

The Calm in the Chaos: Lived Experiences on Managing Patient Overcrowding Among Nurses in the Emergency Department

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ABSTRACT

This study explores the lived experiences of Emergency Department (ED) nurses in managing patient overcrowding within a public tertiary hospital in the Caraga Region. Utilizing a Husserlian descriptive phenomenological design, the research captures the essence of this phenomenon through in-depth, semi-structured interviews with eight purposively selected registered nurses, with data analyzed using Colaizzi's systematic method. The findings revealed the following themes and subthemes: Overcrowding at its Finest (comprising Space is Limited, The Unending Arrival, and Prolonged ED Stay); Managing Overcrowding (comprising The Weight of the Shift and The Collective Shield); and Grace Under Pressure (comprising Decision-Making Under Stress and maintaining composure and meaning). Despite facing severe resource constraints and ethical dilemmas in prioritization, nurses demonstrate profound professional resilience by moving beyond mere task performance to establish meaningful human-to-human connections with patients and their families. Regarding the applicability of the study, while adaptive strategies and teamwork allow for functional care delivery, they also mask a hidden vulnerability within the workforce where professional duty often supersedes the nurse's own well-being.

Keywords: Emergency Department, Patient Overcrowding, Lived Experiences, Nursing Management, Human-to-Human Relationship Model

INTRODUCTION

The Emergency Departments (EDs) play a critical role as frontline units that provide immediate, lifesaving care under high pressure and unpredictable demand, yet they increasingly experience patient overcrowding where patient volume exceeds capacity, staffing, and resources. Globally, ED overcrowding contributes to prolonged waiting times, delayed treatments, increased risk of adverse events, and compromised quality of care (Chang et al., 2024; Sartini et al., 2022). In the Philippines, particularly in government and tertiary hospitals, overcrowding is driven by limited inpatient beds, high patient inflow, delayed admissions and discharges, workforce shortages, and constrained physical space, resulting in hallway care, extended ED stays, and increased workload for nurses responsible for triage, monitoring, coordination, and communication (Akboğa & Gelin, 2024; Parvaresh-Masoud et al., 2024). Local situationers, such as the overcapacity event in the Philippine General Hospital, further illustrate how systemic limitations intensify congestion and reflect the everyday realities faced by ED nurses (ABS-CBN News, 2025; Inquirer.net, 2025; GMA Integrated News, 2025; Valdez, 2024).

While ED overcrowding is widely documented through quantitative indicators such as waiting times and bed occupancy, these measures do not fully capture frontline experiences. There remains a gap in understanding how ED nurses experience, interpret, and respond to overcrowding, particularly in terms of decision-making, adaptive strategies, ethical tensions, emotional stress, and professional challenges when demand exceeds capacity. Exploring the lived experiences of ED nurses provides a deeper understanding of how overcrowding affects patient safety, nursing performance, teamwork, and well-being. Qualitative inquiry allows nurses to describe how they prioritize care, manage competing demands, and cope with stress, revealing insights into system-level gaps and coping mechanisms often overlooked in numerical data (Parvaresh-Masoud et al., 2024; Sartini et al., 2022).

Addressing ED overcrowding aligns with SDG 3: Good Health and Well-Being and SDG 8: Decent Work and Economic Growth, as it impacts both patient outcomes and nurses' working conditions (UN DESA, n.d.; WHO, 2024). Understanding nurses lived experiences provides practical value for nursing management in designing effective staffing, triage systems, patient flow processes, and staff support programs, with evidence supporting interventions such as team-based triage and improved bed management (Chang et al., 2024; Sartini et al., 2022; Valdez, 2024). The researcher's extensive experience in Emergency Department nursing strengthens the study by providing contextual understanding, meaningful engagement with participants, and credible interpretation of lived experiences consistent with phenomenological rigor.

