the right to withdraw at any time without penalty. The anonymity and confidentiality of the respondents were maintained through the use of coded identifiers, and all data were handled in accordance with the Data Privacy Act. The well-being of the participants was safeguarded by conducting

REFERENCES

Alodhialah, A. M., Almutairi, A. A., & Almutairi, M. (2024). Exploring nurses' emotional resilience and coping strategies in palliative and end-of-life care settings. *Healthcare, 12*, 1647.

Ayed, A., Abu Ejheisheh, M., Aqtam, I., Batran, A., & Farajallah, M. (2024). Professional quality of life among nurses. *SAGE Open Nursing*.

Bui, M. V., McInnes, E., Ennis, G., & Foster, K. (2023). Resilience and mental health nursing. *International Journal of Mental Health Nursing, 32*(4), 1055–1071.

Foster, K., et al. (2024). Promoting resilience in mental health nurses. *International Journal of Nursing Studies, 159*, 104865.

Kim, K., Lee, J., & Yoon, J. (2023). Emotional regulation and resilience in nursing. *International*

interviews in safe and private environments and allowing participants to pause or discontinue participation if needed. There was no conflict of interest in the conduct of the study. Plagiarism was strictly avoided, and all sources were properly cited. The interpretation of findings was conducted objectively and without bias. The results were used solely for academic and research purposes. Artificial intelligence tools were utilized only to assist in formatting and language refinement, with full responsibility for the content retained by the researcher.

ACKNOWLEDGMENTS

The researcher expresses sincere gratitude to the individuals and institutions who contributed to the completion of this study. Appreciation is extended to the participants who generously shared their experiences and insights. The researcher also acknowledges the guidance and support of academic mentors and colleagues who provided valuable feedback throughout the research process. Special thanks are given to the institution for providing an environment that fosters research and professional growth.

Journal of Environmental Research and Public Health, 20(4), 2782.

Labrague, L. J. (2024). Coping, stress appraisal, and resilience in nursing. *Healthcare, 14*(1), 28.

Özcan, S., Yılmaz, A., & Aydın, G. (2025). Resilience processes among nurses. *Journal of Nursing Management, 33*(1), 1–12.

Pu, J., et al. (2024). Psychological resilience and intention to stay among nurses. *Journal of Nursing Scholarship*.

Roy, C., & Andrews, H. A. (2021). *The Roy adaptation model* (4th ed.). Pearson.

Yu, H., Lee, S., & Cho, H. (2024). Emotional resilience processes among nurses. *Cancer Nursing, 47*(3), 210–219.