Atheoretical Stance

This qualitative study adopts an atheoretical stance, deliberately proceeding without a predefined theoretical framework or hypothesis. This approach is consistent with phenomenological inquiry, which seeks to understand a phenomenon as it is lived and experienced by participants, rather than interpreted through existing theories. In this study, the phenomenon under investigation is the lived experiences of nurses in managing patient overcrowding in the Emergency Department, particularly within high-pressure, resource-limited, and time-sensitive clinical environments.

In keeping with this stance, the study relies on inductive reasoning, allowing meanings, patterns, and themes to emerge directly from the narratives of Emergency Department nurses. No theoretical models related to stress, decision-making, workload, or organizational behavior are imposed during data collection and initial analysis. Instead, understanding is derived from participants' descriptions of how they manage overcrowding, prioritize care, and navigate clinical and emotional challenges during actual shifts.

To support this inductive process, there will be a temporary suspension of the review of related literature during data collection and early stages of analysis. This methodological decision prevents existing studies or frameworks from shaping or constraining the interpretation of participants' experiences, thereby preserving the authenticity of the phenomenon as described by the nurses themselves. Relevant literature will be revisited only after themes have been generated, for the purpose of contextualizing and discussing the findings. Consistent with phenomenological rigor, the researcher will practice epoché or bracketing, consciously setting aside personal clinical experiences and prior knowledge of Emergency Department practice to minimize researcher bias. By maintaining an atheoretical stance, the study ensures that the voices of Emergency Department nurses remain central, allowing a deeper and more faithful understanding of patient overcrowding as experienced in real clinical practice.

Philosophical Stance of the Study

This qualitative study is grounded in an interpretivist–constructivist philosophical stance, complemented by elements of realism, and is situated within a phenomenological approach. It seeks to understand the lived experiences of nurses in managing patient overcrowding in the Emergency Department (ED), recognizing that overcrowding is not merely a logistical issue but a complex human experience shaped by perceptions, emotions, professional responsibilities, and real-world clinical constraints. Through this stance, the study aims to uncover how ED nurses make sense of and adapt to overcrowded conditions in their everyday practice.

From an **ontological** perspective, this study assumes that reality is multiple, subjective, and context-dependent. Each Emergency Department nurse experiences overcrowding differently based on personal background, years of service, teamwork dynamics, leadership support, and exposure to high-acuity cases. While all participants work within the same hospital environment, their interpretations of stress, urgency, compassion, and professional fulfillment vary. This assumption is particularly applicable in the ED setting, where unpredictable patient surges and time-critical decisions shape individual realities within a shared clinical context (Speziale & Carpenter, 2003).

The **epistemological** assumption of the study holds that knowledge is co-constructed through interaction between the researcher and participants. Understanding emerges from in-depth, semi-structured interviews where Emergency Department nurses describe their experiences of triage, patient prioritization, ethical

dilemmas, and emotional demands during overcrowding. Consistent with Creswell (2007), knowledge in this study is generated through immersion in the nurses' work environment, acknowledging that meaning is shaped through reflection on real clinical encounters rather than detached observation.

From an **axiological** standpoint, the study recognizes that research is value-laden. The researcher's professional background in the hospital setting provides familiarity with ED workflows and overcrowding challenges. To ensure that participants' voices remain central, the researcher will practice bracketing and reflexivity by consciously setting aside personal assumptions and documenting reflections throughout the research process. This approach, as emphasized by Berger (2015), enhances credibility by acknowledging and managing potential researcher influence while maintaining ethical integrity.

The **methodological** assumption aligns with inductive reasoning and emergent design, which are appropriate for phenomenological research in the Emergency Department context. Rather than applying predetermined frameworks, the study allows themes to emerge naturally from the nurses' narratives. Through systematic data analysis, the research seeks to capture both what ED nurses experience during overcrowding and how they respond, adapt, and cope within the constraints of the hospital system (Creswell & Poth, 2018).

The **rhetorical** assumption supports a descriptive and narrative style of reporting. Findings will be presented using clear, experiential language that reflects the realities of Emergency Department nursing practice. Rich descriptions and direct quotations will be used to convey the intensity, urgency, and emotional dimensions of managing overcrowded EDs, enabling nurse leaders and hospital administrators to better understand the frontline perspective (O'Neill, 1998, as cited in Statistics Solutions, 2022).

Central to this **phenomenological** stance is the concept of intentionality, which refers to how individuals' consciousness is directed toward specific experiences. In this study, Emergency Department nurses' thoughts, emotions, and actions are intentionally focused on managing patient overcrowding amid limited resources, high patient acuity, and ethical responsibilities. By examining these directed experiences, the study aims to illuminate how overcrowding is perceived, interpreted, and given meaning in everyday ED practice.

Overall, this **philosophical** stance integrates interpretivism, constructivism, and realism to capture both the objective conditions of Emergency Department overcrowding and the subjective experiences of nurses working within those conditions. This approach provides a coherent and contextually appropriate foundation for understanding the complexities of ED nursing practice and for generating insights that can inform hospital management and policy development.

Domains of Inquiry

This study explored the lived experiences of nurses in managing patient overcrowding in the emergency department (ED) of a Level II government hospital for the year 2025:

Specifically, the study was guided by the following research questions:

1. How was patient overcrowding experienced by nurses in the emergency department?
2. What was the essence or meaning of their experience?
3. Based on the findings, what implications were drawn from the findings of the study for policymaking, practice, education, and research?

RESEARCH METHODOLOGY

Design. This qualitative research utilized a Husserlian descriptive phenomenological design, rooted in the philosophy of Edmund Husserl, which sought to describe phenomena as they were consciously experienced by individuals without interpretation or theoretical explanation. Guided by Husserl's principle of returning "to the things themselves," the study examined lived experiences as they appeared, free from preconceived assumptions and external meanings imposed by the researcher (Speziale & Carpenter, 2007). In the context of this study, this approach was appropriate as it aimed to describe the lived experiences of nurses in managing patient

overcrowding in the Emergency Department, focusing on their direct accounts of what they experienced, felt, and perceived. The study adopted a descriptive rather than interpretative phenomenological approach to remain faithful to Husserl's emphasis on bracketing and phenomenological reduction, ensuring that prior knowledge and assumptions were suspended and that findings were grounded in nurses' firsthand accounts, reflecting the core structure and essence of the phenomenon.

Locale. This study was conducted among Emergency Department (ED) nurses working in selected public tertiary and secondary healthcare facilities located in Surigao City and the broader Caraga Region, Philippines.

Informants. This study consisted of eight (8) Emergency Department (ED) nurses working in selected healthcare facilities within Surigao City and the Caraga Region, purposively selected due to their direct and firsthand experience in managing patient overcrowding in the Emergency Department setting. As frontline providers, they were actively involved in triage, direct patient care, coordination with multidisciplinary teams, and real-time decision-making during periods of high patient volume, making their perspectives essential to understanding the phenomenon. The final number of informants was determined by data saturation, achieved when no new themes, meanings, or insights emerged from successive interviews, with preference given to those with longer clinical experience to ensure rich and in-depth descriptions of overcrowding situations arising from routine surges, emergencies, and crisis conditions. Their sustained exposure to Emergency Department workflows enabled detailed reflections on managing patient overflow in practice, and this selection aligned with descriptive phenomenological research, which prioritized participants who had lived through the phenomenon and could clearly and meaningfully articulate their experiences.

Sampling Design. This study used a purposive sampling technique, a common approach in qualitative research wherein participants were selected based on their knowledge, experience, and relevance to the phenomenon being studied. In this research, ER nurses were purposively selected because of their direct and sustained involvement in managing patient surges and overcrowding situations. Their daily interaction with patients, physicians, and other staff under high-pressure conditions made them the most suitable individuals to describe and reflect upon the phenomenon of interest.

Inclusion Criteria and Exclusion Criteria. Included in this study, informants were required to be registered nurses currently assigned to the Emergency Department (ED) in selected healthcare facilities within Surigao City and the Caraga Region. Informants had direct experience in managing patient overcrowding during duty shifts, regardless of length of service in the ED. This inclusion allowed the study to capture a range of perspectives from nurses with varying levels of experience, reflecting the diverse realities of Emergency Department practice. Participation was open to ED nurses who were of legal age, regardless of sex, civil status, or religion, and who were willing to participate voluntarily by providing informed consent. All informants were actively involved in direct patient care and Emergency Department operations at the time of data collection.

Exclusion criteria included nurses assigned to purely administrative or non-clinical roles who were not directly involved in Emergency Department patient care. Nurses who were on leave, temporarily reassigned to other units, or otherwise unavailable for interviews during the data collection period were also excluded. Additionally, nurses who indicated that participation might cause significant physical, emotional, or psychological distress were not included to protect their well-being. Participation in the study was strictly voluntary, and informants were informed of their right to withdraw at any stage of the research process without penalty or adverse consequences to their employment or professional standing.

Instrument. The researcher was the primary instrument of the study and was aided by a semi-structured interview guide, which guided the flow of the interview process. The interview guide served as a vital component of the study, enabling the exploration, understanding, and description of the informants' experiences, perspectives, and actions related to the phenomenon of patient overcrowding in the Emergency Department (ED). It contained open-ended questions designed to elicit rich and in-depth descriptions of how ED nurses experienced and responded to overcrowded situations during their duty shifts. Constant probing was employed to ensure that all relevant details and meanings were fully explored, allowing the essence of the lived experiences to emerge.

Drawing from prior experience in conducting patient interviews as part of nursing practice, the researcher conducted a mock interview in collaboration with the research adviser to assess and refine competence in facilitating a phenomenological interview. This preparatory activity ensured sensitivity, reflexivity, and consistency with the principles of descriptive phenomenology during actual data collection.

The semi-structured interview guide was organized into three parts. Part I was the introduction, during which the researcher greeted the informant, introduced the study, explained its purpose and expected duration, and invited the informant to introduce themselves. Clarifications were addressed prior to the main interview to promote comfort, trust, and informed participation. Part II was the main interview, where the phenomenon was explored in depth using open-ended and “how” questions, with probing and follow-up questions to clarify responses and deepen understanding. Developmental questions were introduced as needed, and bracketing was consciously practiced to minimize the influence of assumptions and biases, maintaining a neutral and nonjudgmental stance. Part III was the concluding portion, where informants were invited to add further insights, after which appreciation was expressed and transcript verification was explained as part of member checking to enhance data credibility.

The interview guide was validated by three experts: a content expert with extensive Emergency Department nursing experience, a technical expert in phenomenological research, and a faculty member from a graduate school of health allied sciences. A validation tool was utilized, and necessary revisions were made based on their feedback and recommendations.

Data Gathering Procedures. The conduct of the study began after the approval of the research title and the assignment of a research adviser. Upon approval, the researcher prepared and submitted formal request letters to the appropriate institutional authorities of selected healthcare facilities within Surigao City and the Caraga Region to seek permission to conduct the study. After securing institutional permission, the research proposal was submitted to the university Research Ethics Committee for ethical clearance to ensure adherence to ethical standards and protection of the informants’ rights and welfare. Prior to data collection, the validated semi-structured interview guide and necessary interview materials were finalized and reviewed. A mock interview was conducted under the guidance of the research adviser to refine interviewing skills and ensure adherence to phenomenological principles. The informed consent form was prepared and clearly explained to prospective informants, emphasizing voluntary participation, confidentiality, and the right to withdraw at any time without penalty. The researcher ensured that the interview setting or platform provided privacy, comfort, and minimal interruption.

After obtaining ethical approval, recruitment of participants was conducted based on the inclusion and exclusion criteria. Eligible Emergency Department (ED) nurses working in selected healthcare facilities within Surigao City and the Caraga Region were invited to participate through direct contact or referral. Upon agreement, interviews were scheduled at a time and place convenient to participants without interfering with their professional duties. Each interview began with an introduction, followed by an explanation of the study’s purpose, nature of participation, and estimated duration. Informed consent was reviewed and obtained prior to audio recording. Interviews were conducted either face-to-face in a private setting or through a secure online platform, lasting approximately 45 minutes to one hour. The semi-structured interview guide facilitated discussion, with probing and follow-up questions used to deepen understanding. Field notes were taken to document non-verbal cues and contextual observations. Data collection continued until data saturation was achieved, confirmed by one additional interview. Throughout the process, bracketing was practiced to minimize personal assumptions and biases.

After all interviews, audio-recorded data were transcribed verbatim and reviewed for accuracy. Member checking was conducted by providing participants with copies of their transcripts for verification, ensuring that the data reflected their intended meanings. All recordings, transcripts, and field notes were stored securely, with identifying information removed to maintain confidentiality and anonymity. Upon completion of the study, all audio files and documents containing personal identifiers were securely deleted or destroyed in accordance with ethical guidelines. The researcher formally expressed appreciation to all participants for their time and willingness to share their experiences, as their narratives formed the foundation of the study.

Data Analysis. The study employed Colaizzi's (1978) method of phenomenological data analysis, a systematic approach that ensured rigor and coherence in organizing and interpreting qualitative data. The researcher began by immersing in the data through repeated readings of the transcripts to achieve familiarization. Next, significant statements that related directly to the phenomenon were identified and extracted. The researcher then formulated meanings from these statements, ensuring that interpretations remained faithful to the participants' perspectives while applying bracketing to minimize bias. These meanings were grouped into clusters of themes that reflected common patterns across all interviews.

Once themes were established, an exhaustive description of the phenomenon was developed, integrating all relevant insights and contextual details. From this description, the fundamental structure of the experience was produced a concise synthesis that captured the essence of ER nurses lived experiences in managing patient overcrowding. Finally, the researcher returned the results to the participants to confirm that the findings accurately reflected their perspectives. A dendrogram or thematic table was also created to visually represent relationships among themes and subthemes.

Criteria for Trustworthiness. Trustworthiness in qualitative research is essential to ensure that findings are rigorous, meaningful, and reflective of participants lived realities. Lincoln and Guba (1985) proposed criteria that parallel validity and reliability in quantitative research, namely credibility, confirmability, dependability, and transferability. In this study, these criteria together with reflexivity and authenticity are employed to ensure that the findings faithfully represent the lived experiences of Emergency Department (ED) nurses in managing patient overcrowding.

Credibility. This refers to the confidence in the truth and accuracy of the research findings and their alignment with participants lived experiences. In this study, credibility will be established through prolonged engagement, triangulation, and member checking. Prolonged engagement will allow the researcher to build rapport with ED nurses and gain a deeper understanding of the Emergency Department context in which overcrowding occurs.

Triangulation will be achieved through the use of multiple data sources, including in-depth interviews and field notes, to validate consistency across participants' accounts (Patton, 1999). Member checking will be conducted by returning interview transcripts or summarized accounts to participants for verification, ensuring that the recorded data accurately reflect their intended meanings (Lincoln & Guba, 1985). These strategies strengthen the credibility of the study by grounding findings in participants' firsthand experiences.

Confirmability. This ensures that the study's findings are derived from the data rather than from researcher bias, assumptions, or personal perspectives. In this study, confirmability will be supported through bracketing, reflexive documentation, and the use of direct participant quotations.

A clear audit trail will be maintained to demonstrate how interpretations are linked to participants' narratives. Reflective notes will document analytic decisions and evolving insights, ensuring transparency in the meaning-making process. The inclusion of verbatim quotations in the presentation of findings will further demonstrate that interpretations are rooted in the lived experiences of ED nurses rather than imposed by the researcher (Lincoln & Guba, 1985).

Dependability. This refers to the stability and consistency of the research process over time. It addresses whether the study's procedures are logical, traceable, and clearly documented. To ensure dependability, this study will maintain a detailed audit trail documenting all phases of the research process, including participant recruitment, data collection procedures, transcription, and methodological decisions.

Peer examination with the research adviser will be undertaken to review the research process and ensure alignment with descriptive phenomenological principles (Tobin & Begley, 2004). This systematic documentation allows readers to follow the research process and assess the consistency and rigor of the study.

Transferability. This refers to the extent to which the findings may be applicable to other contexts or settings with similar characteristics. Rather than making generalizations, this study supports transferability through thick description. Detailed accounts of the study context, participant characteristics, and Emergency Department conditions will be provided to allow readers to determine the relevance of the findings to their own settings

(Lincoln & Guba, 1985).

By clearly describing the circumstances under which ED nurses experience and manage patient overcrowding, the study enables meaningful comparison with other emergency care environments

Reflexivity. This involves the researcher's ongoing awareness of how personal background, experiences, and assumptions may influence the research process. In this study, reflexivity will be practiced through continuous self-reflection and bracketing. Given the researcher's familiarity with the hospital environment and Emergency Department practice, conscious efforts will be made to set aside preconceived notions during data collection and interpretation.

Reflective journaling will be used to document personal reflections, decisions, and potential influences throughout the research process. This practice enhances transparency and strengthens the trustworthiness of the findings by acknowledging and managing researcher subjectivity (Finlay, 2002).

Authenticity. This refers to the faithful and balanced representation of participants' voices, emotions, and realities. In this study, authenticity will be ensured by presenting participants' accounts in a manner that captures the depth, complexity, and emotional tone of their lived experiences.

The use of rich narrative descriptions and direct quotations will allow participants' voices to be clearly heard and respected. By accurately portraying the varied experiences of ED nurses managing patient overcrowding, the study offers a genuine and nuanced understanding of the phenomenon, enabling readers to appreciate the human realities embedded in Emergency Department practice.

Ethical Considerations. Ethical considerations are an essential component of any research study. The study was submitted to the ethics committee of both the university and the hospital. Ethical approval was sought prior to the start of data gathering to ensure that the welfare of the respondents was protected.

Presentation, Analysis, and Interpretation of Data

Theme 1: Overcrowding at its Finest

"Overcrowding at its Finest," which describes the lived experiences of Emergency Department (ED) nurses regarding the physical and operational conditions of patient congestion. This overarching theme is explored through three subthemes: "Space is Limited...", "The Unending Arrival," and "Prolonged ED Stay." These narratives illustrate how a cramped environment, the constant influx of patients, and systemic delays form the daily reality of nursing practice. As Pearce et al. (2024) noted, ED crowding is a global public health issue that arises when the demand for services exceeds the department's capacity to provide timely care

Subtheme 1.1: Space is Limited

The nurses' journey through an overcrowded shift begins with the realization that the physical boundaries of the ED are insufficient. There is limited space because there are stretchers along the hallways. In relation to that, the nurses commented:

"All beds were occupied and patients were already lined up on stretchers in the hallway." (John, Sentence 2)

"The unit was very noisy and chaotic, with limited space and resources." (Ron, Sentence 2)

"All cubicles were occupied, and patients were already placed along the hallway." (Chris, Sentence 2)

This physical limitation is a core component of overcrowding. According to Parvaresh-Masoud et al. (2023), limited physical space is a significant challenge that contributes to emotional strain and difficulty in maintaining quality care. This environment disrupts patient flow and threatens both patient and staff safety (Altun & Kudu, 2025).

Subtheme 1.2: The Unending Arrival

Beyond the lack of space, participants experience an unsteady and uninterrupted arrival of patients throughout their shift. In fact, 7 out of 8 nurses affirm that the influx is relentless. This "input" factor the number of patients arriving is a primary driver of congestion (Sartini et al., 2022). The nurses affirmed:

“Even if the ED was already full, patients kept coming in.” (Chris, Sentence 8)

“Ambulances continued to arrive with emergency cases.” (Lea, Sentence 1)

“The influx of patients was constant, and the waiting area was overflowing.” (Chel, Sentence 2)

This phenomenon is often driven by patients perceiving their condition as urgent or appreciating the 24-hour availability of the ED (Butun et al., 2023). Local studies in the Philippines, such as Villanueva et al. (2024), reflect these demanding conditions where nurses face moderate to high workload levels.

Subtheme 1.3: Prolonged ED Stay

The final element is “Prolonged ED Stay,” where the ED becomes a holding area due to "output" inefficiencies. A review of the transcripts suggests that having only one or two doctors on duty may contribute to these delays. The nurses explained:

“Patients stayed longer in the ED because there were no available rooms upstairs.” (Mae, Sentence 3)

“Admissions were delayed because there were no available inpatient beds, so patients stayed longer in the ED.” (John, Sentence 6)

This matches the findings of Guerrero et al. (2024), who reported that the lack of inpatient beds is a primary contributor to ED crowding, leading to patient "boarding" which compromises the entire emergency care system (Pearce et al., 2024; Sartini et al., 2022).

Theme 2: Managing Overcrowding.

“Managing Overcrowding,” detailing how nurses navigate the heavy demands of a congested environment. This theme explores the strategies nurses use to maintain safety while grappling with the physical and emotional weight of their duties.

Subtheme 2.1: The Weight of the Shift

The Managing a surge of patients requires an immense amount of energy. Workload in nursing is multidimensional, involving physical, mental, and emotional strain (Ivziku et al., 2022). The nurses shared their experiences of this burden:

“Being on duty during that time felt overwhelming and exhausting.” (John, Sentence 11)

“I was also very aware of my own physical fatigue, but there was no choice except to keep going.” (Mae, Sentence 12)

According to Reyes-Rodriguez et al. (2024), these difficult working conditions place nurses at high risk for burnout. In the Philippines, Labrague (2024) notes that maintaining "caring ability" is difficult in such high-demand environments, and nurses may feel moral distress if care is rationed (Tamayo et al., 2022).

Subtheme 2.2: The Collective Shield

In managing the chaos, the nurses make sure they work in teams and coordinate effectively. This collaboration acts as a vital support system. As the nurses shared:

“We supported each other, communicated constantly, and helped whenever possible, which made the situation more manageable.” (Mae, Sentence 15)

“Collaboration with my colleagues was essential; we worked as a team to handle the influx.” (Chel, Sentence 9)

This coordination is essential for safety (Altun & Kudu, 2025). Local research suggests that supportive leadership and positive practice environments help mitigate stress and strengthen resilience among Filipino nurses (Berdida et al., 2025; Sanchez, 2025).

Theme 3: Grace Under Pressure

“Grace Under Pressure,” focusing on the professional responsibility and clinical decision-making that nurses demonstrate during peak overcrowding. This theme examines how nurses maintain their composure and find meaning in their work despite the emotional burden.

Subtheme 3.1: Decision-Making Under Stress

During overcapacity, triage and prioritization become more complex. Rising patient volumes significantly strain a nurse’s ability to make accurate and timely decisions (Al Qadire & Abdelrahman, 2026). The nurses shared their experiences of this pressure:

“Decisions had to be made fast, especially during critical situations.” (John, Sentence 7)

“We always had to decide who needed immediate care.” (Mae, Sentence 6)

Nurses must balance speed and accuracy, making high-stakes judgments with limited information and incomplete medical histories (Gholipour et al., 2025). In the Philippines, Comia et al. (2023) found that critical thinking ability and decision-making competence are strongly associated with years of experience and prudence, which are essential when resources are limited).

Subtheme 3.2: Grace Under Pressure

Despite the strain, nurses maintain a composure that allows them to find meaning in their work. This sub-theme describes the ability to remain emotionally present for the patient amidst the chaos. The participants noted:

“I had to stay focused and proactive... my presence and actions still mattered.” (John, Sentence 28)

“Even with the pressure, I still find meaning in what I do.” (Monique, Sentence 17)

“I realized that my role was crucial, especially when the department was at its limit.” (Ron, Sentence 15)

This resilience is consistent with the findings of Entrata and Nicomedes (2024), who demonstrated that emotional intelligence and social support predict psychological well-being. Even when repeated exposure to overcrowding increases emotional fatigue (Al Qadire & Abdelrahman, 2026), nurses find internal motivation to persevere.

Summary of Findings and Implications

Summary of Findings. The study reveals that Emergency Department (ED) nurses navigate a high-pressure environment where patient overcrowding is a constant and overwhelming reality. This experience, defined as Overcrowding at its Finest, is characterized by Space is Limited, The Unending Arrival, and Prolonged ED Stay. Nurses describe a workspace where physical and staffing capacity is consistently exceeded, creating a noisy and chaotic environment where stretchers line the hallways.

Managing this surge, which involves grappling with the Weight of the Shift and The Collective Shield, requires an immense emotional and physical load. Nurses must utilize cognitive bracketing to set aside their own exhaustion and personal stress to maintain focus on patient safety. To survive these demanding conditions, they rely on teamwork and constant coordination as essential protective buffers.

Furthermore, professional responsibility in this context is fulfilled through Grace Under Pressure, involving Decision-Making Under Stress and maintaining composure and meaning. Nurses engage in constant, rapid clinical decision-making despite severe resource constraints. Ultimately, the experience is defined by a powerful demonstration of Commitment, as nurses find a therapeutic use of self and a profound sense of meaning even when working within a broken system. This dedication allows them to establish a human-to-human connection that transcends the chaotic environment.

Implication of the Findings. Based on the findings, the following implications were derived:

Nursing Practice. The study provides a deeper understanding of the functional and emotional work of ED nurses, particularly their use of cognitive bracketing to survive high-volume shifts. Hospital administration and nursing service managers should implement formal support systems as part of unit management, such as clinical debriefing sessions or structured unit-based coping mechanisms, to help nurses process the emotional and cognitive burden of overcrowding. Recognizing these adaptive strategies allows for revisions in nursing workflow, team assignments, and unit-level operational plans that account for the high level of emotional labor and rapid prioritization required in the ED. These efforts focus on improving team function and unit productivity rather than individual human resource issues.

Nursing Education. Insights from the study can be integrated into nursing management lectures for both undergraduate and graduate students. Training should focus not only on clinical triage but also on unit-based crisis resilience and the ethical challenges of managing care when resources are insufficient. Teaching the Human-to-Human Relationship Model can help future nurses find meaning in their work even during institutional adversity. For registered nurses currently in practice, these insights should be used to develop mandatory Continuing Professional Development (CPD) programs. Such CPD should prioritize training and seminars focused explicitly on handling ER patient surges and advanced prioritization techniques when space and medical resources are severely constrained.

Nursing Policy. Policies should be crafted to address systemic patient flow and hospital-wide throughput, recognizing that ED overcrowding is a symptom of system-wide inefficiency rather than just a department-specific capacity issue. To alleviate ED crowding, policies must move beyond expanding ED physical space and instead mandate institution-wide protocols. Strengthening regulations around automated early discharge planning, centralized patient transfers, and mandatory hospital-wide response codes when ED capacity is triggered can create a structured output system to reduce the burden on frontline staff. Furthermore, policies must be established based on acuity metrics rather than simple patient numbers to ensure safe staffing levels that protect both patient safety and the psychological well-being of the nursing workforce.

Nursing Research. The findings suggest several avenues for future study to further the body of knowledge: a) A quantitative study could be conducted to measure the prevalence of burnout specifically related to cognitive bracketing among Filipino nurses. b) Research into the effectiveness of team-based triage models in government hospitals can provide evidence-based solutions for overcrowding. c) Longitudinal studies could explore the long-term psychological impact of chronic overcrowding on nurses working in major referral centers.

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